Colorado Center for Nursing Excellence

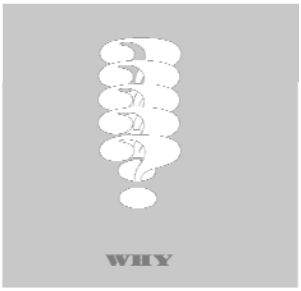
Clinical Scholar Didactic Course
March 2011
Tentative Schedule
Day 5, Friday, March 18, 2011

Time	Objective	Presenter
8:00 – 8:25	Thoughts & reflections	Karren Kowalski
8:25 – 9:15	NCLEX	Joan Nelson
9:15 – 10:05	Student, faculty and client's rights	Linda Stroup
10:05 – 10:20	Break	
10:20 – 11:40	Discuss clinical risk issues for the clinical scholar	Laura Kozarek
11:40 – 12:00	Logbook time and sharing Pages 48 – 52	Karren Kowalski
12:00 – 12:45	Lunch with school recruiters available	
12:45 – 1:45	Discuss nursing history and professional issues	Sara Jarrett
1:45 – 2:40	Discuss how new Clinical Scholars can begin to meet NLN Competencies	Marianne Horner Karren Kowalski
2:40 – 2:50	Break	
2:50 – 3:40	Reality Shock	Deb Center
3:40 – 5:00	Celebration	Committee members, faculty, executives, DOL representatives

Helping Students Prepare for NCLEX-RN Exam

Joan Nelson, RN, DNP, APRN-BC
University of Colorado School of Nursing

Why is NCLEX content included in the Clinical Scholar content?



Why?

- License to practice dependent on passing NCLEX
- Great way to assess student's thought processes/critical thinking.
- Good review of content relevant to patient prior to student caring for given client.
- Help student develop NCLEX practice patterns

Objective

- Discuss clinical and it's relationship to NCLEX
  - Adult Learners like clear applicability
  - Opportunities for NCLEX utilization
  - About the test…

The NCLEX is created by:

- **National Council of State Boards of Nursing** in order to:
  - Determine if a student is ready to be a safe and effective nurse.
  - Safeguard the public.
  - Test for minimum competency.
- Questions are based on the knowledge and activities of an ***entry level nurse***

A candidate's eligibility to take the NCLEX exam is determined by:

- After the state board of nursing declares a candidate eligible, they will receive an Authorization to Test
- Security at the test site by Palm Vein Technology and digital fingerprinting

The cost of the NCLEX exam is:

- $200 each attempt
- Only 3 attempts allowed
- And there is a 45 day waiting period between attempts

Which of the following best describes the format of the NCLEX:

It is a variable length, adaptive test, given by computer

- Computer adaptive test
  - Variable number of questions
    - 75 - 265
  - Can't go back and change an answer
  - Can't skip questions
  - Up to 6 hours to complete

Types of questions

- Multiple choice
- Multiple response
- Drag and Drop
- Hot spot
- Sequencing/Prioritization
- Auditory (breath sounds, heart sounds)
- Video
- Graphic item (graphic choices as answers)

Types of Questions

- Chart/exhibit questions
  - Display a client's chart showing 3 tabs that the candidate would need to click on and read the information in order to answer the question.
  - Tabs could include any of the following:
    - prescriptions,
    - history and physical,
    - lab results,
    - miscellaneous reports,
    - imaging results (e.g. chest x-ray, etc.),
    - flow sheets,
    - medication administration record,
    - progress notes,
    - vital signs

Passing the Exam

- The NCSBN Board of Directors determined that
  - safe and effective entry-level RN practice requires a greater level of knowledge, skills, and abilities than was required in 2007, when NCSBN implemented the current standard.
  - The new passing standard is -0.16 logits on the NCLEX-RN logistic scale, 0.05 logits higher than the previous standard of -0.21.
  - The new passing standard will take effect on April 1, 2010, in conjunction with the 2010 NCLEX-RN Test Plan.

Pass Rates:

- First time: 88% (US Born)
- Repeat takers: 49% (US Born)
- And….it doesn't necessarily mean that if a student fails the NCLEX on the first try, he/she is likely to get extra help and pass on the second attempt.

Pass Rates

- Data is posted on the State of Colorado Board of Nursing website regarding pass rates categorized by school & by year
- http://www.dora.state.co.us/nursing/education/RN-PassRates.pdf

Results are received:

By mail within 4-6 weeks of taking the exam

Or non-official e-mail notification with nominal fee

The most important component in determining likelihood of success on the NCLEX exam is:

- Students who perform well on critical thinking assessments, do well on NCLEX and visa versa.

(Giddens, J. (2002). The relationship of critical thinking to performance on the NCLEX-RN. *Doctoral dissertation*, Colorado State University.)

How Do I Teach Critical Thinking?

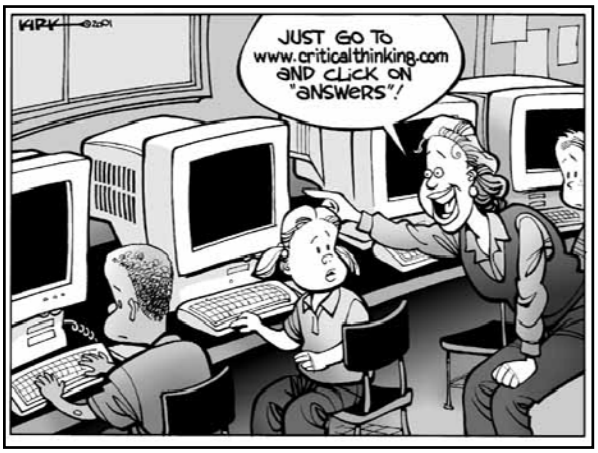
- This all goes back to your skills in asking the right questions!
- Am I designing my instruction so that students have to think through the purpose of what they are doing?

How Do I Teach Critical Thinking?

- Am I designing instruction so that students are knowledgeable about accessing the information they need to learn?
  - Am I holding them responsible for prerequisite information?
  - Am I encouraging them to use sources other than the textbook?

