

The Nurse Advocate Part I

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Purpose and Objectives

The purpose of this course is to provide the learner with the opportunity to practice advocacy through the use of case studies and follow up information.

After successful completion of this course, you will be able to:

1. Identify techniques to use to gain cooperation from co-workers, including other RNs and unlicensed assistive personnel (UAP).
2. Explain ways to partner with the patient in managing pain.
3. Describe the effect of cultural differences upon communication with patients and with co-workers.
4. Describe effective, assertive methods of expressing your needs, asking for feedback and asking for help on the nursing unit.
5. Explain the use of the chain-of-command to resolve clinical problems.
6. Identify effective approaches for dealing with mistakes.
7. Describe approaches for managing a patient's anger.
8. Give examples of ways to communicate effectively with providers.
9. Identify methods for setting effective priorities.
10. Describe approaches for saying "no" in response to unreasonable requests.

What is Advocacy?

Advocacy is defined as “the act or process of advocating or supporting a cause or proposal” (Merriam-Webster, 2015). Although not always viewed as an expectation in nursing, the importance of advocacy was well documented by Florence Nightingale. Her intent was to allow nurses the autonomy of purpose to advocate for patients and the profession (Nightingale, 1893).

The American Nurses Association (ANA) states that high quality practice includes advocacy as an integral component of patient safety (ANA, n.d.). Nurses serve as advocates when working to achieve desired patient outcomes and when acting on behalf of patients who are unable or unwilling to advocate for themselves (Selanders & Crane, 2012).

Practice Makes Perfect

Advocacy is not an inherent skill for most people. Communication skills take practice. No matter how diligently you study this course, you will only succeed in asserting yourself by practicing the techniques often. Here are some suggestions to facilitate your practice:

- Practice your assertive responses while looking in a mirror. How well does your verbal communication match your nonverbal communication?
- Find a trusted person with whom to practice assertive communication by role playing. Even better, make it a threesome so that a third person can observe the role play and offer feedback.
- Expressing yourself assertively in nonverbal communication is at least as important as vocalizing the right words. Often the nonverbal component is more important. A third party observer can give you feedback on your nonverbal assertiveness.
- Start small. Focus on a simple, single-issue situation. Work on a situation that requires you to interact with only one other person.

Relive and Role Play Situations

How well did you demonstrate an active orientation to work? Did you?

- Suggest a change
- Work to your full capacity
- Tell others your expectations
- Clarify what others expect from you
- Set short- and long-term goals
- Work to achieve short- and long-term goals
- Let others know of your special work skills
- Set and hold to deadlines and time limitations
- Avoid starting out with a situation with which you've repeatedly had bad experiences.
- Recall a situation with another person - a patient, a UAP (unlicensed assistive personnel), another nurse - in which you wish you had expressed your needs and expectations better. Identify exactly what you wish you had said and how you had said it. Practice your new actions in the situation with your partner.

- Use the situations presented in this course for your role playing. Modify the situations and the responses to fit your work setting and your personal style. BUT, remember to preserve the assertive theme of your response.
- Use Clark's Assertive Evaluation Criteria to evaluate your assertiveness practice sessions.
- Anticipate the response you'll receive from the other person.
- Play the role of the other while your partner plays you.

Give Feedback on Your Practice

Some statements for giving feedback to yourself or to a partner:

- Look me in the eyes when you talk
- Relax your hands
- Speak louder
- Speak more slowly
- Emphasize the important words
- Turn your body toward me
- Tell me the specific purpose of our meeting
- Ask for cooperation or collaboration
- Tell me how your suggestions will benefit the other person (Clark, 2003, p.115)

Commit To an Assertiveness Plan

Identify one statement or one small habit that you will change.

- Plan in advance the situations in which you will use this new approach so that you are ready.
- Rehearse the new statement or behavior.
- Monitor yourself on your progress. Keep a tally of how many times you follow through as planned.
- When you're satisfied that you've incorporated the new behavior, select another one and repeat the process.

Practice will help you to feel comfortable when you assert yourself.

Using an Effective Nursing Communication Tool: SBAR

SBAR is an effective nursing communication tool that you can use to communicate with other healthcare professionals. This tool is endorsed by the Institute for Healthcare Improvement and is intended to be used as a guide only. This tool does not replace professional judgment.

