



# Shadowing a Nurse: An Idea for Enhancing Intraprofessional Education

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As the acuity of patients and the complexity of the health care delivery system increase, the need for interdisciplinary teams to deliver and manage care safely has intensified. The provision of interdisciplinary education in the professional formation of all health professionals is essential to achieving such outcomes. The Institute of Medicine acknowledged this need for educating the health team in the First IOM Committee (1972) and Report (1974) by identifying an administrative obligation to engage in interprofessional education, recognizing the value of clinical settings for developing interprofessional education, and acknowledging the national need for governmental and professional support for the entire health team. Although physicians are expected to work as members of the team, their education has traditionally focused on the individual, not the aggregate of which they are members.

In this column, we report on an idea the authors developed and implemented to help foster intraprofessional education, build respect for each profession, and socialize novice medical students out of their “silos” and into collaborative experience. Our course, which we called “Shadowing a Nurse,” was created in the fall of 2004 as one of Dartmouth Medical School’s enrichment electives for first- and second-year medical students to learn directly about nurses’ roles in health care.

The stimulus for this innovation occurred during a problem-based learning discussion among fourth-year medical students. Their knowledge deficit of nursing and the roles nurses play in health care significantly affected their ability to resolve the problem presented. The nurse and physician faculty facilitating the group were determined that the hands-on experience of shadowing nurses at the bedside would help medical students recognize and appreciate the roles and unique

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attributes nursing professionals bring to the health care team. The expectation was that this hands-on experience would provide opportunities to witness highly effective teams and the impact of team functioning on safety and quality of care.

## Course Structure

The plan was simple. In the first year, three nursing directors from the neuroscience, surgical specialties, and medical specialties units provided 10 first-year medical students two shadowing opportunities with experienced nurses who enthusiastically volunteered to share their expertise and passion. There were three 90-minute class periods, facilitated by interdisciplinary faculty, in which students shared their experiences and reflected together about lessons learned. To capture the fullness of all these experiences, a reflective paper became a requirement in 2007. By 2009, the fifth class of first- and second-year medical students had expanded their experiences to pediatrics and all critical care units in this academic medical center.

This medical school elective created by an interdisciplinary partnership was successful in changing the attitudes of future physicians about the profession of nursing. The following student reflections illustrate their feelings:

*“I initially thought nurses played a merely supportive role to doctors, carrying out orders, wiping sweat from a doctor’s brow during surgery, or handing the scalpel. My*

*understanding of the nurse’s role is horribly inadequate. They do carry out physician orders...nurses also have a remarkable amount of autonomy.”*

*“Truth be told, I had little idea what nurses were responsible for in a hospital team. What I originally thought they did was, in fact, the role of the nurse’s aide. From this experience, I certainly see that nurses deserve the utmost respect. This role requires competence, tenacity, and skill.”*

*“Excellent medical care depends on physicians, nurses, and other care providers working together. It is unreasonable to expect a team to work efficiently together if individuals do not understand the roles and responsibilities of other members.”*

## Emerging Themes

In the three years since the reflection paper has been required, a number of themes have emerged. One of the major themes was how intimately nurses know the patients and their families, and the strategies they used to build such connections:

*“I was stunned, to say the least,...that this minor suffering, which would seem so menial, so insignificant, and mundane to most people, could be detected by K. with such exorbitant sensitivity and repaired so rapidly to restore competence to this unfortunate older woman...she [the nurse] would stop at nothing to eliminate her patient’s suffering.”*

*“My experience with nurses gave me the opportunity to understand the integral role nurses played in maintaining the health of the patient after the doctor has long gone on to the next surgery.”*

Another theme was the role of communication—oral and written—and maintaining safety and quality:

*“Before this elective, I think I took for granted these kinds of safety checks and balances that are crucial to the reduction of mistakes made by health care personnel. Probably the most important lesson I learned from this shadowing elective was that in order to get the most out all*

*of the health care team, you must respect all members of the team.”*

Consistently, medical students were surprised at the time nurses spent with patients as well as how much time it took to provide care:

*“Immediately, I realized just how much time these nurses spend with the patients. The teams and individual doctors were like tornadoes blowing onto the ward, into the rooms, and leaving just as quickly as they came. It was the nurses that stood by and continually suctioned the mouth of a gentleman with an unrelenting posterior nasal bleed.”*

*“I was amazed at how much support the patients in the unit needed. Prior to shadowing, I was of the mindset that patients came to the hospital for mostly acute reasons, such as a broken leg, surgery, or to give birth. However, many of the patients I witnessed had chronic diseases and were really sick. They could not move, eat, sleep, or go to the bathroom without help. I saw only two doctors in the unit over the course of each of the four hours, each walking by, filling out paperwork, and leaving the unit. On the other hand, constantly on the go—a medication here, some tea there, have to call the pharmacy, page the resident—and hardly having a second*

*to rest, it was the nurses that truly provided the care.”*

The anatomy of our care is that we are organized in silos. The physiology of care, though, is that we do our work in teams. Learning how to understand, respect, interact with, and communicate with our potential partners in the other silos that comprise the care team are the essential skills for providing top-quality care. We feel that this model of shadowing a nurse early on in the socialization of medical students is an easily replicable model that takes the first concrete step in helping to promote effective “teaming.” ❖