How Do I Teach Critical Thinking?

- Am I designing my instruction so that students learn the criteria they need to assess their own thinking?
- Am I helping students to apply knowledge gained in one clinical experience to other situations?



Topics

- Client Needs
  - Safe and Effective Care Environment
    - Management of Care 16-22%
    - Safety and Infection Control 8-14%
  - Health Promotion and Maintenance 6-12%
  - Psychosocial Integrity 6-12%
  - Physiological Integrity
    - Basic Care and Comfort 6-12%
    - Pharmacological and Parenteral Therapies 13-19%
    - Reduction of Risk Potential 10-16%
    - Physiologic Adaptation 11-17%

Topics
But wait, there's more!

- Integrated Processes: integrated throughout the Client Needs categories and subcategories
  - *Nursing Process*
  - *Caring*
  - *Communication and*
  - *Teaching/Learning*

Whew!

And we wonder why students are anxious about this process?

Management of Care

- Advance Directives
- Delegation
- Advocacy
- Establishing Priorities
- Case Management
- Ethical Practice
- Client Rights
- Informed Consent
- Collaboration with Interdisciplinary Team
- Information Technology
- Concepts of Management
- Legal Rights and Responsibilities
- Confidentiality/Information Security
- Performance Improvement (Quality Improvement)
- Consultation
- Referrals
- Continuity of Care
- Supervision

Safety and Infection Control

- Strategies to protect patients and others from health and environmental hazards
  - Restraints
  - Home safety/injury prevention
  - Nosocomial infections
  - Standard precautions
  - Disasters/Emergency Response
  - Biological/chemical warfare agents
  - Error prevention/incident reporting
  - Medical and surgical asepsis

Health Promotion and Maintenance

- How can you help students understand principles related to growth and development?
  - * Related: Aging Processes, Ante/Intra/Postpartum and Newborn; Developmental Stages and Transitions; Expected Body Image Changes; Family Planning; Family Systems and Human Sexuality, Immunizations, Health assessment

Health Promotion and Maintenance

- To understand strategies to prevent health problems?
- To recognize alterations in health?
- To develop health practices that support and promote wellness?
  - * Related: Disease prevention; Health and Wellness; Health Promotion Programs; Health Screening; Immunizations; Lifestyle Choices and Techniques of Physical Assessment

Psychosocial Integrity

- How will you introduce your student to methods to support the client, client's family and significant other's ability to cope, adapt and problem solve during stressful events?

Psychosocial Integrity

- How can you help your student to care for clients with acute or chronic mental illness?

* Related content includes but not limited to: Behavioral Interventions; Chemical Dependency; Child Abuse/Neglect; Crisis Intervention; Domestic Violence; Elder Abuse/ Neglect; Psychopathology; Sexual Abuse; and Therapeutic Milieu.

Physiological Integrity

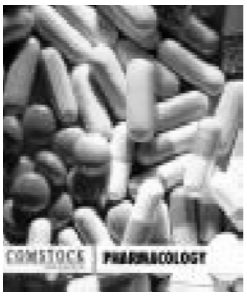
- Alterations in Body Systems; Fluid and Electrolyte Balance; Hemodynamics; Infectious Diseases; Medical Emergencies; Pathophysiology; Radiation Therapy; Respiratory Care
- Four subcategories
  - Basic Care and Comfort
  - Pharmacological and Parenteral Therapies
  - Reduction of Risk Potential
  - Physiological Adaptation

Basic Care

- Students need to know how to provide comfort and assistance to clients in the performance of ADLs.
* Related: Assistive Devices; Elimination: Mobility/ Immobility; Non-Pharmacological comfort interventions; Nutrition and Oral Hydration; Palliative/Comfort Care; Personal Hygiene; and Rest and Sleep

Pharmacological and Parenteral Therapies

- Students are required to know how to safely administer medications and parenteral therapies.



Pharmacological and Parenteral Therapies

* Related: Adverse Effects/Contraindications, Blood and Blood Products, CVAccess Devices; Chemotherapy; Expected Effects; Intravenous Therapy; Medication Administration; Parenteral Fluids; Pharmacological Actions; Pharmacological Agents; Pharmacological Interactions; Pharmacological Pain Management; Side Effects; TPN

Reduction of Risk Potential

- Students need to understand how to prevent complications or health problems related to the client's condition or any prescribed medications, treatments or procedures.
- Related topics: Diagnostic Tests, Laboratory Values; Pathophysiology; Potential for Alteration in Body Systems; Potential for Complications of Diagnostic Tests, Procedures, Surgery and Health Alterations; and Therapeutic Procedures

Physiological Adaptation

- Students need to understand the disease process in order to anticipate complications and sequelae

NCLEX Exam
Test Your Knowledge

1. The NCLEX is created by:
    a. The local State Board of Nursing
    b. The American Association of Colleges of Nursing (AACN)
    c. The National League for Nursing (NLN)
    d. The National Council of State Boards of Nursing (NCSBN)

2. A candidate's eligibility to take the NCLEX exam is determined by:
    a. The student's college or university
    b. The local State Board of Nursing
    c. AACN
    d. NCSBN

3. The cost of the NCLEX exam is:
    a. $120.00
    b. $150.00
    c. $200.00
    d. $250.00

4. Which of the following best describes the format of the NCLEX:
    a. It is a variable length adaptive test given by computer
    b. It is a 265 item computer exam
    c. It is a 75 item computer exam
    d. It is given by computer, orally or in paper and pencil format, depending on the student's learning needs.