Case Studies

The following case studies give you an opportunity to select the most appropriate response to some situations that may arise in practice. You will learn why the response identified as most appropriate IS most appropriate and why the other choices are less effective.

Note that your healthcare organization's policy and procedure play a role in many of these situations. It is essential that you receive an orientation to the policies and procedures of

your healthcare organization and your unit, including how to access pertinent policies and procedures. **Facility policies and procedures** are the standard against which your practice is judged in the case of any disciplinary or legal proceedings.

How to benefit most from this course:

You will gain the most from this course if you read the rationale for *EACH* choice - why each one is correct or incorrect. Some important points are included *ONLY* in these rationales.

Case Study: Getting Cooperation from another RN

In orientation I learned that the RN is ALWAYS supposed to double-check medication calculations with a second RN. The second RN is supposed to actually calculate the dose independently. But every time I ask the RN I'm usually scheduled to work with, she just says, "That looks OK." She never calculates it herself. I don't want to get her in trouble, but I'm afraid I might make a mistake and get fired. What should I do?

- A. Tell her that she's violating policy and that you will have to report her to the Nurse Manager.
 - B. Just go with the flow. No matter what you learned in orientation, that's the way they do it on the unit. Don't rock the boat.
 - C. Explain to her what you learned in orientation. Tell her you are comfortable giving calculated doses *ONLY* when they are double-checked.
 - D. Tell her that she will have to give any medications that require calculated doses since you will give calculated doses *ONLY* when they are double-checked.
-
- A. Incorrect: While it is true she is violating hospital, this is not the best way to handle the situation, Is there a subtle way in which to remind her of hospital policy? However ,understand that you may ultimately need to escalate this to your unit leadership
 - B. Incorrect: Hospital policies and procedures are in place for a reason. You should never knowingly break a hospital policy or procedure
 - C. Correct: Rather than confront the nurse with policy on independent double checks, let her know what you have just been taught and that you would feel more comfortable if the calculations were independently checked
 - D. Incorrect: Avoid becoming confrontational with the other nurse, however understand that you may ultimately need to escalate this to your unit leadership

Ideas to Go: Getting Cooperation from a Colleague

Here are some more situations in which these suggestions will be useful:

- Clarify ANY situation in which you are directed to go against policy. It's possible that a staff member somehow is unaware of or has forgotten a policy change. You may need to take it to the manager. Perhaps a policy needs to be changed or perhaps practice on the unit needs to change. The policy and procedure will always be the standard applied if an adverse event occurs.
- "I"-messages are great tools for MANY situations. "I"-messages fit any situation that calls for you to express your needs. Practice some of these:

- I need help with ...
- I don't understand ...
- When you agree to help me with the patient and then disappear, I get frustrated and can't get my work done. How can we do this differently?
- He's receiving 30 mg of ketorolac (Toradol®) every 6 hours for pain, but he continues to complain of pain "7/10" in his lower back and hip. Can I have an order for something that will help manage his pain more effectively?

Can you think of other similar situations?

The broken record technique will come in handy in many situations to keep you focused on your most important need and to be certain that the other person knows what it is you need.

Case Study: Getting Cooperation from a Nursing Assistant

I work with a Nursing Assistant who refuses to do his part with our patients. It's not correct to say I work with him, because he doesn't work! I wind up doing everything he's supposed to be doing and can barely get my own work done. I tell him what I expect and I let him know when he doesn't follow through. He always gives me some unsatisfactory excuse. And then I usually just go ahead and do his work so that it gets done. This is very frustrating. I'm getting burned out doing my work and his too. How can I get him to do his work and avoid having to do my work PLUS his work?

- A. Get help from another Nursing Assistant.
 - B. Tell the charge nurse that she needs to get him fired.
 - C. Explain to him how you know that his excuses are untrue.
 - D. Acknowledge his excuse, then ask him how he plans to complete his assignment.
- A. Incorrect: While this will help get your work done you are pulling this Nursing Assistant from his original assignment.
 - B. Incorrect: Although it may be necessary to report this to the charge nurse, the first step is to talk to the Nursing Assistant yourself.
 - C. Incorrect: Confronting him in this manner will not be productive. This approach may place the Nursing Assistant on the defensive escalating the situation.
 - D. Correct: Acknowledge what he has said but keep the focus of the conversation on how his assignment will get done

Ideas to Go: Getting Cooperation from others

Here are some more situations in which these suggestions will be helpful:

- Put a stop to ANY tactics you are using to work around a staff member or system that is not working. Problems do not get solved when you simply find a way to work around the problem and let it remain in place. Sometimes working around a problem creates safety risks - for example, getting a patient up by yourself because the staff member who was supposed to help did not, or taking all of your medications for the entire shift out of the medication cart at one time to avoid having to wait later when other nurses

are using the cart. To fix some problems, the manager must act; other problems may be solved by dealing directly and assertively with co-workers.

