With the evolution of nursing as a profession, nursing research and evidence-based practice have also advanced significantly. As many hospitals are in pursuit of or have obtained Magnet accreditation, nursing grand rounds (NGRs) have seen a resurgence. NGRs are a presentation given by nurses who share nursing care and focus on a particular case or group of cases. NGRs offer a venue for nurses to meet the objectives of the Magnet initiative through teaching and professional development.

Although NGRs have been cited in the literature since the 1960s, not much work has been published in this area. Some consider that NGRs may have descended from medical grand rounds. Although medical grand rounds have endured over decades, some have had limited success at attracting participants and maintaining attendance. Medical journals have addressed the lack of attendance at medical grand rounds that use a lecture-by-expert format. Research has even been conducted to explore whether serving food affects participation in medical grand rounds.

The case study format is a presentation style that is regaining favor in both medical grand rounds and NGRs. Presenting a case study of a particular patient enables nurses to systematically examine a specific patient’s episode of care, review the pathophysiology, evaluate the nursing care provided, and relate the “doing” of nursing care to evidence and science. It further allows nurses to extrapolate nursing care measures that colleagues can apply to their nursing practice.

The purpose of this article is to describe the development of NGRs guided by a clinical nurse specialist (CNS) at a large, tertiary-care hospital and to provide a template for implementation of NGRs at other hospitals.

Background

Our organization began considering pursuing accreditation from the American Nurses Credentialing Center as a Magnet hospital for providing nursing excellence and quality care. Through discussions with staff, it became apparent that our nurses needed ways to translate...
Magnet concepts to the daily practice of nursing. The hospital distilled the Magnet concept to a phrase, “it’s all about us,” with the “us” being nursing. Nurses come to work each day and “do.” Many nurses did not consider the uniqueness of what they have contributed to their patients’ care. When pressed to describe the essence of daily work in critical care nursing, a frequent response was “it’s just what we do.” The question then became how to facilitate our bedside nurses’ view of their contributions to patient care as unique and as demonstrating the art of nursing. As critical care nurses, we are participatory and engage in dynamic processes. We are not passive learners. The strategy to refocus on the how and why of nursing would have embraced the active style of critical care nurses.

As we considered how to generate excitement in the uniqueness of nursing and engage bedside nurses in the process, NGRs surfaced as a strategy. Providing nursing education and communication in a lecture format was ingrained in our organization’s culture. Regardless of the topic, the attendance at these offerings was paltry, with most of the attendees being management team members, not bedside nurses. Lecturing to our critical care nurses about the nursing process and refining the activities of critical care nursing as distinct from medicine, yet integrated with it, would have been the organization’s traditional approach.

NGRs have existed in various forms for several decades. Perhaps NGRs have survived the decades because of the value and meaning NGRs have for bedside nurses. Some publications have also suggested that regularly scheduled educational opportunities for nurses are associated with increased professionalism and improved outcomes for patients.10 Wolak et al11 discovered that presentations in NGRs were an effective format to improve knowledge acquisition. Furlong et al12 identified their NGRs as an opportunity for nursing expertise to be shared, a process that promoted professional development. For all of these reasons, we decided to try NGRs as a tool to enhance nursing practice.

The critical care CNSs supported the concept of NGRs. We anticipated doing the bulk of the work for the first presentation while providing a role model for and coaching the bedside nurses. Surprisingly, the nurses quickly embraced the case study concept and took ownership of the presentation. The CNSs became consultants and mentors to the bedside nurses who had cared for the patient being presented in the case study.

In her textbook *From Novice to Expert,*12 Patricia Benner describes the expert nurse as providing nursing care without necessarily breaking down the steps of that nursing care. Bedside critical care nurses provide expert care as evidenced by beneficial outcomes for patients. These experts do not break nursing care into identifiable elements that can be logically sequenced so that the “take-aways” can be identified for colleagues. One of the CNSs’ aims was to use NGRs as a tool to assist nurses at all levels of expertise to examine the nursing care given and break this care into messages that would be shared with other nurses and disseminated among their peers. Benner describes the use of exemplars to share expert knowledge and assist nurses to move through the 5 levels of skill acquisition: (1) novice, (2) advanced beginner, (3) competent, (4) proficient, and (5) expert. Portraying exemplars in the NGRs format followed Benner’s idea to enhance career development and education.12

Initially the nurses tended to focus on the patient’s medical care and pathophysiology. Through mentoring and coaching, nurses acknowledged the importance of the medical care while focusing on the impact of the nursing care on the patient’s outcome. Nursing care played a significant role in the patient being free of permanent physical deficits, having the patient’s family remain hopeful and feel supported, and addressing the psychological and spiritual needs of both

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the patient and the patient’s family. The use of specific exemplars engaged the bedside nurses in the process of sharing the patient’s history, reviewing the pathophysiology and the medical care, and chronicling the nursing challenges and the nursing interventions. They evaluated the care they had provided and described the patient’s outcomes.

