UCSD Special Procedures Unit:
THE ART OF COLLABORATION

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Healthcare today is provided through a collective of interdisciplinary professionals. There is no one profession that is capable of offering all of the services needed to move an individual through the continuum of care. Limitations and restrictions by third party payers on spending of health care dollars necessitate a mix of cost-effective services provided by multi-disciplinary health care providers. In these circumstances, there is a great need for collaboration between multiple healthcare professionals; diverse in responsibility, but unified in purpose. The UCSD Special Procedures Unit is unique in that it encourages a positive nurse-physician relationship through its physical setting, shared knowledge, and organizational practices. The result of these efforts is a unit skilled in the art of collaboration.

Introduction

Collaboration is defined as working jointly with others, or together, especially in an intellectual endeavor (Merriam-Webster Dictionary). A "collaborative practice" has been defined as "the interactions between nurse and physician that enable the knowledge and skills of both professions to synergistically influence the patient care provided" (Nelson, King, & Brodine, 2008).

Historically, there have been challenges to collaboration that have, for the most part, been overcome by nurses. In the past, mass media outlets pictured the nurse-physician dynamic as a relationship between authority and servitude. Physicians had the authoritative role and nurses were cast in the role of servitude. The origins of these inequalities were born from disparities in gender, education, and class.
We've seen in the past pictures of an impeccably coiffed nurse in a starched white dress and hat, with an abundance of time, standing by the physician ready and willing to assist him in saving the lives of his patients. This nurse bears little resemblance to the nurse of the 21st century, and neither does the physician. Today's nurse is a critical thinker, well-educated, assertive, and focused on outcome-oriented patient care. Physician demographics have also changed dramatically. But though much has changed from the time of our nurse, the characteristics of empathy, compassion, and caring remain an integral part of being a nurse. So, how does today's nurse find equal collaborative footing in a clinical setting dominated by physicians? And more importantly, why would it be of value to a healthcare organization?

Increased nurse-physician collaboration has been shown to improve nursing job satisfaction and reduce burnout (Arford, 2005). It provides a safer care environment thereby improving the quality of care provided and reducing negative patient outcomes (Boyle & Kochinda, 2004). There is a vested interest for the nurse and the healthcare organization to improve or maintain positive nurse-physician collaboration.

Collaboration and Access

Many studies have been conducted investigating the nurse-physician relationship. Studies conducted in the Intensive Care Unit (ICU), Emergency Department (ED), and general medical-surgical floors found that nurses are more likely to have better working relationships with physicians if there increased exposure between the two professions (Greenfield, 1999; King & Lee, 1994). ICUs have more exposure to the physician, than on a general medical ward. The more specialized the nursing work becomes; the more complex and numerous the communication pathways are utilized (Alford, 2007). Direct access between both professions facilitates

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communication and the exchange of information. The UCSD Special Procedures Unit provides a unique setting that fosters nurse-physician interaction and collaboration in that it is physically enclosed unit, and at its hub is the shared workplace for all professions involved in the patient's care. Logistically, this is an ideal place for nurse-physician communication and collaboration as all parties must work closely together in a common environment. In addition, once the patient is in the procedure room, the physician and nurse are brought even closer together in proximity for the duration of the procedure. This increased exposure over time builds familiarity between the two professions raising the comfort level of the nurse allowing him or her to assert concerns about changes in the patient's condition, and in turn, the physician begins to trust in the nurse's judgment and concerns.

Shared Knowledge in Collaboration a study by Stein-Parbury and Liaschenko (2007), the authors describe how collaboration is gained by a trade-off of commodities between nurse and physician. Commodities include tangible items (equipment, resources) along with respect, goodwill, and knowledge. These authors studied the negotiation of knowledge between nurse and physician because they felt it was the least understood of all the commodities. The authors developed a nursing model describing three classifications of knowledge used by nurses described as case knowledge, patient knowledge, and person knowledge.