- When you have a problem with another staff member, speak up directly to that person and share your perception of what is going on and how what is happening is creating a problem for you. If you cannot improve the situation through direct communication with the other staff member, you may need to go to manage it up to the next level.

Can you think of other similar situations?

Case Study: Pain Management and Culture

My patient was a 30-year-old man who was hospitalized for sickle cell crisis. He'd been on the unit before and I heard the other nurses saying things like, "He's back again - he must want to get high." He'd been receiving narcotics all day the day before I took care of him. He was sleeping when I came in the room, but the minute he woke up and saw me, he said, "Please, give me something for pain." I assessed his pain. It was 3 hours since his last dose. His order is every 3 - 4 hours PRN for pain, so I went ahead and gave it to him. When I came out of his room, one of the other nurses said, "He's got you wrapped around his little finger." Was I wrong to give it to him?

- A. You were wrong. Listen to your co-workers. He is obviously a drug addict.
 - B. You were wrong. You should have talked him in to holding out for at least one more hour.
 - C. You did the right thing. You assessed the patient's pain and acted within current orders.
 - D. You did the right thing. Always give pain medication whenever a patient requests it.
-
- A. Incorrect: The patient is 30 years old, there is no indication that he is mentally handicapped in any capacity, The patient self reported pain and requested pain medication that was available to him at that time.
 - B. Incorrect: The patient's medication orders state he may have the medication is every 3 - 4 hours PRN for pain. His last dose was three hours ago. Unless something in your assessment indicates he should not receive the medication (decreased level of consciousness, decreased heart rate or respirations) there is no reason to wait one more hour
 - C. Correct: You assessed the patient and have determined it is safe to give the patient a dose of his pain medication.
 - D. Incorrect: You assessed the patient and have determined it is safe to give the medication however, the dose must fall into the order parameters. For example if the patient is stating pain of 6/10, his last dose of pain medication was two hours ago, yet the order is written for pain meds every 4 hours, you may not give this medication. The most appropriate action would be to contact the physician for new orders.

Ideas to Go: Pain Assessments

Assess pain completely and carefully in each situation. A patient may report less pain than he is actually experiencing because of cultural conditioning or for other reasons. Reassure

any patient in pain that you will partner with him in managing his pain and that you hope he will share your goal of keeping him comfortable.

To manage pain effectively, you may need to seek an order for more frequent administration of a medication or for a different medication. Be sure to document accurately. For example, if you decide the patient needs medication three hours after the last dose when the medication is ordered every four hours, get an order to match the needs of the situation. If you give the medication in three hours, but document it as four hours, you are misrepresenting the patient's condition and falsifying the record, which is illegal.

Can you think of other similar situations?

Cultural Differences

Cultural differences play a major role in behavior of all kinds - including the expression of pain. Do not assume that persons of the same cultural background share similar values or preferences. As families and as individuals, persons often decide to adopt practices and customs different from their birth culture. Persons who appear physically similar may originate from many different regions of a country or of the world. Stereotypes and assumptions can be misleading.

Patients and their families have the right to expect nurses to treat them courteously, respectfully, and advocate for their comfort and care. When you go to work on a new unit, take cues from your co-workers in their approaches to patients. You are certainly entitled to express your own personality, but you may prevent misunderstandings by observing and incorporating some of the unit culture.

Showing respect, restraint, and consideration for all others in the environment creates an atmosphere of civility. Civility forms the foundation for patient safety, a healthy work environment, and increased productivity (Lower, 2012).

Ideas to Go: Cultural Differences among Co-workers

Your co-workers may represent many different practices and expectations about what is appropriate in tone of voice, physical distance, touch, and other practices. As you get to know your co-workers, share your perceptions of these differences with them in a neutral way - for example, "Being patted on the back is new to me - we just didn't do that where I worked before."

Your co-workers may be a source of insight into interpreting the behavior of patients who share their culture - BUT, beware of assuming that observable similarities indicate similarity in cultural practices or personal characteristics.