5. The NCLEX exam must be completed within:
    a. 3 hours
    b. 4 hours
    c. 5 hours
    d. 6 hours

6. If a student fails the NCLEX on the first try, he/she is likely to get extra help and pass on the second attempt.
    a. True
    b. False

7. NCLEX questions are in a multiple choice format.
    a. True
    b. False

8. Results are received
    a. Immediately upon completion of the exam at the testing center
    b. By mail within two weeks of the exam
    c. By mail within 4-6 weeks of taking the exam
    d. By phone within a few days of testing

9. What percentage of US born BS-prepared nurses pass NCLEX on their first attempt?
    a. 58%
    b. 78%
    c. 88%
    d. 98%

10. The most important component in determining likelihood of success on the NCLEX exam is:
    a. Knowledge of pathophysiology
    b. Quality clinical experience in medical/surgical nursing
    c. Knowledge of nursing process
    d. Critical thinking ability

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Joan Nelson	**Topic:** NCLEX	**Date:** March 18, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

Clinical Scholar Workshop: Legal and Ethical Issues in Nursing Education

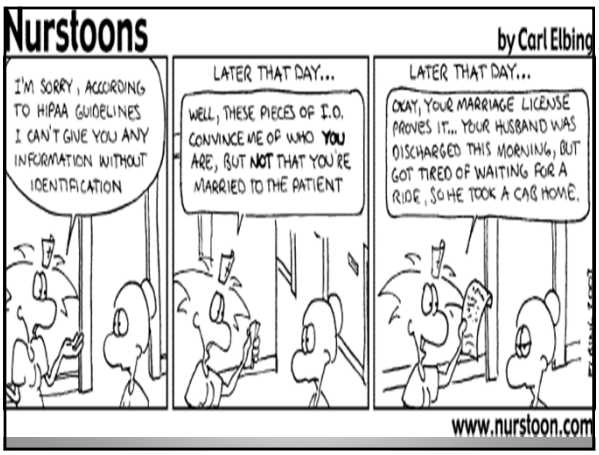
Linda Stroup, RN, MSN
Chair, Department of Nursing
Metropolitan State College of Denver

Objectives

- Discuss selected legal information that guides the clinical scholar role
- Discuss ethical issues that can occur in the clinical setting with nursing students
- Identify at least three resources that are available to clinical scholars related to legal and ethical issues in the clinical setting

HIPAA Humor

- Knock, knock
- Who's there?
- HIPAA
- HIPAA who?
- Sorry, I'm not allowed to disclose that information.



HIPAA

- Health Insurance Portability and Accountability Act
- Alliance for Clinical Agency (ACE) approved test
- Agency specific
- What issues do you see related to HIPAA and nursing students?

OSHA

- Schools responsible for education and testing
- Alliance for Clinical Education protocols
- Agencies may have additional requirements

Background Checks

- In compliance with Joint Commission requirements, all students are required to have background checks
- Responsibility of nursing schools
- On file prior to clinical rotations

Family Educational Rights and Privacy Act (FERPA)

- The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education
- Enacted in 1974

FERPA

- FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

FERPA

- Provide parent/eligible student an opportunity to seek correction of records he/she believes to be inaccurate or misleading
- Parent or eligible students have the right to inspect and review the student's education records maintained by the school

FERPA

- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes

FERPA

- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

FERPA

The following items are not considered educational records under FERPA:

- ❖Private notes of individual staff or faculty, (NOT kept in students advising folders)
- ❖Campus police records
- ❖Medical Records
- ❖Statistical data compilations that contain no mention of personally identifiable information about any specific student

Written Consent

- Required before agency can disclose non-directory information
- Specify records to be disclosed
- Purpose of disclosure
- Identify party records to whom records disclosed
- Date and signature of student whose record is being shared

Title II of the Americans with Disabilities Act of 1990

- Prohibits discrimination by any school that receives federal funds (Section 504 of the Rehabilitation Act)
- Learner has the primary responsibility for identifying and documenting disability and requesting specific supports, services, and other accommodations to meet needs

ADA

- Offices for Students with Disabilities processes requests for accommodations
- School may ask for reasonable medical documentation
- Learner is very stable on medication, or is using a prosthetic, an is not currently substantially limited in a major life activity, that person is not “disabled” under the ADA or Section 504

ADA

- Qualified students with disabilities may also obtain reasonable accommodations so that they can participate in school programs –may not be unduly costly or disruptive for the school, or be for the learner’s personal use only

ADA

- Some key points:
  - Any accommodations should be arranged before a student comes to the clinical setting – shouldn't be a surprise to clinical scholar/faculty
  - If a student self-discloses, immediately refer back to school
  - Minimum functional abilities

Student Handbooks

- Each college has a student handbook containing specific information related to:
  - Workman's compensation
  - Needle stick injuries
  - Impaired students
  - Grievances

Workman's Compensation

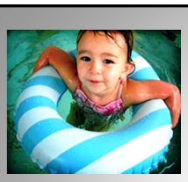
- Students are usually covered by the college in the clinical area
- College has specific agencies, clinics, providers that must be used
- Established time lines very important
- Needle stick or other injury usually covered here

Impaired Students

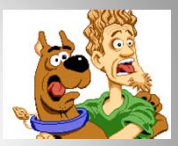
- Identify source for college and agency policy
- Notify course facilitator/school immediately

Grievances

- School policy defines policy and procedure



Accountability



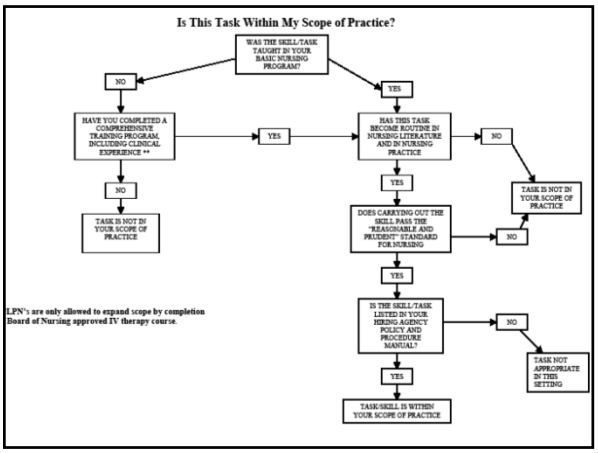
Security

or

Scary

Colorado Nurse Practice Act

The Board of Nursing has been working to empower Colorado nurses to determine their own scope of practice. The Board's mission is the regulation of nursing practice in Colorado; this regulation does not mean dictating how individual nurses should carry out that practice, but whether or not the practice meets the standards established by the Nurse Practice Act.



