

Thinking Topics

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IN4MATX 281 User Needs Analysis

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November 13, 2022

Unit One: The process of conducting skin prick testing.

Where: Patient exam room of allergist office.

Time Frame: 20 minutes

Actors: patient, nurse in training, established nurse

1. Type

- a. Within this process there are different “types” of nurses.
 - i. Nurse in training, conducting the testing
 - ii. Established nurse in background, advising when needed

2. Frequency

- a. The frequency that is the most blatant is the amount of repetitiveness that occurs.
- b. For one observation there was 78 samples. This is the numbers 1 – 78 that had to be written out. Then 78 pricks.
- c. For another observation there was 70. The numbers 1 – 70 had to be physically written out. Then 70 pricks on the patients back by the nurse.

3. Magnitude

- a. The intensity of this process is the training, planning, and organizing that must happen in order to conduct and get results.
- b. The impact this has on the patient to learn about their health.

4. Structure

- a. The social structure related is between nurses and doctors
- b. The head doctor meets with patient to see what type of treatments or procedures are needed
- c. The doctor then tells the nurses what needs to be done in which they coordinate amongst themselves and no longer involve the doctor.
- d. The hierarchy of nurses is based on skill, time, and training for this specific procedure.
- e. There was an observation conducted when a nurse was in training performing the tests and an additional nurse was there to support
- f. All these relationships are very formal and professional

5. Processes

- a. The testing is done in a multiple step process
- b. Once it has been confirmed with the doctor that the skin prick testing should happen for the patient – the nurses are prepared to do this procedure within minutes.
- c. The general procedure is explained to the patient, and they are asked if they have any questions
- d. Then the doctor sends the nurse(s) into the patient exam room

- e. They have carts pre prepared with the sample prick box, gloves, markers, and discard bin.
 - f. The cart is rolled into the room and the nurse begins by explaining the procedure again, and as they go along
 - g. The first step is to wipe down the entire area of the back that will be tested to sanitize it.
 - h. Then the patients back are marked up with the numbers that correlate to each sample. So, numbers 1 – 80 are written out.
 - i. Once this is mapped out the prick process may begin.
 - j. One at a time the device is taken from the sample tray and pressed down into the patients back adjacent to the corresponding number.
 - k. This continues until the entire sample box is empty of the devices.
 - l. Then a timer is set for 15 minutes.
 - m. After the 15 minutes then the interpreter nurse comes in. However, this is now the interpretation process.
6. Causes
- a. The main cause for this process is symptoms that a patient may be having.
 - b. The doctor's analysis of their symptoms.
7. Consequences
- a. The effect on this process has a direct effect on the next step, which is analysis.
 - b. By conducting the testing properly and being organized this sets up the next set of nurses for the most accurate and efficient analysis.
 - c. The patient was also affected directly by any samples they were allergic to, their back would react.
8. Agency
- a. Each nurse and doctor had a very specific role and responsibility at hand.
 - b. The doctor was listening and analyzing on the spot with the patient one on one. He was in charge of making the ultimate decision for the care plan.
 - c. The nurses worked in more of a sense of a team. There were typically more than one in the room at a time. They worked together to accomplish the known task at hand with precision and professionalism.
 - d. The doctor mainly acted on his own and communicate with the nurses only outside of the patient's room.
 - e. The nurses each knew their exact responsibility even when at one point there 3 nurses at were once in the exam room.

Unit Two: The process of interpreting and analyzing skin prick testing.

Where: Patient exam room of allergist office.

Time Frame: 10 minutes

Actors: patient, physicians assistant analyzing, nurse charting, nurse observing

1. Type
 - a. Withing this process there was three different types of nurses
 - i. Physician's Assistant trained interpreter nurse
 - ii. Nurse that does the charting and recording
 - iii. Nurse observing in training
2. Frequency
 - a. The frequency for this case also includes the repetitiveness of the interpretation.
 - b. One nurse reads the number, then the wheal or welt size, then redness size.
 - c. Another nurse charts this information
 - d. This is done for 78 allergen samples and reactions.
3. Magnitude
 - a. A measure of magnitude for this procedure is the intensity of allergic reactions that occur to the patient. The greater the wheal size and redness the greater the allergic reaction.
4. Structure
 - a. The structure involved here is the solidified interpretation process.
 - b. The responsibilities of each nurse and their corresponding hierarchy.
5. Processes
 - a. The first step in this process happens after the 15-minute reaction period.
 - b. Two or three nurses enter the patient exam room.
 - c. One nurse is the physician's assistant that interprets the reactions on the patients back. They read off the number, wheal size, and redness size.
 - d. As the physician's assistant is reading these values, another nurse is charting them into the computer.
 - e. Each reading sounds like "64, 5, 10" that is verbalized by the physician's assistant.
 - f. The third nurse is solely in the back of the room observing.
6. Causes
 - a. The causes of this interpretation will let the patient know what they are allergic to.
7. Consequences

- a. During one observation the physician's assistant messed up her interpretation. She verbally said one number when she meant to say another and went back and corrected herself. By doing this the nurse that was charting had to go back and fix the mistake.
- 8. Agency
 - a. Each nurse in the room had their own responsibilities to do
 - b. The goal and process were clearly defined beforehand to execute the most efficient and accurate readings
 - c. One physician's assistant for interpreting, one for charting and one observing.

Reflection

By applying these thinking topics to my field site, I noticed some themes that I had not before. I first began this exercise not exactly knowing how to apply each of the 8 questions from Loftland and Loftland. I gave it a try and still felt that some of the topics didn't exactly make sense or lead to any groundbreaking insights. However, after meeting with my group we discussed the questions together and were able to bounce ideas off one another. This led to more of a spark to me, by hearing how others applied these to their own unique sites. I was able to get a better understanding by seeing how my groupmates interpreted the thinking topics. For my thinking topics I chose the main two processes I observed and interviewed about. The first was the unit *the process of conducting skin prick testing*, and the second was *the process of interpreting and analyzing skin prick testing*. These unit topics I thought would lead to the most generative ideas and were the main even that happened during my multiple observations. I felt that these were great to start with but in the end maybe too similar of a process. With the first unit once I got towards the end, I started to see how all the people in this practice come together with their own very specific responsibilities to achieve a common goal. This was generative mainly from outlining the actors at play and answering the *Agency* question. I also felt there were some questions that were not as helpful, or I possibly didn't completely understand. The *Type* and *Magnitude* questions were the hardest for me to answer. If I were to do this exercise again, I think I would choose a topic more along the lines of the responsibilities of the nurses at the practice and cross reference data with my interviews more.