For example, you might seek out an African American nurse colleague for assistance in interpreting the behavior of this sickle cell patient. That nurse may well be more knowledgeable than you regarding sickle cell disease - but, that nurse is not necessarily more accurate in assessing whether the patient is in pain or is addicted to narcotics or both simply because the nurse is African American.

Can you think of other similar situations?

The Healthy Work Environment

International research findings show a positive relationship between a healthy work environment, safety and quality in patient care, and increased patient and nurse satisfaction (Aiken, Sermeus, Van den Heede, Sloane, Busse, McKee, ... & Kutney-Lee, 2012).

In 2005, the American Association of Critical Care Nurses (AACN) published 6 standards for establishing and sustaining a healthy work environment (AACN, 2005).

Skilled Communication

Nurses must be as proficient in communication skills as they are in clinical skills.

True Collaboration

Nurses must be relentless in pursuing and fostering true collaboration.

Effective Decision Making

Nurses must be valued and committed partners in making policy, directing and evaluating clinical care and leading organizational operations.

Appropriate Staffing

Staffing must ensure the effective match between patient needs and nurse competencies.

Meaningful Recognition

Nurses must be recognized and must recognize others for the value each brings to the work of the organization.

Authentic Leadership

Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it and engage others in its achievement.

Case Study: Healthy Work Environment?

I've been working on this unit for a couple of weeks now. I thought things were going pretty well considering that so much is new to me. I was really surprised when one of the nurses I've worked a few shifts with told me that I need to be more of a "team player." I really wasn't sure what she meant and one thing I've mastered so far is to ask for clarification when I don't understand. So I asked her what she meant.

She said, "You're doing a fine job taking care of your patients. But, on this unit we work as a team. We get a lot of emergency post-op admissions and when one comes whoever is caught up pitches in to help the nurse who is assigned to the admission. A couple of times, you've been the nurse assigned, but when I came to help you, you told me you could handle it. When I've been the one with a complicated emergency post-op admission, you could have come to help me, but you didn't."

I really felt badly. I thought that I was minding my own business, taking care of my patients, and showing my co-workers that I was competent to handle my assignment.

How should I respond to her?

A. Incorrect

Although it is true that the manager is responsible for telling you if you do not meet expectations, you and your peers need to give feedback to one another to create a more positive work environment.

B. Incorrect

You really do not need to apologize. You were not aware of this aspect of the unit culture. In your previous work situations, you have been expected to work very independently. It would not be realistic to promise to ask for help and offer help on each shift. The more realistic approach is to be alert for times when you will need help and when another nurse may need help.

C. Correct

Although it wasn't pleasant to hear this feedback, this nurse did you a favor by telling you something that will help you establish better rapport with your peers and contribute to a healthy work environment. She didn't have to tell you. And if she hadn't, you would not have had the opportunity to become a more active team member.

By bringing this to your attention, she is actually enacting 3 of the Healthy Work Environment Standards:

Skilled Communication

Nurses must be as proficient in communication skills as they are in clinical skills.

True Collaboration

Nurses must be relentless in pursuing and fostering true collaboration.

Meaningful Recognition

Nurses must be recognized and must recognize others for the value each brings to the work of the organization.

D. Incorrect

You don't need to take a poll. If you go to each nurse to asking for feedback, you may create a bigger problem than this needs to be. Actions speak louder than words. If you begin accepting help when needed and offering help when you can, you will be contributing to a healthy work environment and alleviate any concerns that other nurses had about your team spirit.

DYK

In 2003, American Association of Critical Care Nurses (AACN) President Connie Varden, invited nurses to join her in making a commitment to help to create healthy work environments by:

- Identifying the most pressing challenge in their immediate work environment.
- Initiating discussions with their colleagues to find solutions to this challenge.
- Remaining actively involved in the solutions until they are working.

AACN bases its Healthy Work Environment Standards on two guiding principles:

- Work and care environments must be safe, healing and humane, respectful of the rights, responsibilities, needs and contributions of patients, their families, nurses and all health professionals.
- Excellence in acute and critical care nursing practice is driven by the needs of patients and their families and is achieved when nurses' competencies are matched to those needs.

Ideas to Go: Healthy Work Environment

Effective communication is absolutely critical to a healthy work environment. This includes nurse-to-nurse communication, communication between nurses and other members of the interdisciplinary healthcare team, and nurses' communication with patients and families.