Student Scope of Practice

- What must be considered ??
- If the RN scope is based on what was included in the completed nursing education program and additional knowledge/training --

Student Scope of Practice

- Begin by asking the following question:
  Is this task within my scope of practice?
- Basic Nursing Education Preparation
  - Has the skill/task taught in the nursing program?
  - Is the skill/task in the course guidelines or previous course guidelines?
  - Is it allowable in <u>THIS</u> clinical setting by policy/procedure?

Clinical Agency Policies and Procedures

- Clinical scholars and students must follow agency policy
  - Example – Students may have been taught to administer meds via PICC line (which means it is in the scope of student practice) but the agency has a policy that prohibits this skill by students.

Patient Rights

- Right to privacy
- Right of refusal
  - Care
  - Procedures

ANA Code of Ethics with Interpretive Statements

- Establishes the ethical standard for nursing profession
- Nine provisions:
  - First three describe fundamental values and commitments of the nurse
  - Next three address boundaries of duty and loyalty
  - Last three address aspects of duties beyond individual patient encounters

ANA Code of Ethics

- The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

ANA Code of Ethics

- The nurse acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical or illegal practice of any person.

ANA Code of Ethics

- The nurse assumes responsibility and accountability for individual nursing judgments and actions.

Ethical Issues

- What are some ethical issues related to clinical instruction?

Selected Resources

- **Colorado Nurse Practice Act**
- **ANA Standards of Practice**
- **ANA Code of Ethics**
- **Agency policy and procedures**
- **Student Scope of Practice**
- **Student Handbook**

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Linda Stroup	**Topic:** Legal/Ethical Issues	**Date:** March 18, 2011

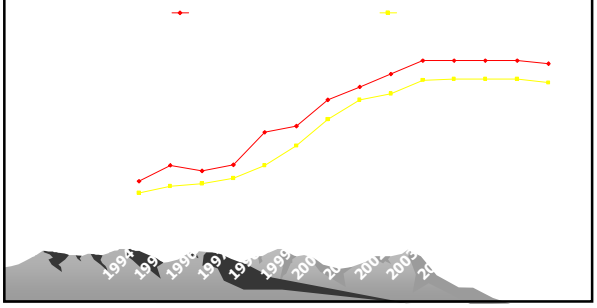
Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

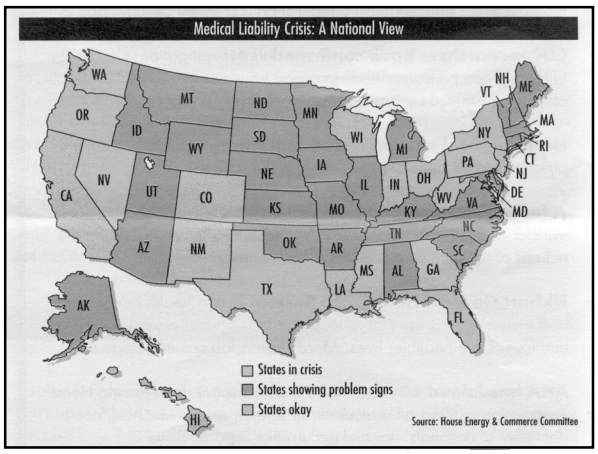
Comments:

Clinical Instructors, Legal Liability & Risk Management

Leslie Stephens Wallman RN, BSN, JD
UCHSC Professional Risk Management

Severity
National Medians





Jury Verdicts All States

#1 Medication Errors

#2 Lack of informed consent
#3 Treatment Errors
#4 Negligent Surgery
#5 Negligent Supervision

Source: Jury Verdict Research

Mobile Infirmary Medical Center v. Hodgen

58 yo ♀ s/p CABG who developed arrythmia on POD#2. Graduate Nurse (GN) asked supervising RN what to do & told to call cardiologist who ordered .25 Digoxin. GN told supervising RN that MD order 1.25 mg. This amount was called to pharmacy by supervising RN.

Supervising RN believed pt deteriorating & told GN to give Digoxin from unit stock & not to wait for pharmacy. GN, acting alone without supervision, obtained three .5 mg vials and administered 1.25 mg IVP to pt.

Shortly after pt given med, pharmacist phoned the supervising RN to question amount of Digoxin. Supervising RN then realized that she allowed GN to push 5x the amount actually ordered.

Digibind administered but pt arrested. Successful resuscitation. Now with hypoxic damage to brain, intestines and extremities necessitating removal of portion of intestines and right leg amputation.

Punitive damages 2.5m

"Every nurse has responsibility to know dosing parameters and side effects of medications."

"A nurse is expected to wonder why it would take 3 containers of a prepackaged IV med to achieve a dose."

Mobile Infirmary Medical Center

Graduate Nurse (not yet licensed) admitted:

1) She knew Digoxin could stop a heart;

2) Had never given the drug herself;

3) She made no effort to consult/educate herself prior to administering

4) She made no effort to repeat orders back to MD

Mobile Infirmary Medical Center

Charge Nurse at fault for:

1) Not explaining to supervising RN that she was responsible for close supervision of the GN and "not simply make herself available in the event the graduate decided to ask questions."

2) Charge nurse responsible to evaluate and task nurses appropriately, including the tasking of experienced nurses when they oversee inexperienced nurses.

Mobile Infirmary Medical Center

Supervising Nurse (*7 months nursing experience*) at fault for:

1) Not questioning the 1.25 mg order

2) Telling the GN to take med from unit stock and give it alone, because it was a potentially dangerous drug

3) Supervising nurse should be in the room when the GN was giving a med she had never administered before.

