

MEDICAL SURGICAL NURSING

CLASS PRESENTATION

ON

CURRENT TRENDS

IN

MEDICAL SURGICAL NURSING

SUBMITTED TO

MISS GURPRETT KAUR

LECTURER

DEPARTMENT OF

CHILD HEALTH NURSING

SUBMITTED BY

NAVPREET KAUR

M.Sc. NURSING 1ST YEAR

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MISS NAZIMA BHATTI

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M.Sc. NURSING 1ST YEAR

MEDICAL SURGICAL NURSING

NAME OF THE STUDENT: NAVPREET KAUR
M.Sc. NURSING 1ST YEAR
MEDICAL-SURSICAL NURSING

NAME OF THE SUPERVISOR: MISS. GURPREET KAUR
LECTURER
DEPARTEMENT OF PEDIATRIC NURSING

SUBJECT: NURSING EDUCATION

TOPIC: CURRENT TRENDS IN MEDICAL SURGICAL NURSING

STUDENT GROUP: M.Sc. NURSING 1ST YEAR

VENUE: CLASS ROOM

TIME: 40 MIN

METHOD OF TEACHING: LECTURE CUM DISCUSSION

A.V. AIDS: WHITE BOARD, OHP, LEAFLETS.

GENERAL OBJECTIVES:

At the end of the presentation the group will improve knowledge, skills and attitude regarding CURRENT TRENDS IN MEDICAL SURGICAL NURSING

SPECIFIC OBJECTIVES:

At the end of the presentation the group will be able to answer:

- Describe the domain of medical surgical nursing.
- Explain the role of nurse.
- Explain the influence on future nursing practice.
- Explain trends in medical surgical nursing.

NAME OF THE STUDENT: NAVPREET KAUR
M.Sc. NURSING 1ST YEAR
MEDICAL-SURSICAL NURSING

NAME OF THE SUPERVISOR: MISS. NAZIMA BHATTI
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DEPARTEMENT OF MEDICAL SURGICAL NURSING

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S. NO.	TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITIES	A.V. AIDS	EVALUATION
1.	1 min	Self introduction.	SELF INTRODUCTION: Myself Navpreet Kaur student of M.Sc. nursing 1 st year. And today I will teach you the <u>Topic: CURRENT TRENDS IN MEDICAL SURGICAL NURSING.</u>	Lecture		
2.	2 min	Introduction of topic.	INTRODUCTION: Current Trends and Issues in “Medical and Surgical Nursing “provides a forum for knowledgeable debate on the important issues that nurses face today. Issues have provided information and viewpoints of developments that continue to impact the delivery of health care and the nursing profession. This provides the opportunity to analyze conflicting viewpoints and to synthesize one's own thoughts on the demands being made on the nursing profession and the difficult issues affecting today's health care delivery.	Lecture	White board	What do you mean by trends in medical surgical nursing?
3.	3 min	Describe the domain of medical surgical nursing.	DOMAIN OF MEDICAL AND SURGICAL NURSING (NURSING AS A PROFESSION): Nursing practice today is composed of a wide variety of roles and responsibilities necessary to meet the health care needs of society. They practice in virtually all health care settings and communities, offering skilled care to those recuperating from illness or injury, advocate for patients rights, teach patients so that they can make informed decisions, support patients at critical times, and help them navigate the increasingly complex health care system.	Lecture		What are the domains of medical surgical nursing?
4.	6 min	Explain the role of nurse.	NURSING ROLE: ENTRY: level nurses with an associate or baccalaureate degree in nursing in are prepared to function as generalists. In this role nurses provide direct health care and focus on ensuring co-ordinated and comprehensive care to patients in a variety of settings. CERTIFICATION PROFESSIONAL: Recognition of expertise in a specialty area is obtained through certification. It is offered through a variety of organizations, usually requires a certain amount of clinical experience and successful completion of an examination.	Lecture cum discussion	White board	What is the role of nurse?