Whenever necessary, "clear the air" with co-workers. Do not let bad feelings fester.

Effective collaboration and recognition are also important aspects of a healthy work environment. Communication, collaboration, and recognition all require continuous attention. They are ongoing processes that succeed only when nurses and others make intentional efforts toward respectful, clear interactions with all members of the team, patients, and families.

- Ask for help early and often. When you ask, explain what you know about the situation and ask your specific question. In this way, you let your colleagues know that you are knowledgeable and experienced, yet some aspect of the situation is new to you - or that you suspect that the procedure may differ from your previous experience. Practice expressing clearly what you know and what you need to ask.
- Do not allow others to treat you with disrespect at any time - and particularly in the presence of a patient. Address this behavior at a later time, but be sure you do address it. This applies to your interactions with patients and with your co-workers, including physicians. "Let's talk about this later." "Can we discuss this outside?" If any staff member treats you in an unacceptable manner, report the incident to your manager.

Can you think of other similar situations?

Gender Differences in Communication: Research Findings (Valentine, 2001)

<i>Women</i>	<i>Men</i>
Often communicate to establish or maintain relationships	Often communicate to accomplish goals
Generally more quiet, passive and tentative than men	Generally more direct and forceful than women
Can improve communication with men by being more direct, explaining reasons for views and tolerating disagreement.	Can improve communication with women by listening to women express their feelings and viewpoints.
Both hurt and anger prompted by perceptions of others as uncaring, unwilling to listen to them or disinterested in forming a relationship.	Anger prompted by loss of control, system inefficiencies, lack of staff professionalism
BOTH: have fewer successful strategies for controlling anger than any other emotional state, including anxiety and fear.	

Case Study: Accessing the Chain of Command

I had a patient who had peritonitis. He'd been on three different antibiotics for two days. I was so busy hanging piggybacks and getting peaks and troughs drawn that it took me a couple of hours to realize that his blood pressure was going down and his pulse was getting more rapid. When his temp went up to 103.3° F (39.6° C) that got my attention! I called his provider and reported what was going on.

She said she wanted to wait until the cultures came back before she changed anything. I said, "OK." But, an hour later his vital signs were the same and he was getting delirious. So I called the doctor again. She never answered my page.

Two hours later when the shift ended, I reported all of this to the nurse who was taking over for me. She interrupted me and told the charge nurse to get some response from the doctor. Earlier I had felt helpless to help the patient, but right then I felt really stupid. I guess I should have told the charge nurse to get help. When I came back to work the next night, the patient was in ICU. He was in septic shock. How should I have handled this?

Case Study: Accessing the Chain Of Command

- A. You did just fine. The doctor was negligent, but that's not your problem.
 - B. You should have paged another doctor who you've found to be more responsive.
 - C. You should have paged the hospital administrator and reported the doctor for failing to respond.
 - D. When the doctor failed to respond within the expected time frame (for your facility), you should have brought the situation to the attention of the charge nurse.
-
- A. Incorrect: It is the responsibility of the nurse to use the chain of command if necessary to reach a physician.
 - B. Incorrect: While this may feel like a great option, this other doctor may not know the patient's history or have experience with this type of situation.
 - C. Incorrect: While this may be in the chain of command for your facility be sure to start at the beginning and work your way up.
 - D. Correct. If your patient is decompensating and you cannot reach the patient's doctor you must notify your charge nurse. She may attempt to contact the doctor and will further escalate to the House Supervisor.

Ideas To Go: Accessing The Chain Of Command

Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS™) is a systematic approach developed by the Department of Defense (DoD) and the Agency for Healthcare Research and Quality (AHRQ) to integrate teamwork into practice. It is designed to improve the quality, safety, and the efficiency of health care (King, Battles, Baker, Alonso, Salas, Webster, ... & Salisbury, 2008).

TeamSTEPPS™ recommends staff to advocate for the patient when a team members viewpoint doesn't coincide with that of the decision maker.

- Assert a corrective action in a *firm* and *respectful* manner
 - Make an opening.
 - State the concern.
 - State the problem (real or perceived).
 - Offer a solution.
 - Reach agreement on next steps.

TeamSTEPPS™ Two-Challenge Rule

Empowers all team members to "*stop the line*" if they sense or discover an essential safety breach.