Mobile Infirmary Medical Center

Plaintiff Attorney's Toolbox

Negligence

Invasion of Privacy
Breach of confidentiality
Defamation

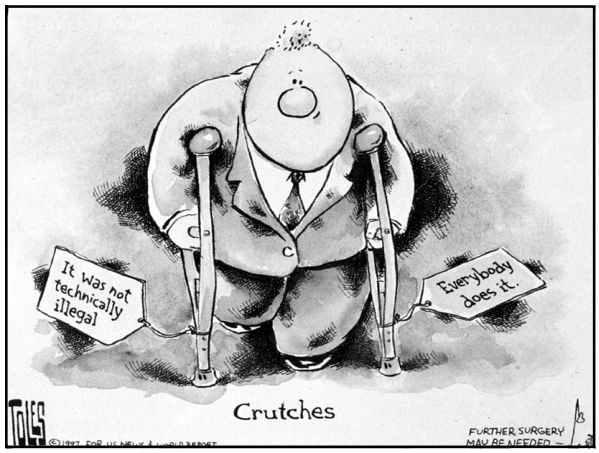
Infliction of emotional harm- intentional or negligent

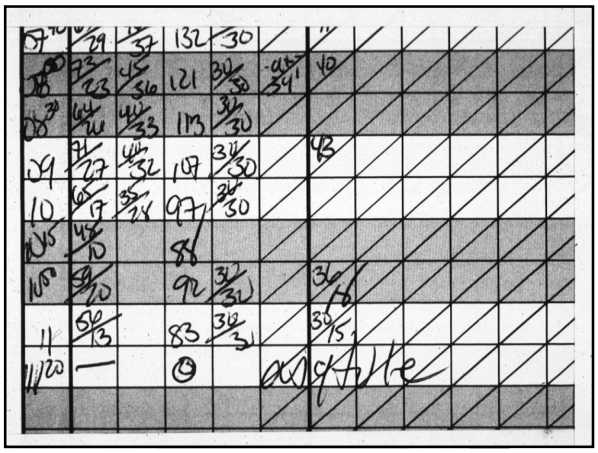
Negligence

An act or failure to act that is below the standard of care;

AND

This act or failure to act results in a personal injury to the patient.





The Four Legal Principles

- **Reasonable and Prudent Under the Circumstances**
- **Due Diligence**
- **Best Interests of the Patient**
- **Good Faith**

National Practitioner Data Bank

- Medical malpractice payments
- NPDB requires report of payment to licensing board

HIGH RISK ACTIVITIES

- Monitoring and Observing
- Treatment
- Medication Administration
- Teaching
- Communication
- Supervising

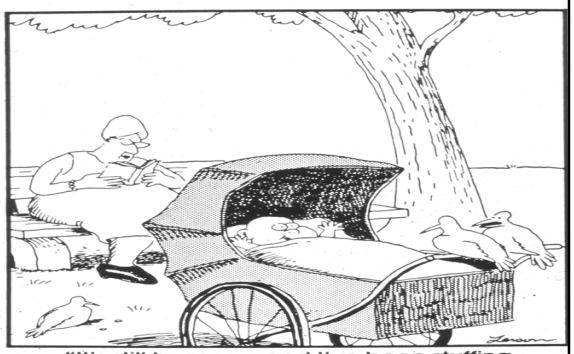
Supervision

- **Failure to monitor performance**
- **Failure to appropriately assign**

Legal Responsibilities

To be a "reasonable & prudent" clinical nurse and clinical educator/supervisor

To follow P&P of institution



Medication

- Failure to administer medication correctly
- Failure to check for allergies

Communication

- Failure to document
- Failure to notify

Medical Legal View of Records

- **Presumed to be true**
- **Attorney's chief source of information**
- **Formal documentary evidence**
- **Jury solves dispute of viewing records**

Monitoring & Observing

- Failure to gather and document information
- Failure to recognize significance of certain information

Treatment

- Failure to implement interventions
- Failure to respond to alarms
- Failure to safely use equipment

Teaching

Any instruction on care to pt or family

- Medication prescribed
- Treatments
- Dietary requirements
- Referral information

Discharge instructions!

- In writing & signed by pt or responsible family member

Avoiding Lawsuits

- STRONG TRUST RELATIONSHIP Often avoids law suits. If lawsuits, jury favor caring nurse.
- Complete, legible, promptly composed medical record
- Educate patient to be informed risk taker
- Omit blame/jousting from behavior repertoire

Common Sense Touchstones

- **When faced with a medical-legal "Catch 22" situation, do what you are proud to defend**
- **Apologize early and often**
- **Every return visit is a chance to correct a possible error**
- **Low threshold for seeking consultation and supervision**

Distinguishing Roles and Legal Responsibility For Student Error

Who can be liable for student error in a lawsuit?

Hospital
Precepting Nurse
Student
Clinical Instructor

When is a Clinical Instructor liable?

Their own actions

Occurrences under their direct supervision

Those nursing actions for which a student is not deemed competent

When is a Hospital Liable?

Failure to follow their own policy and procedure

Failure to act as a prudent institution

Failure to provide reasonable safety measures

When is a Precepting Nurse Liable?

Failure to follow hospital policy and procedures

Their own actions

Failure to reasonably supervise nursing care

Transferring Risk

Documentation of student competency

Prompt notification to school of problems

When is a School Liable?

Failure to follow their own policies and protocols

Failure to provide a disciplinary process

Failure to enact a disciplinary process

Documentation of Competency

Anecdotal notes of Clinical Instructor
- Objective
- Kept on All Students
- Regular intervals

Student documentation of mastered skills

Prompt Notification

In writing
Objective
Specific examples with dates
Recommendations

Special liability for schools and clinical instructors

"Nor shall any State deprive any person of life, liberty, or property without due process of law."

Procedural Due Process
Substantial Due Process

Procedural Due Process

Was the student given notice and an opportunity to be heard?

Substantive Due Process

How was the academic decision reached?

Was the decision arbitrary or capricious?

Courts defer to expertise & professional judgment

What does a signature mean?

Stuart Dent, SN

Stuart Dent, SN/Flo Nighty, MSN
Did together

Stuart Dent, SN/rvw by Flo Nighty, MSN
Documentation of care reviewed

Malpractice Insurance Yes or No?