			<p>NURSING SPECIALITIES INCLUDE: ambulatory care; pain management; cardiovascular care; genetic nursing; gerontology, An emerging speciality is forensic nursing , an area of nursing that address sexual assault, abuse, domestic violence and death investigation.</p> <p>ADVANCED PRACTICE NURSE: Additional formal education and experience can prepare nurses for advanced roles. An advanced practice nurse is a nurse with a master’s degree in nursing, Examples of advanced practice nurse are clinical nurse specialists, nurse practioners, nurse midwives and nurse anesthetists. In addition to managing and delivering direct patient care, advanced practice nurses have roles in health promotion, case management, administration, research and multi-disciplinary systems.</p> <p>CLINICAL NURSE LEADER: New role has been introduced by the American Association of colleges of Nursing(AACN) in response to patient care needs and in anticipation of competencies needed in the current and future health care system The clinical nurse leader is described as a generalists clinician with education at the master’s degree level</p>			
5.	8 min	Explain the influence on future nursing practice.	<p><u>INFLUENCES ON FUTURE NURSING PRACTICE:</u></p> <p>EXPANDING KNOWLEDGE AND TECHNOLOGY: Rapidly changing technologies and dramatically expanding knowledge are increasing the responsibility of nurses in a complex health care environment. Nurses are caring for patients in a setting where there is a demand for high quality, cost effective care. Ethical dilemmas can be created by controversies regarding the use of new scientific knowledge and the inequality of access to technologically advanced health care. Access to internet allows patients to obtain information about their health problems and health care. Nurses must be able to not only help patients find and use appropriate health problems and health care needs, but also to evaluate information that relates to their own practice Critical thinking and methods to promote critical thinking have been subjects of concern for many professional practice fields affected by increasing technology and access to information</p>	Lecture	Leaflets	What is the influence on future nursing practice?

HEALTHY PEOPLE INITIATIVES

Government has been active in establishing goals and objectives for promoting health. This activity is known as Healthy People Initiatives. It is a big challenge for nursing. Both nursing education programmes and clinical nursing practice must respond to the major trends in health care. Educational programmes for entry-level nurses now require a greater emphasis on health promotion, maintenance and cost effective care that responds to the needs of culturally diverse groups and underserved populations.

EVIDENCE BASED PRACTICE:

Is the conscientious use of the best evidence (i.e. findings from research, quality improvement and practice management initiatives, and patient assessment) in combination with clinician expertise and patient preferences and values in clinical decision making. The expectation for high quality, cost effective care and the rapid expansion of easily accessible knowledge in a competing health care market place have driven the need for the daily use of evidence to improve point of service care. Regulatory and accrediting agencies now require that practice be based on evidence. All of these factors have led to the need for all health care providers to gain knowledge and skill in E.B.P.

STANDARDIZED NURSING TERMINOLOGIES

The demands of the current health care system are challenging the nursing profession to define its practice and the impact that it has on the health and health care of individuals, families and communities. In response to this nursing has moved toward standardizing nursing terminologies. Standardized nursing terminologies are used to clearly define and evaluate nursing care. They can promote continuity of patient care and provide data that can support the credibility of the profession. Standardized languages help identify the most effective nursing interventions and describe nursing phenomena. Three of the, nursing interventions, nursing terminologies recognized by the A.N.A are now available to consistently describe patient response. and patient outcomes: NANDA INTERNATIONAL:

			<p>Nursing Diagnoses, definitions and classifications; 2.Nursing Interventions Classifications 3 .Nursing outcome classification.</p> <p>HEALTH CARE INFORMATICS: The current erratic and inconsistent use of paper records and computers to document ,store, and retrieve patient care information is undergoing a major upheaval as federal initiative promote the development of a uniform electronic health record. Patient’s records are maintained through electronic health system. This system provides a single place for health provider to review and update a patient `s health record All aspects of a patient record are integrated, including active problems, allergies , current medications, laboratory result, vital signs , hospitalizations and outpatient clinic history. A national uniform E.H.R has the potential of greatly reducing medical errors associated with traditional paper records and vastly improving patient safety and quality of care.</p> <p>NURSING INFORMATICS: It is a nursing specialty integrating nursing science, computer science, and information science in identifying, collecting, processing and managing data and information to support nursing practice. Administration, education, research and the expansion of knowledge. This allows nurses to work within the information system department so that nursing issues can be integrated at the beginning of computer projects rather than just evaluating the problems for nursing when a project is complete. Nursing Informatics studies the structure and processing of nursing information to arrive at clinical decision and to build systems to support and automate that processing.</p>			
6.	12 min	Explain trends in medical surgical nursing.	<p>TRENDS IN MEDICAL AND SURGICAL NURSING Trends in nursing are closely tied to what is happening to healthcare in general. Trends are fascinating phenomena, but they do not exist in vacuums. Most are interrelated; one trend often spawns another. Although trends are more than fads, they are far from money-back guarantees. We watch to anticipate the direction that a particular trend</p>	Lecture	OHP	What are the new trends in medical surgical nursing?

will take us, to remove the element of surprise. When we look back on trends, however, some will have heralded permanent changes, but others might have been no more than blips on the radar screen.