When an initial assertive statement is ignored:

- It is your responsibility to assertively voice concern at least *two times* to ensure that it has been heard.
- The team member being challenged must acknowledge that concern has been heard.
- If the safety issue still hasn't been addressed:
 - Take a stronger course of action.
 - Utilize supervisor or chain of command.
- You are legally responsible for obtaining help for your patients. Do not hesitate to bring any concern about the need for doctor's orders to the attention of the charge nurse. When you do so, you may learn that there is a protocol of which you were unaware that addresses the situation. Reporting to the charge nurse does not necessarily mean that all persons in the chain-of-command will become involved. Your healthcare organization has established a policy to define chain-of-command within the organization. The situation may be resolved at any level.

Can you think of other similar situations?

Case Study: Dealing With a Mistake

When I worked nights we always checked for the signed OR consent on patients scheduled for the OR in the morning. When I was working days I thought that was already taken care of for one of my patients who was a first case. I was so busy with my other patients, I thought there was nothing to do for her except get her to urinate and give the pre-op meds. Transport was waiting when I gave her the meds. I quickly documented in her chart and she went to the OR. Twenty minutes later, the charge nurse paged me and asked me to come to the nurses' station right away. When I got there, she told me, "You sent that patient to the OR without the consent signed and the surgeon is furious." I told the charge nurse that nights made the error. It's not fair that I got blamed for this, is it?

- Yes. Sending patients to the OR in a timely, accurate manner is always the priority.
 - Yes. Though others may have had a role in the error, you were responsible for sending the patient to the OR.
 - No. The night shift nurses are responsible. They should have told you that the consent was not signed.
 - No. The charge nurse should have checked the pre-op checklist.
-
- Incorrect: Being on time for OR is a priority but not as important as having the consent signed. Unless it is the policy of your facility the consent should be signed before the transfer to the OR,

- B. Correct: While it may be a policy of your procedure to have consents signed on the night shift it is still the responsibility of the nurse caring for the patient to insure all pre-operative documentation is complete
- C. Incorrect: It would have been preferable for the night shift nurses to pass on that this was not completed yet, but the ultimate responsible remains yours
- D. Incorrect: Unless this is a specific policy of your facility, this would not be a task of the charge nurse

Ideas to Go: Prevent and Acknowledge Mistakes

- When you make a mistake, acknowledge it. Explain what misunderstanding led to your mistake. Be careful not to blame others. Also be careful to accept responsibility very specifically for only what you did wrong.
- Do your best to avoid being distracted or pressured to hurry. Perhaps you do need to speed up your pace and if so, work toward that goal. However, accuracy is of prime importance.
- Avoid assuming what someone else has done - whether that is a nurse on another shift, the charge nurse, another RN, an LPN or a UAP. Check out and validate your assumptions before you act.
- The charge nurse did the right thing when she called you to the nurses' station to tell you about the error. Insist that corrective feedback takes place away from the patients and in as private circumstances as possible - whether you are the one giving the feedback to another staff member or the one receiving the feedback.

Can you think of other similar situations?

Case Study: Asking For Feedback

I can't believe I'm being placed on probation. I thought my orientation was going well. I have a lot to learn, but I've been picking up new skills every day. My preceptor never said I needed to work on time management and setting priorities. Now the manager says they'll give me a chance for three weeks, but if I can't do better I'll be fired! How can I improve in three weeks?

- A. Quit now before you are fired.
- B. Just keep doing what you've been doing. You feel like you were improving.
- C. Ask for specific suggestions about how to improve. Make some suggestions yourself.

You can't improve in such a short time. This is unfair. Complain to your co-workers and ask them what to do.

- A. Incorrect: You have quit before asking for details, you need to have feedback to determine your next steps
- B. Incorrect: Although you feel as if you are improving your manager is now telling you that there needs to be improvement in other areas. You have been told you need to change
- C. Correct: In order to make any productive and worthwhile changes you must first know what the issues are. Listen to and accept all feedback and suggestions, Making suggestions of your own will show your understanding that a change needs to be made.

- D. Incorrect: Assuming the changes that need to be made are insurmountable will not help, neither will complaining to your co-workers

Ideas to Go: Asking For Feedback

- Even though the preceptor and manager should be giving feedback, they may not. Make a habit of asking for feedback on a regular basis - including asking for specific suggestions as to how to improve if improvement is needed.
- If you are not meeting expectations, deal directly with the person involved - in this case the manager. Find out what that person expects of you. Ask for suggestions to help you meet those expectations. Offer suggestions of your own to show that you commit yourself to improving your performance. Remember that you and your performance are separate. You may need to improve your performance in specific ways. View this need in terms of specific actions you can take and not as a personal rejection.

