Resident Nurses: the Vanguard of Quality Care

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Resident nurses – redefining roles

Autonomy – With a better-educated nursing workforce, we need to expand nurses’ clinical accountability and decision-making authority. Nurses’ roles will be expanded to enable them to make protocol-based diagnoses and investigations for certain disease profiles and to order treatment.

MOH Press Release, 6 Aug 2014
**Background Information**

- Enable nurses to practice at the top of license
- Improve patients’ access to care interventions and provide continuity of care
- Request from medical team to expand nurses’ role in anticipation of medical residency and program requirements
Distribution of Resident Nurses

To date: 22 specialties

Started in:
- 2010 – KKWCH (1 specialty)
- 2012 – SGH (4 specialties)
- 2012 – NHCS (2 specialties)

Profiles - Registered Nurse for 6 to 10 years
- 4 have graduated from Master of Nursing,
- 10 are pursuing
Structure of Resident Nurse Programme

1 Year Programme for SGH

Core Modules (Hospitalist Framework) + Clinical attachments

Structured Training & Internship in Specialty (Medical Preceptor + APN Mentor)

Theory
Case studies, Tutorials, Examinations

Practical
MiniCEX, OSCE, Clinical Log, Clinical Gem
Structure of Resident Nurse Programme

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**Theory**
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**Practical**
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Registered Nurse Role Expansion

Involves

- Collaborating with medical doctors and complementing in patient care
- Detailed medical history taking according to approved protocols, physical examination / assessment
- Ordering of investigations according to protocols
- Performing selected medical procedures per protocol
- Daily ward rounds, post-operative review
- Communicate with patient/family on plan of care; discharge planning
- Resource personnel
## Management Protocols

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Protocols</th>
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| Surgical         | • Mastectomy  
|                  | • Colectomy  
|                  | • Total Knee Replacement  
|                  | • Nephrectomy Procedures  
|                  | • Transsphenoidal Pituitary Surgery                                        |
| Internal Medicine| • Cellulitis  
|                  | • Pneumonia  
|                  | • Urinary Tract Infection  
|                  | • Dengue Fever  
|                  | • Congestive Cardiac Failure                                               |
| Medical Oncology | • Elective Admission for Chemotherapy  
|                  | • Elective Admission for Biopsy  
|                  | • Neutropenic Fever                                                        |
| Neurology        | • Epilepsy  
|                  | • Parkinson’s Disease  
|                  | • Stroke                                                                   |
| Renal Medicine   | • Elective Native Kidney Biopsy  
|                  | • Elective Tenckhoff Catheter Insertion                                     |
Privileged Medical Procedures

- Performing of blood culture
- Performing male urinary catheterisation
- Removal of:
  - surgical drains
  - central venous catheter / peripherally inserted central catheter line
  - external ventricular drain
- Simple toilet and suture
- Manual bladder irrigation
- Stoma intubation and irrigation
- Flushing of nephrostomy tube and catheter
Implementation of New Services

Multidisciplinary meeting with Rehabilitation Medicine physician for oncology patients
Implementation of New Services

Nurse Led Assessment Clinic for patients with Parkinson’s Disease
Development of Clinical Pathways

Singapore General Hospital
Overview of Deep Brain Stimulation (DBS) Surgery
Coordinated Clinical Pathway (CCP)

One day before DBS Surgery
- Admit one day before DBS surgery
  - Patient is reviewed by Neurosurgeon and Anesthetist
    - PT referral

DBS surgery: Stage I Unilateral/ Bilateral Leads insertion

POD 0: Stage I DBS surgery
- Post Surgery: Monitored in ICA
  - Rest in bed
    - Allow feeds to diet when patient is alert

POD 1: Stage I DBS surgery
- Transfer to General Ward (GW)
  - MRI Brain post DBS (protocol)
- PT review/OT/ST/ Dietitian referral
  - Allow bedside ambulation

Battery insertion on the next day/ scheduled date

POD 0: Stage II DBS surgery
- DBS surgery: Stage II battery insertion
  - Back to General Ward (GW)
  - Rest in bed
    - Allow feeds to diet when patient is alert

POD 1: Stage II DBS surgery
- PT/OT/ST/Neurology APN or RN review
  - Ambulate as tolerated
  - Aim home on the next day
Clinical Quality Improvement Projects

Fact Sheet for Patients and Families

What is a Femoral Nerve Block and why do I need it?
A femoral nerve block was given to you during your surgery as a pain control. It numbs the nerve in the operated leg and this effect may last as long as 48 hours.

<table>
<thead>
<tr>
<th>Potential Benefits</th>
<th>Risks and Potential Complications</th>
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<tbody>
<tr>
<td>Pain relief during and after surgery</td>
<td>Complications are usually rare, but can occur with any procedure such as:</td>
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<tr>
<td>Better pain control when combining with oral pain medication</td>
<td>1) Failure to relieve pain</td>
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<td>2) Bleeding and bruising at the nerve block injection site</td>
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<td>3) Damage to nerves</td>
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<td>4) Allergy to the medication used in the nerve block</td>
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How do I feel?
The limb may feel numb, tingly and heavy and you might not be able to lift up the operated limb. While it's in effect, you won't be able to feel anything in the area. You maybe given additional pain medication to control pain in other parts of your body.

What do I need to do after surgery?
DO NOT get out of bed on your day of operation. You could fall and injury yourself. Your surgeon will inform you when you can start walking. The physiotherapist will review you prior to walking.

While resting, you are encouraged to turn yourself regularly. This will help prevent you from putting too much pressure on one area.

If you need help, please use the call bell for assistance.
In-House Trainings

Teaching programs

Conducting Induction Program for new nurses

Nurses competency assessment
Teaching in the Region

China

Papua New Guinea

India
Public Forums & Workshop

Memory Screening Day 2015
(213 Public Screened)

Speaker in Forum organized by Prostate Cancer Foundation of Australia, Melbourne
Resident Nurse: A Typical Day

**Patient Care**
- Clinical rounds with Team Doctors
- Medical interview and physical examination of patients, review post-operative patients
- Order investigations
- Perform privileged procedures
- Facilitate patient discharge

**Patient Teaching/Staff Training**
- Resource nurse in the specialty
- Perform specialized Patient/Family education
- Communicate treatment plan with patient/family
- Facilitate Clinical Teaching Rounds, conduct inservice, bedside teaching to nurses, or Nursing Journal Club

**Other**
- Attend teaching activities, such as, Morbidity and Mortality Round, X-ray conference, Grand Ward Round, Journal Club
- Conduct QI project or Research
- Involve in Support Group
Feedback from medical and nursing team

Significantly improved quality of clinical management of patients with greater efficiency and better outcomes...HOD

Good bridge between medical and nursing.. “always there”...SN

Great resource for new doctors and nurses ...Registrar

Expedite care...speed up ward processes...SSN

Invaluable member in day-to-day work ...HO

Great access...Timely provision of updates to patient and family ...NC

NC
1st–3rd Intakes of Resident Nurses (Our Beautiful Family)
Thank you!