Trend #1: Where Art Thou, Nurse?

Nurses comprising the largest division of the healthcare workforce. Yet in 2004, we continue to face a slowly growing shortfall of nurses. Although this is not the first nursing shortage our nation has faced, there are some worrisome differences this time. This shortage is not caused by any single factor in isolation, such as the voluntary cutbacks in the nursing labour force of the 1990s, which could be solved by ramping up recruitment efforts. This shortage is caused by a convergence of many pressures, including financial constraints, a dissipating workforce, and an increasingly complicated and stressful work environment. Furthermore, the global nature of this shortage makes it impractical to recruit nurses from other countries to fill vacancies.

Many registered nurses (RNs) have left nursing for better opportunities and higher paying jobs. In when experienced nurses leave their positions after only a few years in the profession, they are often replaced with recently graduated and inexperienced staff members. This is the revolving door syndrome, the worst possible model of workforce replacement for a profession such as nursing. Notwithstanding the tragic loss of nursing expertise that occurs when a nurse leaves the profession, new nurses who are usually mentored by the older, experienced nurses after graduation must then learn to cope without such guidance.

Job dissatisfaction and wages have both been cited as factors contributing to the nursing exodus. Another important factor relating to the nursing shortage is the "aging RN factor the demographic that paints the gloomiest picture of our healthcare future:

Retirement is looming . more over there is migration of nurses. More than a million new and replacement nurses will be needed by the year 2010. Are we already too late to avert a crisis in patient care? Will

demographics be our downfall? Much depends on whether employers and policymakers pay as much attention to retaining the current experienced workforce as they do to increasing enrolments. Everyone has to care about the nursing shortage, both now and in the future, because everyone will be affected by it at some point in time.

Trend #2: The Patient Safety Imperative

A vigorous demand for increased patient safety is being heard from all sectors. Patient safety will be paramount in 2004. Although a greater focus on patient safety has been a trend since the Institute of Medicine's landmark report in 1999 estimating that 44,000-98,000 people die yearly as a result of medical errors, several recent studies have turned the spotlight on nursing as a safety net. Reflect upon these sentiments expressed by the authors of a major new report about nurses and patient safety: "how well we are cared for by nurses affects our health, and sometimes can be a matter of life or death...in caring for us all, nurses are indispensable to our safety".

When nurses' workloads are too heavy, safety can too easily become compromised. Can we expect nurses caring for too many patients or working too many hours to continue to intercept 86% of the medication errors made by physicians and pharmacists that they usually intercept *before* such errors reach the patient? Can we expect the same outcomes of care that are achieved with more reasonable workloads? To no one's surprise, heavier patient loads are associated with higher rates of infection, gastrointestinal bleeding, pneumonia, cardiac arrest, and death from these and other causes.

The typical work environment of nurses harbours many latent conditions that are sources of threats to patient safety. Sicker patients, inadequate orientation for new nurses, communication failures, interruptions, and distractions were among the environmental factors found to contribute to errors. A new report from the Institute of Medicine finds that "the work environment of nurses needs to be substantially transformed to better protect patients from healthcare errors." The report calls for changes in how nurse staffing levels are

established and mandatory limits on nurses' work hours as part of a comprehensive plan to reduce problems that threaten patient safety by strengthening the work environment in 4 areas: management, workforce deployment, work design, and organizational culture.

Trend #3: Skyrocketing Healthcare Costs

Healthcare is rapidly becoming unaffordable. The government spends more on healthcare than any other industrialized country. In 2001, total national healthcare spending reached \$1.4 trillion (an increase of 8.7% in a single year!) or 14.1% of the nation's gross domestic product. Increasing at a rate that is 5 times the inflation rate, healthcare spending in 2003 continued to rise at the fastest rate in our history. Unless spending slows significantly, health insurance premiums will continue to rise Healthcare spending is projected to reach \$2.6 trillion in 2010.

A big contributor to escalating healthcare costs in the medical litigation system. The runaway litigation system raises the costs of healthcare for everyone, costs that are paid for through higher premiums for health insurance, higher out-of-pocket payments to obtain care, and higher taxes.