- **This is a personal decision**
- **Never practice without insurance**

Employer v. Private Insurance

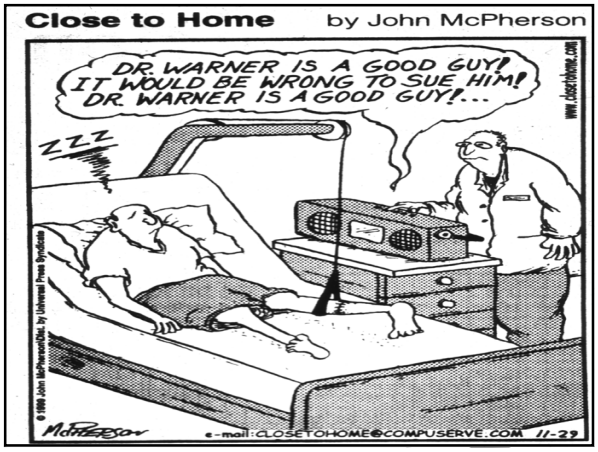
- Importance of an "Umbrella" – what happens in court & why employer insurance could be your best decision
- Downsides of relying on employer insurance
  - Respondeat Superior "let the master respond"
  - Theory of Contribution
- Why you may need to have supplemental private insurance
- Resolution of a legal case- why you have little power

Insurance Coverage

- Claims-made
  - Retro date
  - Lawsuit does not need to be filed to fall into the definition of claim-aware of a situation
- Occurrence Based

What is never covered by insurance

- Any act with intention to harm
- Reckless or wanton behavior



Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Laura Kozarek	**Topic:** Risk Management	**Date:** March 18, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

History – Issues – Trends NURSING EDUCATION

SARA L JARRETT
EdD MS CNS RN CNE
LHSON – REGIS UNIVERSITY

WHY STUDY HISTORY?

- UNDERSTAND PEOPLE AND SOCIETIES
- UNDERSTAND CHANGE AND THE THE SOCIETY
- HISTORY CONTRIBUTES TO MORAL UNDERSTANDING
- HISTORY PROVIDES IDENTITY
- ESSENTIAL FOR GOOD CITIZENSHIP

HISTORICAL PERSPECTIVES

- SNAPSHOTS OF NURSING HISTORY MILESTONES IN THE 19TH AND 20TH CENTURIES
- REFLECTIONS ABOUT THE PROFESSION'S HISTORY AND NURSING EDUCATION
- SIGNIFICANT NURSING EDUCATION STUDIES

CURRENT ISSUES AND PERSPECTIVES

- FACTS ABOUT THE PROFESSION OF NURSING TODAY
- NURSING EDUCATION ISSUES AND DATA
- NURSING FACULTY ISSUES
- NURSING SCHOOL AND STUDENT ISSUES

CURRENT ISSUES - SHIFTS IN NURSING EDUCATION

- WHO IS THE LEARNER?
- WHO IS THE FACULTY?
- WHERE IS TEACHING AND LEARNING OCCURRING?

CURRENT ISSUES-SHIFTS IN NURSING EDUCATION

- WHAT INFORMATION IS BEING TAUGHT?
- HOW IS LEARNING HAPPENING?

HEALTH CARE SYSTEM ISSUES AND NURSING EDUCATION

- COMPLEXITY OF PATIENT CARE
- HEALTH CARE FINANCING
- STAFFING ISSUES
- CONTINUUM OF CARE

LOOKING TO THE FUTURE

- CHANGES IN EDUCATIONAL PREPARATION (DEGREES)
- CHANGES IN CRITERIA FOR PROGRAMS
- PUBLIC POLICY ISSUES
- PROFESSIONAL CITIZENSHIP

WEBSITE RESOURCES

- http://www.aacn.nche.edu/Media/FactSheets/nursfact.htm
- http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/
- http://stats.bls.gov/oco/ocos083.htm
- http://www.bls.gov/news.release/ecopro.toc.htm
- http://www.aacn.nche.edu/Publications/issues/Oct06.htm

WEBSITE RESOURCES

- http://www.bls.gov/news.release/ecopro.toc.htm
- http://www.aacn.nche.edu/Publications/issues/Oct06.htm
- http://www.aacn.nche.edu/Media/NewsReleases/2008/BaccEssentials.html
- http://www.nln.org/newsreleases/data_release_03032008.htm
- http://www.nln.org/

SUMMARY AND DISCUSSION

WHAT SHOULD BE NURSING'S NEXT STEPS?

HOW DO WE ASSURE A PREFERRED FUTURE FOR NURSING ROLES AND NURSING EDUCATION?

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Sara Jarrett	**Topic:** Nursing Education	**Date:** March 18, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

Reality Shock!

"I am a Clinical Scholar, it won't happen to me!"

Deb Center, RN, MSN, CNS
Colorado Center for Nursing Excellence
March 2011

What is Reality Shock?

- **Research initially related to turnover and retention of new nurses - *1974 – "Schmalenberg and Kramer"***
- ***"Refers to the specific shock-like reactions of new workers when they find themselves in a work situation for which they have spent time preparing and suddenly find they are not prepared."*** Marlene Kramer, 1974

Reality Shock continued…

- **Shock can occur when changes roles and moves moves from a familiar, comfortable environment to a new role.**
- ***Expectations & perceived expectations***
  - ***not clearly defined***
  - ***unrealistic***
- ***Results in powerlessness, insecurity and depression***

Phases of Reality Shock

- **Honeymoon Phase -**
  - Characterized by excitement & euphoria with role
- **Shock**
  - Begins when discover goals are not being met
  - Fear
  - Mistrust
  - Feeling of failure
  - Exhaustion and Fatigue
  - Depression
- **Recovery**
  - Attain a sense of perspective related to role
  - Beginning sense of humor → often the first sign
  - Decreased tension
  - Increased competency
  - Increase ability to be objective
- **Resolution**
  - Create a Self-Identity related to role

Research on Reality Shock

- Can last 6 months to a year
- When training and support added → there is a 25-50% improvement in retention
- **<u>Two - Key Concepts</u>**
  - **Job Satisfaction**
  - **Sense of Belonging**

Benner's Theory

- Novice to Expert – **Where are you?**
- Clinical Scholars/ Clinical Instructors
  - Clinical ***Experts*** → ***Novice*** Teachers

  "Be patient with yourself as you become expert teachers!"

