

Interprofessional Education Assignment #1: Shadowing an Obstetrical Nurse

I walked into the room and saw a young woman lying on the hospital bed with a worrisome look on her face. I told her I was a medical student and would be shadowing her nurse for the day. She was polite and answered my questions about her medical and obstetrical history. When I asked her if there were any complications with her current pregnancy, she became emotional and told me that her baby had a cystic kidney. As far as the doctors knew, baby was doing well, but the worry on her face suddenly began to make sense...

This is how my day began when I shadowed one of the Obstetrical nurses on the Labour and Delivery floor. Our patient was a young woman who was clearly anxious about her imminent delivery and the health of her baby. Throughout the day, I observed how the nurse used a variety of trained and untrained skills to manage this anxious mother-to-be, how she acted as an advocate for her patient, and finally how she worked with the rest of the team to provide optimal care.

What struck me most was how extensive the nurse's training was. Not only did she carry out the traditional role of "caring" for her patient, but she had knowledge in the areas of Physiology, Pharmacology, fetal and maternal surveillance, Anesthesia, and Neonatology. For example, the nurse was able to explain to the patient how oxytocin was used to augment her contractions, to administer the correct dosage, and alter it depending on the mother's response. Our patient responded very strongly to the oxytocin and began hyper-contracting. Consequently, the nurse decreased her dosage, allowing for adequate relaxation. It is sometimes easy to forget that after we write an order in the chart, someone must execute it and continually monitor the patient, which actually involves a great deal of understanding and clinical interpretation.

In addition to this broad range of medical knowledge, the nurse had a variety of skills which only experience can provide. She identified that our patient was anxious, and tried to keep her calm and relaxed throughout the day. Whenever a new team member would enter the room, the nurse would gently inform them of our patient's emotional state. By simply saying, "Our mom-to-be is feeling a little anxious today," the nurse was able to get everyone on the same page while keeping the patient informed and part of the discussion. This statement was subtle, but had a large impact on how team members approached conversations with the patient. Furthermore, our patient became distraught when she learned that NICU would be present at the time of delivery to assess the baby. The nurse stopped what she was doing, went to the bedside and reassured our patient that this was part of the protocol. She reinforced that despite having one cystic kidney, baby appeared to be very healthy. She was patient, genuine, and honest. While many physicians have wonderful bedside manners, I feel as though they are often constrained by their schedules and pagers. Thus, this unhurried reassurance by the nurse was an essential component of the patient-centered care offered. Without it, the patient's experience may have been completely different.

Throughout the day, I also saw the nurse take on the role of patient advocate in a number of ways. When too many family members were in the room for example, she reminded them in a very polite manner that the ultimate decision about who was present during delivery would be up to our patient. Essentially, she acted as a buffer so that our patient would not have to directly confront overly-eager family members. She also advocated for more sufficient pain control after the epidural block only partially worked, as well as for a reduction in oxytocin when the patient's contraction rate was borderline high. Whether medical or personal, the nurse spoke up for our patient when she thought necessary. Since all other physicians involved had periodic visits throughout the day, the nurse built the strongest relationship with the patient, and was therefore able to help address her concerns most completely.

This brings me to my final observation about how well the nurse integrated with and contributed to the rest of the Labour and Delivery team. In my opinion, she was the glue that held the whole team together. She communicated and coordinated care with Anesthesia, the Obstetrical residents, and NICU. She continually monitored maternal vitals, urine output, contraction patterns via the tocometer, fetal heart rate, as well as pain control. She knew how to react to any changes and when other team members needed to be notified. Her constant awareness of the patient's emotional and physical well being kept other team members up to speed and helped them provide timely and optimal care.

This experience was beneficial as it allowed me to gain an appreciation for the many roles that Obstetrical nurses play: medical expert, patient advocate, and essential team coordinator. While I already had a great amount of respect for nurses, this experience helped me to better understand the depths of their knowledge and their necessity in providing optimal patient-centered care. I imagine that an Obstetrical nurse working in rural communities might have even broader roles than those working at a teaching centre. With fewer resources and fewer specialists, a rural Obstetrical nurse might have to adapt to these limitations and perhaps be more involved in patient assessment and more hands-on during deliveries.

In our busy and often hectic health care system it is easy to over-look the workload and effort contributed by various team members (including nurses, administrative staff, and even other physicians). Spending the day walking in another person's shoes reminded me of this, and as a result I will try to remain cognizant of the many people who help a health care team function smoothly. I think that the key to a well-run practice is open communication and mutual respect for all allied health care professionals. As such, I will try my best to facilitate this type of work environment in my future practice.