Can you think of other similar situations?

Case Study: Dealing With an Angry Patient

It was my first time with this patient. The minute he saw me walk in the room he treated me suspiciously. After I introduced myself, he asked for Brenda, his previous nurse. I told him Brenda was off today and that I would be his nurse. Throughout the day, he barely spoke to me.

Later, I came back to change his dressing. Since I hadn't seen the wound before, I took my time to assess it closely. He got really angry and said, "Haven't you ever seen a wound before? Get somebody in here who knows what they're doing!" I replied that I knew what I was doing and explained that although I've seen plenty of wounds, this is the first time I'm seeing this one and I need to assess it carefully. This quieted him down, but he remained unconvinced. I was glad when that shift was over. I hope he's not there tomorrow, but if he is, how shall I handle him?

- A. Ask the other nurses if he's prejudiced against you.
- B. Kill him with kindness. Bring him fruit and magazines.
- C. Share your perceptions. If he seems angry, ask him about it. If he seems calmer, comment on that.
- D. Try to get your assignment changed.
- E.
- A. Incorrect: You should not assume the other nurses know anything, you should have a conversation with the patient
- B. Incorrect: You should not show favoritism to any of your patients. Treat your patient with the same respect as all other patients
- C. Correct: This is the perfect opportunity to see if you can uncover the source of his anger, which may have nothing to do with you or Brenda
- D. Incorrect: Passing off an angry patient to another nurse is not solving the problem. Take the time to speak with the patient and uncover what may be causing his anger.

Ideas to Go: Manage Anger

- Whenever you believe that someone is angry with you or that someone is misunderstanding you, share your perceptions with that person. Explain what you have observed in that person's behavior that has led you to believe that the person is angry, misunderstanding you, or in some other way forming an unfavorable impression of you.
- No one approach suits all situations. Although collaborating produces more effective solutions and better rapport, the situation may be too urgent, or too trivial to collaborate. Assess the risks and benefits of your actions and choose your response accordingly. Depending upon the circumstances, your best action may be to avoid, to compromise, to compete, or to accommodate. The key is to choose your response based on the situation and to avoid overusing any one style.
- Look to your co-workers for support and offer support to them. Especially at times when you have no other choice than to be on the losing end of a win-lose with a doctor or a patient, the support of your colleagues can buoy your spirits and your self-confidence. In such situations, when you find it impossible to express your anger with a patient or doctor directly to that person, prevent yourself from taking your anger out on your co-workers.

Can you think of other similar situations?

Ideas to Go: Dealing With an Angry Patient

When others are angry, acknowledge their frustration. You do not need to agree with them, but you do need to validate their feelings.

Case Study: Suggesting To a Provider

Last week the Enterostomal Therapist (ET) presented a great service on new guidelines for wound care. I attended because I haven't had much experience with wound care. Today I cared for a patient who had a large pressure ulcer on his sacrum. The doctor's orders did not include any of the latest guidelines from the service. I asked the doctor about this and he replied, "Are you telling me how to practice medicine?" and walked away. According to the service, these new guidelines really make a difference in healing pressure sores. I want the best for my patients. What should I do next?

- A. Apologize to the doctor. He's in charge of the patient. You did your best.
 - B. Page the ET and tell her she needs to talk with the medical staff about the new guidelines.
 - C. Find a way to get the supplies you need and care for the pressure sores according to the guidelines.
 - D. Ask the doctor specifically for the orders you need to comply with the guidelines. Tell the doctor about what you learned about the effectiveness of these measures.
-
- A. Incorrect: No need to apologize to him, as a nurse your job is to advocate for your patient.
 - B. Incorrect: It would be a good idea to see if she plans to provide this education to the medical staff but this does not meet your patient's immediate need.
 - C. Incorrect: Until these new guidelines have been adopted as policy and procedure you

- should not perform any cares that have not met with the hospital's approval
- D. Correct: Continue to work with the doctor to meet the needs of the patient. If the doctor is made aware of the process and products involved he may be willing to allow it to be used on his patient. Always follow hospital policy and procedures.