Case knowledge is the pathophysiological understanding of the disease process. This type of knowledge is objective, measured, and science-based. It is closely associated with the medical profession because diagnosing and treatment is mostly the responsibility of the physician. Stein-Parbury and Liaschenko (2007) note that nurses gather information from their interactions with patients which results in an interpersonal relationship that provides an understanding of the patient's condition. On the other hand, physicians primarily use facts and measurable data in formulating their understanding of the patient's medical condition. Because UCSD is a medical teaching facility, the physician is accustomed to communicating case knowledge to others on a regularly basis. As the physician is teaching, the information he imparts to physicians in training is shared with all in the procedure room including nurses. The information conveyed about diagnostic findings, differential diagnoses, and treatment is invaluable to all involved in the patient's case. Thus, case knowledge provided by the physician is one of three integral parts of collaboration between nurse and physician.

The second type of nursing knowledge is ***patient knowledge*** which is gained through observation of the patient's personal experience with disease and treatment. It is closely related to the work of the nurse who usually will continually assess the patient over a period of time. This familiarity allows the nurse to observe subtle changes in the patient's response to treatment or condition. The procedure nurse is tasked with the continual monitoring of the patient undergoing moderate sedation. Vital signs, pulse oximetry, and heart rhythms are assessed every 15 minutes, in addition to sedation level and patient comfort. A change to any of these critical indices from baseline values is the responsibility of the nurse to communicate to the physician. Because the physician is focused on performing the procedure, the nurse must provide patient knowledge in an assertive and timely manner to add his or her value to the collaborative care of the patient. Thus, patient knowledge provided by the procedure nurse fulfills the second type of knowledge used in collaboration.

Person knowledge involves a deeper sense of the patient as a person. This

is the third type of knowledge which delves into the personal history of the patient. It encompasses the patient's motivations, desires, idiosyncrasies, and all of the human characteristics that make the patient distinctly individual. The nursing work involved in this type of knowledge extends beyond one encounter or one hospitalization. UCSD Special Procedure Nurse Coordinators, whose jobs are similar to case managers, provide the person knowledge that is sometimes needed for the team to have a better understanding of the patient's health state. The UCSD Special Procedure Nurse Coordinators have multiple interactions with patients that regularly include discussions about psychosocial matters along with immediate and long-term clinical issues. The information gained from this interpersonal relationship is complex and unique to the patient. Nurse coordinators have the advantage in providing person knowledge which is the third type of knowledge conveyed to the collaborative team working to provide the best health outcome for the patient.

The UCSD Special Procedure Unit undoubtedly encompasses the three types of nursing knowledge used to bring about collaboration between nurse and physician. In order for collaboration to be positive and effective, the three types of knowledge need to be interrelated and interdependent. "Collaboration requires recognition that knowledge and work are intimately related. A smooth, effortless flow of work gives the impression that knowledge bases are shared between nurses and physicians and that the work is mutually understood and supported (Stein-Parbury & Liaschenko, 2007)". The Care Delivery System for this unit is the 'team model'. The team model is most successful when collaboration and communication are positive and effective.

Organizational Support

Arford (2005) describes the responsibility of the organization to provide the environment and boundaries to which nurse and physician collaborate. At UCSD, the art of collaboration is integrated in our nursing philosophy. On day one of each new hire, we are introduced and exposed to the tenets that allow our role of leadership and collaboration.

"We believe nursing leadership in clinical practice is evident at all levels, in all care environments within the organization and the community. We believe that professional nursing within our institution includes providing education resources, career development, and advanced patient care technologies. This allows us to enhance patient care while engaging in open, collaborative communication with all healthcare professionals, patients and their families."

As we continue our journey to Magnet, we have seen the starfish story circulating our units and boards. This starfish represents our model of care and the five elements.

At UCSD, we as nurses are given the support and resources needed, that allow us to strive for excellence not only for our patients but also our careers.

Conclusion

Caring for patient is never an isolated practice. It is well understood that the patient care team extends beyond the nurse and physician in the UCSD Special Procedure Unit. Moving the patient through the continuum of care are administrative and supervisory personnel, technicians, ancillary departments, and the organization itself. The UCSD Special Procedure Unit is just one example within the organization that fosters communication and collaboration between nurse and physician. The goal of this article was to highlight this unit's ability to take advantage of direct access between professions, comprehensive knowledge sharing, and organizational support which all comes together to cultivate an environment of positive collaboration.

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