Review of the Research on Reality Shock

- Most published → "*New Graduate Nurse"*
- None published to date on "*Clinical Scholar*"
- Limited on "*Nursing Faculty*" with less specific to the "*Clinical Instructor* " role

Novice Faculty – Research

- Most significant research by *Siler & Kleiner*
- Four Themes from the interviews emerged:
  - Expectations
  - Learning the "Game"
  - Being Mentored
  - Fitting In

Siler BB (2001) Novice faculty: encountering expectations in academia. *Journal of Nursing Education,* 2001 Dec; 40 (9): 397-403

Expectations:

- *"… it's an entirely different culture than anything I've ever been exposed to. There… is a different language and set of expectations that you don't encounter in the other settings."*

Siler BB (2001) Novice faculty: encountering expectations in academia. *Journal of Nursing Education,* 2001 Dec; 40 (9): 397-403

Performance Concerns:

"I tried to be over-prepared and anticipate every possible question. Then, somebody would ask me some off-the-wall question, and I wouldn't know what to say.

I felt mortified I couldn't answer their question!

Actually, that group of students was pretty tolerant, but I felt like I should know everything when I didn't."

Siler BB (2001) Novice faculty: encountering expectations in academia. *Journal of Nursing Education,* 2001 Dec; 40 (9): 397-403

Memorable Experiences:

- *"I will never forget the feeling of having to tell someone they've failed and the agony that went with it. [The Student] will never know how many nights' sleep I lost over it. Is this the right thing to do?... Hoping I made the right decisions… I really agonized over it…*
- *I still think it was in the student's and I hope in the profession's best interest. But, it was like, oh man, if this is what being a faculty person is, I don't know."*

Siler BB (2001) Novice faculty: encountering expectations in academia. *Journal of Nursing Education,* 2001 Dec; 40 (9): 397-403

Coping:

- *"… everything was really overwhelming at first, I came in just all excited. It felt like… the story about a donkey that fell into a well and they couldn't get him out, so they decided to bury him.*

They threw in dirt and more dirt. Instead of letting them bury him, the donkey shook the dirt of his back and stomped it down. He stomped it down until he was able to walk his way out.

And, that is the way I felt at first, they were dumping on me and now I've figured out how to step on top of the dirt they're dumping on me and go on."

Siler BB (2001) Novice faculty: encountering expectations in academia. *Journal of Nursing Education,* 2001 Dec; 40 (9): 397-403

Some of my experiences to ponder… how will you handle these situations?

- Your first day as the Clinical Instructor/Scholar?
- A student complains your assignments "*are not fair*?"
- Your first situation where a student is **not** prepared or **safe** to care for the patient?
- Your student's first death experience?
- Joint Commission or State Surveyor talking to your student?
- Your student makes a medication error?
- An irate family member or patient refusing care by your student?
- Student with an undiagnosed learning disability? Or is unable to repeat a skill or task safely?
- Student experiencing "*violence at home*" and comes to clinical with a black eye?
- Your first student not meeting the objectives resulting in your need to give a failing grade?
- Complaint by student – ***not following*** grievance procedures!
  - Going to another Faculty Member
  - Formal Petition
  - To a Political Leader

What does it feel like?

- "I need to know it all, yesterday!"

There are tremendous responsibilities to balance…

These include…

- Teaching
- Learning
- Positive Experiences
- Role Modeling
- Board of Nursing
- School's requirements
- Clinical Agency's requirements

Too many plates spinning!

- Advocating for Student
- Desire for Student Success
- JCAHO
- OSHA
- Patient Safety
- Risk Management
- Legal Ramifications
- Scope of Practice
- Policies of School
- Polices of the Facility
- Support of Peers on Unit
- Obligation for Customer Satisfaction
- Other related duties…
- Personal Life and Family
- Others …

Remember… We all need time for learning

- Students and *New Instructors* / *Scholars* need time to learn before performance is evaluated

Things to remember…

Stop, listen and think!

- Take a deep breath!
- Oxygen is good for brain tissue!
- Allow yourself an opportunity to pause before reacting / responding.
- Take a break or think overnight!

Communicate, communicate, communicate!

- Be transparent!
- Explain the values & philosophies that drive your decisions
- Give rationale for expectations
- Be explicit with "ground-rules" Day 1 - *put them in writing*!
- Explain the clinical learning process – "*it is your job to evaluate them!"*
- Communicate with
  - Students
  - the school of nursing
  - the clinical agency
  - and each other!

Establish TRUST upfront!

- During the first clinical day – Ask for a show of hands…
  - *How many of you are hoping to become mediocre nurses?*
  - *How many of you are hoping to become highly competent nurses?*
- Tell them: *"I trust that you want my feedback to help you achieve your goal, thus I will honor you by sharing my observations. I ask that you trust that my sole purpose in sharing both positive and constructive feedback is to help you achieve your goal."*
- Then – when feedback: *"It may be hard for you to hear this, but I promised at the beginning of the course to give you feedback to help you to your goal…"*

Susan Luparell PhD, APRN, BC - 2007

Build on the Trust

- Explain to the students your role for "*questioning*" during clinical
- Keep students & patients **SAFE**.
- Prepare the ***patient***
  - You are their safety net!
- Protect the students in front of others
- Talk in private whenever possible

"*Inspire*" the Next Generation

- You are "Real Nurses"
- Demonstrate the Art and the Science of Nursing!

Role Model what you do best…

- Clinical Experts → Role Model Nursing
- Role Model Respect
  - Say "Please" and "Thank you"
  - Say "I am sorry" when you are
  - Articulate and be visible with why you are or are not doing things (i.e.: gossip)
- Emulate Caring
  - To student
  - To patient
  - To staff
  - To school
  - With yourself

More Listening and Less Talking
Remember the 80/20 Rule

- *It is not about us! It is about the students!*
- Leaders and Educators should:
  - **Tell** 20% of the time!
  - **Ask** 80% of the time!
  - If asked, "*What should I do?* "
    - STOP → Ask them a question
    - *Resist the temptation to give them the answer*!

