

Bhs 455 (computer and information systems) module 2 cbt



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In what ways are the information needs of physicians and nurses at Presbyterian Hospital similar In what ways are they different Nurse and physicians have traditionally operated under the paradigm of physician dominance and the physician's viewpoint prevails on patient care issues. Many researchers have argued (Betts 1994; Evans & Carlson, 1993; Hansen et al., 1999; Watts et al., 1995) that nurses and physicians should collaborate to address patient care issues, because consideration of both the professions concerns is important to the development of high quality patient care. This is also true of the physicians and nurses at Presbyterian Hospital; this collaboration helps the nurses and physicians to obtain some of the similar information that they need. Additionally, effective nurse-physician collaboration has been linked to many positive outcomes over the years, all of which are necessary in today's rapidly changing health care environment. One study by (Baggs & Schmitt, 1997) found several major positive outcomes form nurses and physicians working together, they were described as improving patient care, feeling better in the job, and controlling costs. In another study (Alpert et al., 1992) also found that collaboration among physicians and nurses led to increased functional status for patients and a decreased time from admission to discharge.

The information that generally needs to be shared at Presbyterian Hospital mostly focuses on patient records and backgrounds. Both physicians and nurses must have access to patient medical records in order to know what to do to help the patient. Furthermore, both nurses and physicians need to also have access to the patient in order to meet and treat the patient. Physicians will usually make the final diagnosis on a patient, especially in the hospital.

This is where some of the information between physicians and doctors may
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differ. While the physician interprets and makes the diagnosis most often, it is up to the physician to then provide that information to the nurse, so the nurse can take the appropriate steps with the patient. At Presbyterian Hospital, this is generally the model and the focus of information transfer. There are some issues of collaboration with this type of information transfer. In order to create a collaborative work environment several conditions must be achieved and several natural barriers to nurse-physician collaboration must be overcome. In creating this environment for collaborative practice, (Evans, 1994) identified several more barriers to overcome. She expresses that the most difficult to overcome is the time-honored tradition of the nurse-physician hierarchy of relationships, which encourages a tendency toward superior-subordinate mentality. Keenan et al. (1998) found that nurses expect the physicians to manage conflict with a dominant/superior attitude. They also found that nurses are oriented towards being passive in conflict situations with physicians. A second barrier to collaboration is a lack of understanding of the scope of each other's practice, roles, and responsibilities. Evans (1994) feels that one cannot appreciate the contribution of another individual if one has only limited understanding of the dimensions of that individual's practice. It is equally true that appreciation of one's own contribution is blurred if the understanding of one's own role is limited. This concept can sometimes be a problem at Presbyterian Hospital when dealing with information transfer. However, since both physicians and nurses are important to the patient and participate in the patient recovery using much of the same information, it is important to try to take a step beyond this attitude, and focus on good collaborative skills.

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