**Design at The Toledo Hospital**

The Toledo Hospital (TTH) is a level I trauma center that serves Northwest Ohio and Southeast Michigan. It is a tertiary care center of nearly 800 beds within the highly integrated ProMedica Health Care System. The development of NGRs at TTH grew out of a desire to engage bedside critical care nurses in presenting interesting or complicated cases that challenged or rejuvenated their clinical practice and expertise in some manner. The presentation to be developed for NGRs would then focus on identifying evidence-based practice and ways to improve patients’ outcomes through nursing care. With support from the administrative nursing director of critical care and chief nursing officer, the first step taken was to identify the goals for NGRs and the general design of the presentations. For TTH, the original goals centered on recognition of staff members who demonstrated expertise in the management of a critical care patient, encouragement of professional development, and presenting NGRs as an opportunity for learning.

The first NGRs presentation was delivered in a case study format and highlighted a fascinating case of a 32-year-old mother of 4 who had severe sepsis and multiorgan failure. We actively recruited 2 nurses from the coronary intensive care unit to be the first presenters. These 2 nurses created a strong PowerPoint presentation that highlighted the perspectives of an experienced critical care nurse and a new graduate nurse on the nursing management and emotional strain in dealing with such a highly complicated and challenging case. The administrative nursing director set an attendance goal of 30 nurses for the first NGR. The CNSs implemented several strategies to ensure achievement of this goal. The topic, time, and location were publicized several weeks in advance. Each nursing manager had 4 tickets to the presentation. The nurse managers were responsible for having coverage for the unit so that a minimum of 4 bedside nurses could attend the hour-long presentation at lunch time. Furthermore, a continuing education credit was awarded, lunch was provided by nursing administration, and raffle prizes were donated by staff and vendors. The small auditorium was filled to standing room only. Surprisingly, 51 nurses attended our first NGRs, and we quickly outgrew our space.

At this first presentation, the patient and her family were eager participants. After the presenters spoke, the patient and her family recounted aspects of the critical care experience, which had a powerful effect on the audience. Nurses commented that having the patient attend NGRs “humanized” the experience. Details of this young mother’s near-death experience and the nursing care provided left many nurses tearful and moved by the presentation. The enthusiasm was palpable. No one left the presentation before it concluded. Nurses stayed to speak with the patient and her family as well as to congratulate the presenters. Nurses from the coronary intensive care unit had stepped up to present the first NGR and had gained the respect of their peers.

The goal of having 1 presentation at NGRs each quarter was achievable because of the enthusiasm of the critical care nurses in each of the 5 adult intensive care units. The excitement of the attendees, the pride of the presenters, and the captivating patient scenarios generated a self-sustaining momentum among the critical care units. Each unit began to look for the shining examples of nursing care that they wanted to showcase for their colleagues. As additional NGRs were developed in the division of critical care, interest in sharing a patient’s story was increasing in other divisions throughout the institution. By the sixth presentation, our NGRs had encompassed nursing participants and presenters from our emergency department, an intensive care unit, and the progressive care unit. By 2009, all NGRs were presented as TTH NGRs and no longer by the division of critical care. A continuing education hour has continued; lunch is provided with vendor support; and raffle prizes are awarded after the presentation. Throughout the transformation of NGRs, more specific goals and tools also were developed to assist the presenting bedside nurses. Table 1 outlines the current goals of NGRs at TTH, and Table 2
highlights a sample guide provided to the staff nurse for creating the presentation.

**Implementation**

*Role of the Clinical Nurse Specialist*

With expansion of NGRs to care across the continuum, it became necessary for the 2 critical care CNSs and 1 progressive care CNS to form a team to coordinate the NGRs. The 3 CNSs ensure coordination of the presentation, vendor support, lunches, prizes, and attendance. Table 3 provides an example of a timeline to address requirements and deadlines, and Table 4 shows a sample outline for specific assignments that is similar to the process outlined by Iacono.14

