Situated learning in discharge decision-making. An ethnographic study of ANPs in the ED

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Overview

- Background
  - Context of ANP role
  - Knowledge mobilisation
- Ethnographic methodology
- Findings
- Implications for policy and practice

Context of the ANP role

- Reasons for implementation globally

- Widespread ambiguity

- NHS pressures

  - Aging population

  - Workforce shortages

Knowledge mobilisation (KM)

Knowledge

Action

Ethnography

1. Tensions between stakeholders

Boundary blurring ⟶ Medical substitution

"We've got the best of both worlds, because we're doing things that were traditionally medical, but at the same time you bring all your experience with you from the other side of the fence." Source: ANP 3 interview

"Using the ANPs we reduce our costs and have a stable workforce, who are a known quantity rather than 'Johnny Locum' who turns up at the weekend and you've no idea what he can and can't do." ED consultant

"Any patient that comes through. So the next in the box, anything from a cut finger to a heart attack, to a sepsis, to a stroke, and sort those out". Source: ANP 2 interview

2. Preference for shortcuts
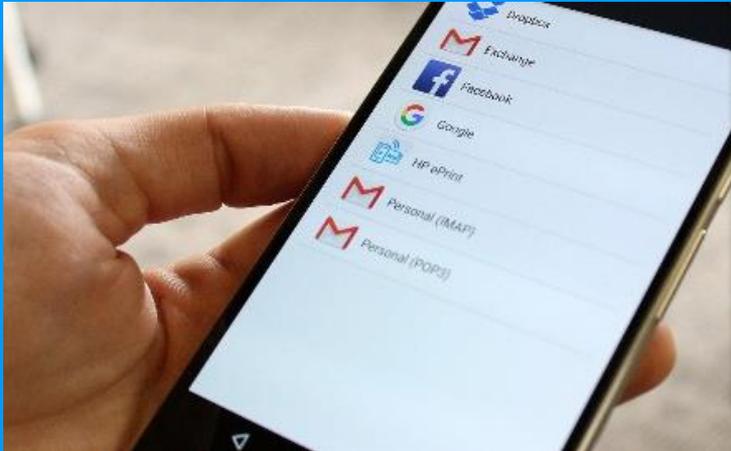
Smartphone apps
'The ANP used the cardiac decision tool on the app to identify the patient as 'low risk' of an MI based on his troponin blood result, ECG, and risk factors. She discharged the patient home'. ANP 2 observation

Advice from colleagues
"We're lucky to work with consultants all the time... because that's where we get an awful lot of knowledge from, because we're not medically trained." ANP 5 interview

3. Situated learning

Peer Support
"For me as a trainee, I feel like I need someone experienced to work with, but if there's nobody else, you're on your own." ANP 4 interview

Legitimate peripheral participation

Full membership of community of practice

Support from ED consultants
"And even though he's signed me off now he'll still be considered my supervisor for as long as we ever work here. And that just gives you a little bit more support in being an autonomous practitioner." ANP 2 interview

Experience
"Two years ago I wouldn't have dared to discharge a patient. I wouldn't have felt as if I knew what I was doing, but now I've got another 2 years' experience under my belt, just seeing the same kind of presentations helps." ANP 2 interview

Facilitators of knowledge mobilisation in discharge decision making

Trainee ANP

Experienced ANP

Uncertainty

Role clarity and consensus in boundary blurring

Access to shortcuts

Opportunities for situated learning
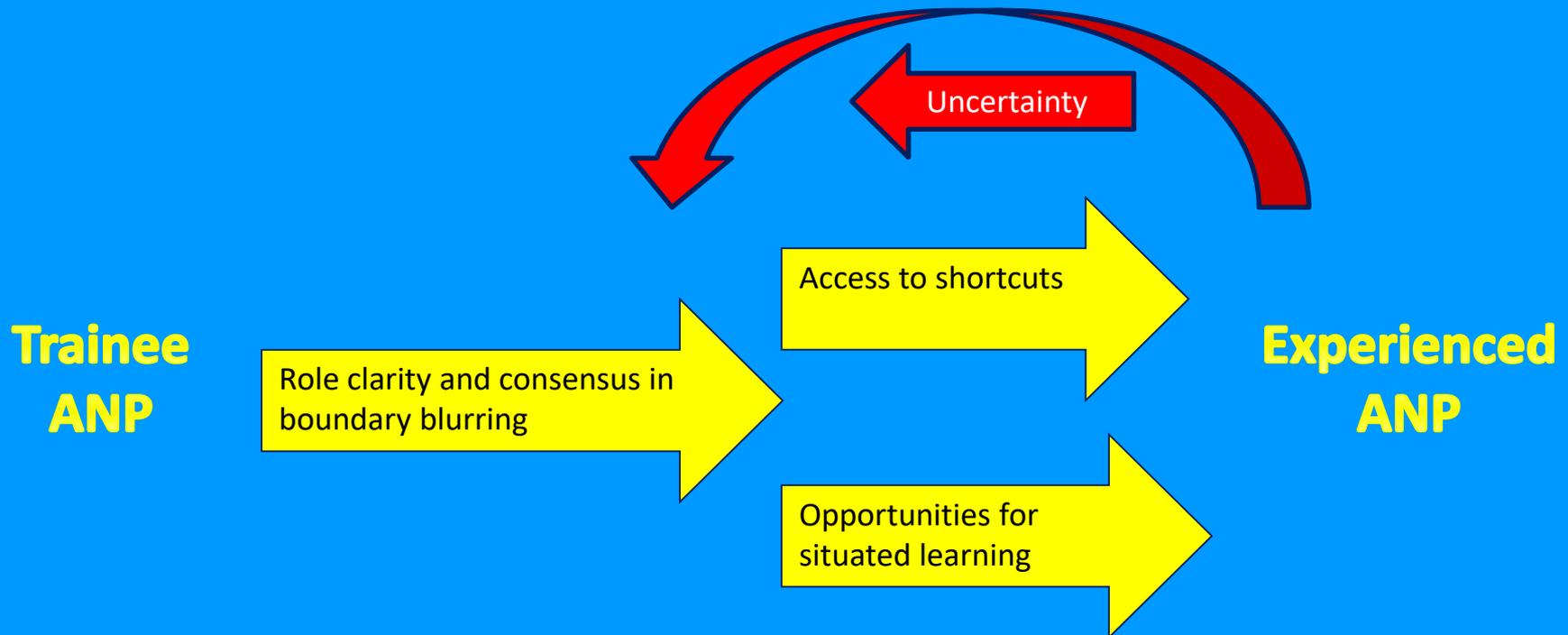
Implications

- Policy: clear role definition to address ambiguity. Consider national regulation

- Practice: access to quality smartphone apps and opportunities for inter-professional learning

- Research: to further explore how ANPs in different settings make clinical decisions

Any Questions?

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