Trend #4: Born Earlier and Living Longer

Neonatal nurses have witnessed a flood of premature babies in the past several years, a trend that is likely to continue in 2004. The increase in prematurity is partly a consequence of the popularity of assisted reproductive technology (ART). In 2000, 53% of infants born through ART were twins, triplets, or higher-order multiples compared with 3% of the general population. Twins and other multiples are more often premature and/or of low birth weight, and often require neonatal intensive care..

On the other end of the life spectrum, people are expected to live

longer (77.2 years, in 2001). The "over 85s" are the fastest growing segment of the older population. In fact, the whole population is getting older. The percentage of people over the age of 65 years in is now increased compared with just 5-10 years ago. We can expect this to rise further as the first of the baby boomers enter their sixties just 2 years from now

Trend #5: Healthcare Consumerism and "E-Health"

"People want the best healthcare "Consumerism is an intriguing trend that bears close watching in 2004."Consumerism" is a buzzword that means different things to different people with different interests. In its truest sense, consumerism is "a movement seeking to protect the rights of consumers by requiring such practices as honest packaging, labeling, and advertising, fair pricing, and improved safety standards."

In healthcare, a consumer has come to mean a more informed participant, perhaps one who uses the Internet to obtain information about health, disease, and quality ratings of providers and hospitals. Defined as such, consumerism is a positive development in healthcare. The big push behind the consumerism movement is the hope that it will ultimately drive down healthcare costs. However, employers have been shifting more of the costs of health insurance premiums to employees for years now, yet the cost of health insurance keeps soaring.

Further, it is believed that information technology will help consumers make better choices about healthcare, getting more "value for money." Indeed, use of healthcare Web sites by consumers tripled in 2002 as individuals spent more time exploring their options before making healthcare decisions. The problem is, even with a boatload of information about disease, diagnostic tests, and treatment options, someone with a healthcare background can have difficulty making decisions about what is necessary and what is fluff, particularly when faced with the crisis of a serious illness. How is the average lay consumer to accomplish this? Hospital and physician "report cards" and other forms of quality ratings will become more prevalent,

purportedly to help consumers make choices about where to spend their healthcare dollars. It remains to be seen if people will shop for healthcare services the way they do for a car or a television set, or if they will continue to rely on word of mouth, convenience, and what they are comfortable with, just as they have done in the past.

Trend #7: Complementary and Alternative Medicine

Hand-in-hand with the healthcare consumerism movement is a trend known as complementary and alternative medicine, or CAM. CAM is a group of diverse medical and healthcare systems, practices, and products that are not presently considered to be part of conventional medicine

In attempts to improve their health and/or combat illness, Most healthcare consumers will use the Internet to find information about alternative therapies. While some scientific evidence exists regarding some CAM therapies, for most there are key questions still unanswered.

Nurses will not only be questioned about complementary and alternative therapies, but they will need to be proactive and open dialogues with patients about their use of CAM in order to address safety issues. In the very near future, nurses might have a greater role in providing CAM in some healthcare settings, including hospitals. The flurry of interest in CAM has stimulated a movement to integrate CAM into the conventional healthcare system, and has led to funding for clinical trials to determine safety and efficacy of CAM therapies.

Trend #8: Technological Wonders and Woes

Imagine a wireless, disposable endoscopy camera in a capsule that provides real-color images of the gastrointestinal tract after being swallowed and moved along by peristalsis. Or picture an antibody-coated stent that prevents restenosis of coronary arteries. And envision in the works -- an artificial pancreas and a robot that performs delicate

surgery inside of an MRI chamber.

Consider the possibility of delivering a baby by Cesarean section -- halfway -- so that the baby can be intubated and resuscitated before clamping the umbilical cord, all because there is a large tumor growing on the baby's trachea. These miracles of modern medicine are the feel-good side of high-tech, the side we cannot get enough of.

In sharp contrast to the way healthcare embraces new technology for diagnostic and treatment purposes, hospitals have lagged far behind other industries when it comes to the adoption of information technology. It looks as though this will soon be changing, and developing the

More nurses can look forward to experiencing the challenges of working with new information technology systems in 2004. Computerized provider (or physician) order entry and barcode-enabled point-of-care medication management systems are new applications designed to improve efficiency and reduce medication and other errors in the clinical setting.

