“On Call” Makes Me Crazy!

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Abstract

In this era of increased technology, social media, retail health and empowered patients, being available for patients after usual office hours is becoming more and more important. As a result, many pediatric nurse practitioners (PNPs) are required to be “on call” as a component of their employment. While being “on call” is often expected by employers, PNPs often feel unprepared to handle this responsibility. The costs and benefits of being available for patients after hours are often not discussed, especially during educational programs. The purpose of this innovative poster is to discuss the costs and benefits of being “on call” and strategies to help PNPs and NP students acquire the skills to handle on call situations.

More information can be found in professional literature regarding the costs, benefits and skill acquisition for being “on call” for medical students, residents and physicians than advanced practice nurses (APNs). However, many APNs are taking over these roles and their needs must be considered as well. There are many benefits to having providers available after usual office hours for patients, employers, and over-utilized emergency departments. APNs can also benefit by being available through increased compensation (both financial and reduced working hours), development of new skills and confidence as well as continued continuity of care for patients with whom they have developed rapport. There can also be risks, often related to “on-call fatigue”, which could harm patients and place APNs in legal jeopardy, including being inadvertently unavailable, providing inappropriate advice, parental/guardian misunderstanding, and insufficient documentation.

While being “on call” is often an expectation for many PNPs when hired, strategies to help them acquire the necessary skills to effectively manage after hours calls and text messages from concerned parents and guardians are rarely provided during formal education. PNPs often develop these skills by doing them—sometimes through trial and error—which can result in increased anxiety for PNPs and place them and their patients at risk. PNPs must learn how to recognize situations that emergent or urgent and those that are not and how to handle them. They must know the most common after-hours complaints, such as fever, nausea, vomiting and diarrhea, dehydration and rehydration, crying infants, reassuring frantic parents, etc. and how to manage these as well. Acquiring these skills during educational programs could be very beneficial for NPs. Creative strategies to help students acquire these skills and the outcomes of these will be included in this poster. The information presented will be helpful to practicing NPs, and those involved in NP education.

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PURPOSE:
To discuss the costs and benefits of being “on call” and strategies to help PNPs and FNP students acquire skills to respond appropriately.

PROBLEM
- With increased communication capabilities, providers often enhance their practices by providing after hours communication for patients
- NPs who provide care for children are often expected to be “on call”
- Becoming competent and comfortable in responding to after hours concerns by parents and/or patients can be challenging
- NP students rarely have opportunities to experience being “on call” during their educational programs; developing these skills is often by trial and error

BACKGROUND
- Professional literature regarding costs, benefits and skill acquisition for being “on call” is limited and when available, mostly for medical students, residents and physicians
- However, many APNs are taking over these roles and their needs must be considered as well.
- Having providers available after usual office hours is beneficial for patients, employers, and over-utilized EDs
- Being on call can benefit APNs through increased compensation (financial and/or reduced working hours) and development of new skills and confidence
- Patients benefit through continued continuity with known providers
- There can also be risks, often related to “on-call fatigue”, which could harm patients and place APNs in legal jeopardy, including being inadvertently unavailable, providing inappropriate advice, parental/guardian misunderstanding, and insufficient documentation.

LEARNING OBJECTIVES
- Improve decision-making skills regarding pediatric care, including urgency of patient complaints/concerns
- Enhance student confidence in addressing common pediatric health care concerns
- Assess student social interaction skills in health care management
- Provide opportunity for more communication between students and faculty

IMPORTANT SKILLS & KNOWLEDGE NUGETS
- Appropriate communication skills (phone, text or email)
- Responsible availability
- Reassuring/guiding worried or frantic parents or patients
- Emergent vs. urgent vs routine after hours needs
- Knowing which is which
- How to respond appropriately
- Obtaining a thorough enough history to guide decision-making
- OLDCARTS
- Immunization status
- Knowledge about most common after-hours concerns
- Injuries (musculoskeletal, neurologic, etc.)
- Fever management
- GI concerns: abdominal pain, eating, vomiting, diarrhea, constipation
- Dehydration/rehydration
- OTC product advice
- Documentation needs

FACULTY ROLE
- Assignment created in Advanced Practice Pediatric course for students in a hybrid Family NP program
- Sign-up sheet posted in Webcourses (web-based platform)
- Expectations given to students; grading rubric posted in Webcourses
- Weekly scenarios created by faculty based on current course content
- On-call student(s) called or texted by faculty, who played role of simulated parent or patient
- Student presented with healthcare concern by concerned “Mom” (faculty simulating parent)
- Feedback provided to student via text or call immediately following simulated provider/parent interaction
- Rubric completed/grade posted

STUDENT EXPECTATIONS
- Students selected one week during the semester to be “on call” (one to two students on call each week; only once/semester)
- During “on call” week students were expected to:
  - Be available; respond within 2 hours
  - Show respect and courtesy to simulated parent/patient
  - Respond appropriately to a parent/patient scenario
  - Contacted by telephone call or text by simulated parent or patient

STUDENTS EVALUATED EXPERIENCE

REFERENCES