**Electronic Charting Systems**

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NURS3542-10

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November 5, 2021

**Student statement:** By submitting this reflection, I am acknowledging that it is my own work. Comments are my own and have not been used in any previous work (inside or outside the institution). I have followed the rules outlined by my instructor and am compliant with the University of Windsor, St. Clair College, and/or Lambton College Academic Integrity Policy.

Student Name: Reem Boudali Student Number: 110007510 Date: November 5, 2021

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| **Category** | **Satisfactory** | **Unsatisfactory** | **Student Reflection (must be typed)** |
| **Look Back****(L)** | * Identifies **ONE** relevant clinical event/experience/ learning opportunity that was significant/impactful in one or two sentences.
* Describes this **ONE** clinical event so that the reader can gain an understanding of what occurred.
* Provides opinion/idea/perspective and feelings related to own. role/actions/performance in this clinical experience.
 | * Does not provide a clear and succinct description of ONE clinical event, experience or learning opportunity.
* Does not provide own feelings related to the clinical experience.
* Identified event, experience, or learning opportunity is not relevant to clinical practice.
 | On November 2, I utilized Cerner to look at my patient’s chart. Having been on OB prior to this placement, I noticed how different the workflow was. Whereas OB used a tracking board to see all patients on the floor and their status (in labor, delivered, etc.), Medsurg floors don’t seem to this same setup. As a nursing student, I know this doesn’t affect my care because I only access the Interactive I&O section to chart my assessments, but it made me wonder why the floor doesn’t use a tracking board as it seems it would be efficient at getting a general picture of the workload and status of the floor. |
| **Examine Experience****(E)** | * Selects a scholarly article that relates to this clinical experience (may use a CNO standard or BPG in addition to article, but not in lieu of an article).
* Briefly summarizes key ideas/findings of the article.
* Compares/contrasts own ideas/thoughts with those expressed by the author(s) with explanation.
 | * Does not incorporate a scholarly article.
* Summary of the key ideas/findings of the article are not included.

 * No explanation of the author’s ideas/thoughts compared/contrasted with own.
 | The article I found researched whether electronic charting improved productivity in the emergency department. The researchers observed physicians to track their productivity before and after electronic charting was implemented in their department. Productivity was measured taking into the number of patients physicians took in among other factors. The conclusion was that the electronic charting system had no significant effect on productivity; however, it may affect other aspects of care such as duration of stay (cite). Hearing these results surprised me because I had always been told by staff that one of the benefits of electronic charting was that it would save providers time compared to paper charting. This study shows that while it does not do that, it may have other benefits. One of the benefits I observed was that it is easy to access all files related to the patient like diagnostics (Xrays, scopes, etc) because it is all in one place. |
| **Appraise** **and** **Analyse** **(A)** | * Discusses at least **two** other people’s ideas/opinions/ perspectives that should be considered related to this clinical event (how might they feel: e.g. client, peer, family, other discipline, etc.).

**\*\***A reflection graded as ***excellent would also include the following:**** Examines perspectives surrounding this event at the level of nursing in general, and/or society in general (e.g. impact on health care system/nursing profession, political, financial, cultural influences on Canadians).
* Identifies how the event/situation challenged own perspective(s) and status quo (usual way of doing things).
* Poses questions that should be considered due to their significance to nursing practice.
 | * No other perspectives are discussed.
* Only one other perspective is discussed
 | There may be mixed opinions about this information. Agencies may be glad to know that paper charting may be more effective as it means they don’t have to invest lots of money/resources to implement electronic systems; however, agencies who have implemented may be angry that they have already spent the money on something that has not created much improvements to their services.From my own experiences, nurses seem to have different opinions on charting systems. When WRH switched to electronic, many of my nurses told me they preferred the paper charting because it was much more straightforward than Cerner. In a world where we generally think that anything electronic is better than the traditional version, information may seem controversial. At the end of the day, we have to consider what’s the best for patients even if it’s not what the rest of society is doing. We need to ask what methods would increase productivity and put research into alternatives to what we currently have to discover a system that has the best of everything.  |
| **Research** **and** **Revision****(R)** | * Provides summary of learning from this clinical experience and from the article findings.
* Identifies what they could have done differently in this clinical experience.
 | * Summary not provided
* Does not identify what they could have changed about their own role/actions/performance in this clinical experience.
 | Overall, I learned there are pros and cons to electronic charting. While it may not be efficient in terms of productivity, it may increase quality of care and reduce stay durations. While I can’t really apply this information to my own practice as a student, I can keep it in mind for my future practice when I need to utilize more aspects of the charting systems. |
| **New Perspective****(N)** | * Incorporates specific examples of how this new/enhanced knowledge will be implemented into future practice as a nurse.
* Identifies a nursing resource(s) that will assist to develop this aspect of practice (e.g. identify a specific nursing textbook etc.).
 | * No specific examples for implementation into future practice are incorporated.
* Does not identify a nursing resource to assist with learning
 | In the future, I can apply this into my practice by monitoring how much time I spend with my charting and observing whether it is negatively affecting my care. In the case that it is, I can make recommendations to my agency about looking into options that may improve productivity (e.g., different software). Rather than a specific nursing textbook, current research and knowledge on nursing informatics are the most useful resources for this topic and will vary based on the issue and time. |
| **Concept Identification** | * Identifies and describes key curricular concepts that influence the experience (minimum one in 1st year; two in 2nd year; three in 3rd year; minimum four in 4th year)

(critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning, professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics) | * Does not identify and/or describe related curricular concepts that relate to the experience/reflection.
 | Informatics – electronic health records and chartingEvidence-informed decision-making – researching whether utilizing these systems negatively affect care. |
| **References and APA Format** | * Scholarly article(s) and any additional resources (CNO, BPG) correctly cited in reflection in APA format.
* Title page in correct APA format
* Reference in correct APA format
 | * Incorrect APA format throughout reflection
* Incorrect APA format on title page
* Incorrect APA format for article(s) and/or other sources.
 | **Student Reference(s) in APA Format:**Sarangarm, D., Lamb, G., Weiss, S., Ernst, A., & Hewitt, L. (2018). Implementation of electronic charting is not associated with significant change in physician productivity in an academic emergency department. *JAMIA open*, *1*(2), 227–232. https://doi.org/10.1093/jamiaopen/ooy022  |
| **Grade:** | **□ Satisfactory □ Excellent**  |  **□ Unsatisfactory**  |  |
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