Trend #9 Web-Based Nursing Degrees

Online advanced degree programs in nursing have multiplied rapidly in the past few years. Today, it is possible to get an RN to BSN degree, an RN (bridge) to MSN degree, or an MSN in an array of clinical or nonclinical advanced practice major. There are even online post-master's certificate programs for nurses who want to become nurse practitioners.

Some online programs are entirely Web-based, using online lectures, libraries, discussion groups, conferencing, and email for communication between instructor and student. Others conduct coursework online but require site visits one or more times per semester for laboratory or clinical practice. Some are self-paced (asynchronous), while others follow a typical college schedule with all students participating simultaneously (synchronous). To date, there is

little uniformity in online nursing degree programs -- many different combinations of online coursework and campus attendance requirements exist.

Trend #10: Disparities in Healthcare

The year will witness the emergence of an even more diverse nation, and thus a more diverse patient

Why is this important to the healthcare professional? Over and above the need to understand and incorporate cultural differences into the provision of care, there are some basic, alarming facts about the health of racial and ethnic minorities that all healthcare clinicians need to be aware of. In 2004, despite the tremendous strides we have made in modern medicine and technology, minority face serious disparities in disease incidence, morbidity, mortality, and in the healthcare they receive.

People in racial and ethnic minorities tend to receive lower-quality healthcare t even when insurance status, income, age, and severity of conditions are comparable, Also responsible are bias, prejudice, and stereotyping on the part of healthcare professionals.

Because healthcare disparities are so serious and pervasive, this issue deserves immediate attention from nurses and all healthcare clinicians. Possible interventions to combat inequities include increasing public and professional awareness of disparities, the promotion of consistent care through evidence-based practice, better patient education, and empowerment and the integration of cross-cultural education into the training of all health professionals

Trend #11: Living With Chronic Disease

A total of all deaths are attributable to 4 major diseases: heart disease,

cancer, chronic obstructive pulmonary disease, and diabetes. These and innumerable other preventable and nonpreventable conditions such as asthma, arthritis, stroke, kidney disease -- the list goes on and on -- When chronic disease is complicated by comorbidities such as obesity and hypertension, management becomes that much more difficult. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable.

As the elderly proportion of the population grows, chronic disease could very well overtake acute illness as our primary healthcare concern. Prevention of chronic disease, its complications, and optimal disease management require a different approach to healthcare than we have been used to, and we will have to adapt accordingly. In order to turn the tide on chronic disease for future generations, we need to redouble our efforts to help young and old clients avoid the known risk factors such as tobacco use, and encourage them to adopt healthy diets, exercise, and stress management.

Trend #12: Return of the Plagues

It started with AIDS. incurable infections were ancient history, or so it was believed. But when HIV started its worldwide spread, it became clear that, as a society, we were not as safe from twentieth century plagues as we thought we were.

Our complacency, which stemmed from our success with antibiotics and vaccine programs, has been shaken further by the recent appearance of antibiotic-resistant infections, caused by pathogens that have flourished in the era of antibiotic overuse. We have witnessed lethal strains of influenza, West Nile virus, SARS, and multiple-drug-resistant tuberculosis. The threat of bioterrorism, carrying the risk of infecting millions with smallpox or anthrax, is all too real.

Government agencies are keenly aware of these problems, but the solutions, such as newer antibiotics, antivirals, and vaccine programs, are unlikely to be ready in time to combat pathogens as fast as they appear on the scene. Nurses and other healthcare professionals must be

			prepared to contain and prevent the spread of infectious diseases. They must increase their awareness of the threat of communicable diseases and their role in preventing and managing the bona fide public health crises they represent. And the time to do this is before an outbreak or attack occurs.			
7.	2 min	Summarization of the topic.	SUMMARY: Today we have discussed about the topic TRENDS IN MEDICAL SURGICAL NURSING. In this we have learned about domains of medical surgical nursing, role of nurse, influence on future nursing practice and trends of medical surgical nursing.	Lecture cum discussion	OHP	
8.	5 min	Recaptulization of the topic.	RECATULIZATION: <ul style="list-style-type: none"> • What do you mean by trends in medical surgical nursing? • What is the role of nurse? • What is the influence on future nursing practice? • What are the new trends in medical surgical nursing? 	Ask questions		
9.	1 min	Bibliography.	BIBLIOGRAPHY: <ul style="list-style-type: none"> • www.wikipedia.com/curent trends • nmsindia.org.nih.gov • helpindia98.tripod.com • http://www.niaid.nih.gov • http://www.whoindia.org 			