Advertisement and marketing strategies with flyers and word of mouth on the units are imperative to ensure continued healthy attendance. If necessary or requested, the patient and family who are being presented are contacted by 1 of the CNSs to obtain an authorization to disclose health information and to invite them to attend. Patients and/or their families are offered the opportunity to submit pictures for the presentation or to speak briefly at the end of the presentation. Completing the documentation forms to request a continuing education credit is another function of the CNSs. Developing the PowerPoint presentation and giving the presenters feedback for editing during dry-run presentations are also accomplished by this team. To engage the bedside nurses, the CNSs review the record of the patient to be presented and approach nurses who have provided the care. To promote support for

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**Table 1** Goals of nursing grand rounds

- Recognize staff who demonstrate expertise in the management of a patient
- Support professional development and growth opportunities
- Enhance the knowledge of the attendees by presenting in a case study format and identifying “take-away” messages
- Provide bedside staff nurses a learning opportunity to enhance their clinical assessment skills
- Build collaboration and respect through cross-unit and cross-division involvement
- Improve retention of experienced nurses and promote pride in the nursing profession

**Table 2** Guideline for a presentation during nursing grand rounds

**Introduction**
- Presenters and units involved
- Topic and why chosen

**Case study**
- SBAR (situation, background, assessment, recommendations) format13
- Pathophysiology
- Nursing diagnosis
- Multiple teaching approaches: visual examples, nurses presenting, panel format
- Audiovisual: PowerPoint, DVD clips, sound effects, posters, radiology films, etc
- Nursing care through the continuum

**Nursing challenges encountered**
- Interdisciplinary involvement
- Patient or family challenges

**Nursing solutions or approaches used**
- Directly from the bedside nurses
- Outcomes and benefits
- Evidence-based practice

**Take-away messages**
- Clinical practice application for nurses
- Positive clinical effects that the care of the patient had on the staff

**References for further reading**
- Available for participants

**Table 3** Sample timeline before the date of the presentation at nursing grand rounds

<table>
<thead>
<tr>
<th>Weeks before presentation</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-10</td>
<td>First meeting, make assignments</td>
</tr>
<tr>
<td>6-8</td>
<td>First presentation draft completed in PowerPoint or Word; send by e-mail</td>
</tr>
<tr>
<td>5-6</td>
<td>Title and objectives completed</td>
</tr>
<tr>
<td>5-6</td>
<td><em>Meet at 1 PM in classroom</em> to review presentation as a group</td>
</tr>
<tr>
<td>4-5</td>
<td>Submit contact hour documentation form</td>
</tr>
<tr>
<td>2-3</td>
<td>Second presentation draft due and full practice run <em>Meet at 1 PM in classroom</em></td>
</tr>
<tr>
<td>1</td>
<td>Review and make final changes to presentation</td>
</tr>
</tbody>
</table>
| Presentation day          | *Arrive at auditorium at 9:30 AM*  
- Complete final practice run at 10:30 AM  
- Presentation at 12 PM |
attendance at meetings, the directors of the units are notified of nurses desiring to be involved in the presentation. Collaboration with the directors of the units helps to provide flexibility with unit scheduling for the day of the presentation as well as attendance at the preparation meetings.

The CNSs also coordinate with the audiovisual department to videotape each presentation. A copy of the digital video disc is provided to each presenter and his or her unit director. Additional discs are maintained in the CNSs’ and educators’ offices with notification in newsletters on how to obtain a copy for viewing. Audiovisual personnel also assist with the computer, video, and sound system setup the day of the presentation.

Evaluation of the presentation’s objectives and each speaker’s rating on knowledge, content, and teaching methods is compiled after each NGRs. Feedback is provided by the CNSs to the staff nurse presenters, and areas are identified where improvements can be made for future NGRs. Modifications have been made on the basis of the evaluations to enhance each subsequent presentation.

**Role of the Staff Nurse**

Once the nurse presenters are identified, an initial meeting is arranged to plan the presentation and divide the work. Deadlines and meeting dates are set at the initial meeting. The bedside nurses must commit time to attend scheduled meetings. Guidelines for the presentation are given to the nurses (Table 2). They need to review the chart and develop a portion of the case presentation. They are given the option of submitting their part in Microsoft Word or PowerPoint. It takes a commitment to rehearse their segment of the presentation in their spare time. Each nurse is given support in the form of mentoring from a CNS because it is often their first experience of speaking to a large audience. Peers or patient care supervisors often provide care for the nurses’ patients to facilitate attendance at practice sessions.
Although preparing for NGRs seems like a great deal of extra work for a nurse to do, nurses who have been involved in the process have described feelings of pride and satisfaction with the experience.