Really "Supervise" the Students

- **Be Visible**
  - Students
  - Patients
  - Staff
- **Validate progress towards competency!**
- Focus on "*Critical Thinking & Decision-making*" → not just skills
- Use "Teachable Moments" to reinforce to group

Practice Delivering Constructive Feedback

- Control the setting
  - Choose the place, time & your words
- Direct feedback at "observable objectives"
- Visualize and/or Practice (*use a mirror*)
- Begin with "*I trust…" statement*
- Use "I feel → I think → I want"
- *Mean what you say & say what you mean!*
- Anticipate reactions and plan for them

Be Prepared for the Unexpected
Develop some "Canned Responses"

- Professor X said we didn't have to….
- *"To avoid further confusions, let me talk to Prof X and I'll get back with you…"*
- Why do we have to do this?
- *"Every assignment that I give you has a specific purpose to improve your understanding…"*

Develop Immediacy Skills

- Be available → Arrive early & stay late *(only takes 5-10 min.)*
- Feedback –
  - Verbal ASAP and in private
  - Written assignments in timely manner → *always* before next paper

****Instructors with better immediacy skills have less civility problems****

Documentation & Notification

- Follow guidelines for anecdotal notes & evaluation
- Be timely, objective, specific and clear
- Follow your "chain of command" keep the right people in the loop!
  - Legally
  - Support for you

When the Red Flags are Waving…

- Believe your Gut!
- Take Action
- "*Failure to take action immediately after an act of incivility increases the scope of action that eventually will have to be taken*." Feldman

Use Resources

- You are Not ALONE!
- Faculty/School
- Staff
- Policy & Procedure Manuals
- School Handbooks
- Disciplinary Process
- Other Clinical Scholars
- Your Mentor

Find a Mentor or Coach!

- If you don't have one → find one!
- If you do have one:
  - Thank them for supporting you
  - Meet with them regularly
  - Allow them to be your mentor!

Make time for Reflection!

- Reflect on the Clinical Experience for the Student, Patient, Staff
- Reflect on the Course
- Reflect on your role as an Instructor
  - What did you learn?
  - What will you repeat?
  - What do you need to do differently?

Play nice in the sandbox!

- Be accountable for your own communication
- Acknowledge and confront hostility, lateral violence & incivility
- Be courageous → have crucial conversations and hold others accountable

Keep a sense of humor!

- If you **don't use** Humor:
  - Distant
  - Arrogant
  - Threatening
  - Intimidating
- If you **use** Humor:
  - Approachable
  - Confident
  - Creative
  - In Control

Patty Wooten RN, BSN, PHN (2008)

Continue to build confidence… "The Basics"

- Accentuate a Positive Attitude!!
- Be Your OWN cheerleader!!
- Eat Right!
- Get enough sleep!
- Don't take work home with you!
- Take Breaks!
- Take it one step at a time!
- Keep current!

Don't get too comfortable!

- Stay being a detective
- Stay alert! Be PRESENT!
- Expect the unexpected!
- Life is not always fair – AND it is *always* a learning opportunity!
- Then, when something does happen - it will not be so shocking!

Final Words of Advice to help keep it all in perspective!

- Stress Management:

A lecturer, when explaining stress management to an audience, raised a glass of water and asked,

"How heavy is this glass of water?

Answers ranged from 20 g to 500g

The lecturer replied,

"The absolute weight doesn't matter. It depends on how long you try to hold it.

If I hold it for a minute, that is not a problem.

If I hold it for an hour, I'll have an ache in my arm.

If I hold it for a day, you'll have to call an ambulance.

In each case, it's the same weight, but the longer I hold it, the heavier it becomes."

He continued, "And, that's the way it is with stress management. If we carry our burdens all the time, sooner or later, as the burdens become increasingly heavier, we won't be able to carry on.

As with the glass of water, you have to put it down for a while and rest before holding it again.

When we're refreshed, we can carry on with the burden

So, before you return home tonight, put the burden of work down. Don't carry it home.

You can pick it up tomorrow.

Whatever burdens you're carrying now, let them down for a moment if you can

Relax, pick them up later when you are rested

Life is short! Enjoy it!"

"And then he shared some inspirational words:

Accept that some days you're the pigeon, and some days you're the statue.

Always keep your words soft and sweet, just in case you have to eat them.

If you can't be kind, at least have the decency to be vague.

Never put both feet in your mouth at the same time, because then you won't have a leg to stand on.

Nobody cares if you can't dance well. Just get up and dance.

The second mouse gets the cheese.

You may be only one person in the world, but you may also be the world to one person.

A truly happy person is one who can enjoy the scenery on a detour!"

Welcome to Nursing Education!

- We hope nursing education is not just a detour in your career!
- We are so glad you are here!

Keep in touch!

Deb Center RN, MSN, CNS
Colorado Center for Nursing Excellence
deb@coloradonursingcenter.org

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Deb Center	**Topic:** Reality Shock	**Date:** March 18, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Marianne Horner	**Topic:** All Topics	**Date:** March 18, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Karren Kowalski	**Topic:** All Topics	**Date:** March 18, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

Evaluation of Didactic Program by New Clinical Scholars

Course: Clinical Scholars	**Date:** March 14 – 18, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The five day long sessions worked well for me in terms of my schedule	○	○	○	○	○	○
2. The five day long sessions worked best for me educationally	○	○	○	○	○	○
3. I found that the number of speakers was distracting to the learning experience	○	○	○	○	○	○
4. The environment was conducive to the learning experience	○	○	○	○	○	○
5. The course met my personal learning goals/objectives	○	○	○	○	○	○
6. I feel prepared to begin as a Clinical Scholar or Instructor	○	○	○	○	○	○
7. I found the content to be too elementary	○	○	○	○	○	○
8. I found that there was too much content in the time allowed	○	○	○	○	○	○
9. The content of this course was more in-depth than I needed for my new role	○	○	○	○	○	○
10. I saw many of the strategies taught utilized effectively.	○	○	○	○	○	○

What did you find to be the most worthwhile content?

What recommendations can you provide for future classes?