**Budget**

Many institutions are often faced with a struggle to promote nursing education yet be fiscally responsible, and the CNSs at TTH were cognizant of this dilemma. CNSs are generally in an excellent position because of the educational component of their role to speak with vendors and administrators seeking assistance with the cost of such events. It is imperative, however, to check with your state board of nursing or primary nurse planner for your continuing nursing education provider unit to identify any regulations that are required for commercial support for a continuing education presentation. Although it is the responsibility of the representative from a company to be aware of specific regulations set forth by the government and his or her employer, it is also helpful for the coordinator of NGRs to be aware of these regulations to avoid placing such potential beneficiaries in a compromising situation.

Currently, our NGRs are conducted in a manner similar to many nursing conferences with audiovisual support, and they are held in a large education center auditorium that accommodates up to 200 people. Vendor displays and nursing poster presentations are arranged outside the auditorium for review before and after the presentation. Staff who are doing ongoing nursing research and performance improvement projects are invited to display posters outlining their results.

At least 2 months in advance, a letter is sent to several vendors and potential poster presenters informing them of the upcoming NGRs. Support from vendors is requested in the form of a display table fee, provision of lunches for the nurses, or providing gifts to be raffled. The money obtained from the table fees is used to purchase lunches from the hospital cafeteria or raffle items from the hospital gift shop. Lunc hes are best supplied as a boxed meal. Boxed lunches help expedite movement of a large number of attendees into the auditorium without long lines while trays of hot food become cold. From the vendors’ table fees, a small budget can be built; this money can provide resources when vendor support may be lower in a particular month, for example, at the end of the year.

**Benefits and Outcomes**

Our institution has seen high attendance levels among nurses and moderate levels of attendance among other health care professionals such as physicians, respiratory therapists, speech pathologists, hospital chaplains, and local firefighters and paramedics. Figure 1 includes the

![Figure 1](http://ccn.aacnjournals.org/) Attendance at nursing grand rounds.
Each presentation has received a basic evaluation from the individual attendees to determine if objectives were met and to rate the presenters on a Likert scale from 4 (excellent) to 1 (poor). Figure 2 illustrates the overall high satisfaction with the presenter’s knowledge, content presented, and teaching effectiveness.

We also have nurses attend during their hospital orientation program to promote nursing professionalism. In addition to the excellent evaluations, when bedside nurses approach us to share an interesting patient case and request it be a future NGRs presentation, we know that the program has been a success. Implementation of NGRs has afforded us an additional step to support our institution on the journey to Magnet status. Our Magnet core team is using NGRs as an example of activities that support some of the model components of Magnetism such as exemplary professional practice and new knowledge, innovations, and improvement.

Future Directions/Recommendations

Given the success of our current NGRs, we plan to continue the conference style with the bedside nurses as the presenters. Consideration is being made for the next NGRs to be more interactive, with questions and answers entwined throughout the presentation. Monthly NGRs have been discussed as an option, but a concern was to avoid losing the desired effect and excitement for the attendees. Some institutions do successfully complete monthly NGRs, and this option may be feasible in the future as clinical support increases. Expanding the scope of NGRs to other hospitals and services offered within the ProMedica Health System is planned for the future. Ideas include presenting a case that involves a patient who starts at one of our smaller hospitals, is transferred to TTH (our tertiary care hospital), and is discharged to our rehabilitation facility. An option being considered for review
would capitalize on eICU, ProMedica’s unique perspective as an adjunctive critical care telemedicine program. Examination of its ability to facilitate transfer from the community hospital ICU to the tertiary care ICU has been proposed, but also looking at its role before, during, and after transfer.

The current literature reveals little in the area of research related to NGRs. Conducting nursing research to evaluate the effects of NRGs on obtaining the goals identified is another possible direction for the future. Evaluating different formats for presentations and staff satisfaction with NGRs (presenters and attendees) would also be additional options to research. Potential research questions could examine if NGRs promote retention of nursing staff, including both nurses who give presentations and nurses who attend them. Additionally, a survey could be provided to nurses who attend NGRs to examine further whether format, objectives, topics, and the discussion met their learning needs. Effectiveness to change practice on the basis of knowledge enhancement from NGRs presentations could be evaluated through a pretest/posttest design.

**Conclusion**

NGRs at TTH were initially established to help us attain Magnet status, and these presentations have far exceeded our expectations. The use of a team of CNSs to facilitate coordination of a conference style program and mentor bedside nurses as they plan the presentation of nursing care across the continuum has been very successful. Continued staff involvement, administrative support, and assistance from vendors have taken the idea of NGRs from a plan to a flourishing activity. 

**Financial Disclosures**

None reported.

**References**