Ideas to Go: Suggesting To a Provider

- When you need an order from a doctor, ask clearly and specifically for what you need. Explain your concern and make a direct request. Use key words such as TeamSTEPPS™ "CUS Words" to assert yourself. I am Concerned. I am Uncomfortable. This is a Safety issue.
- You can't always experience a win-win with a doctor. Assert what you need. If the doctor responds negatively, don't internalize it. Seek outlets for your stress through talking with your colleagues, exercise, laughter, or calming techniques such as meditation.
- Resist the temptation to go around the system or an individual. Nurses are quite good at problem solving and improvising. But sometimes the approaches nurses choose fail to solve the underlying problem and may even create risks. When you discover a problem, attempt to solve it with the appropriate individuals instead of creating ways to work around the problem.

Can you think of other similar situations?

Case Study: Setting Your Own Priorities: What Will You Do?

My first shift working by myself on this post-op unit was a disaster. I felt confident too, because I had been working with a preceptor who really had it together. I felt that I had pretty much internalized her routine. Now, in retrospect, I can see the problem.

The days I worked with her we had a few post-op patients who were unstable. We went to them first thing and planned when we'd be taking their vital signs and giving their meds. We had a couple of patients to send to the OR, but they were second and third cases - so we had time to get them ready. And, their families were with them anyway, so we just checked on them quickly and then got back to them later.

BUT, on my first shift working alone, two of my patients were first cases. My other three were in their first post-op day, but they were stable. I went to my post-op patients first and after I'd assessed them, I came out of one of their rooms to find BOTH transporters waiting to take my other patients to the OR. I guess I was thinking of the time shown on the OR schedule rather than the time they would have to go to the OR. I hurried around and got one ready, but the charge nurse was already getting the other one ready herself. Let me tell you, she was not pleased.

Case Study: Setting Your Own Priorities: What Will You Do?

Now I feel like I'm starting all over again and that the charge nurse has doubts about me. How should I handle this with the charge nurse?

- A. Tell her why your assignment was not appropriate.
- B. Ask her if you can do another two shifts with your preceptor.
- C. Acknowledge your misunderstanding of priorities. Tell her what you plan to do differently.
- D. Explain to her that your preceptor did not prepare you for a shift like the one you're describing.

- A. Incorrect: You have already identified the problem was your lack of understanding and not the assignment.
- B. Incorrect: You have identified the problem was a lack of proper planning on your part.
- C. Correct: Own your error, Let her know you understand you made an error in time management and are working to correct the problem
- D. Incorrect: You have identified the problem was a lack of understanding on your part. It would be unfair and unprofessional to blame your preceptor.

Ideas to Go: Setting Your Own Priorities

- Ask your preceptor - or anyone who shows you how to do something - to think-out-loud for you about the decisions he or she is making and why. Sometimes, it's easy to take things too literally - especially when it comes to priority setting. If setting priorities is a challenge for you, ask some of your co-workers how they go about it. Ask more than one, so that you get a few different perspectives.
- When you face a new situation for the first time - in this case, working without the preceptor and having patients with different needs - tell the charge nurse your priorities, your plan, and ask for feedback. It's better to get corrective feedback in advance. Remember to begin by sharing your plan rather than simply asking what to do.
- Get the most from the report of the nurse who has cared for your patients on the previous shift. Don't hesitate to ask questions that will help you set priorities.

Can you think of other similar situations?

Case Study: Dealing With an Injury to a Patient

I'm still in orientation in the OR. Yesterday I was working with another nurse on an appendectomy case. The case was finished and we were getting the patient ready for transport. When we moved the drape, I noticed a burn on the patient's thigh and then I saw the cautery device without its plastic cover lying beside her leg on the table. I got the other nurse's attention and pointed to the burn - she shook her head ("no"). We finished with the patient, helped get her on the cart and then we did our documentation. I asked the other nurse about documenting the burn and she said, "it's better if we just ignore it - as if we didn't see it." I went along with her, after all I'm still in orientation. Today the Nurse Manager told us that the surgeon is blaming us for burning the patient while we were

getting her ready for transport. That's definitely not what happened! What should I do next?

- A. Tell the manager what happened.
 - B. Go along with whatever the other nurse does.
 - C. Page the surgeon and explain what happened.
 - D. Visit the patient on the post-op unit and explain what happened.
-
- A. Correct: Regardless of your orientation status as a RN you have a legal responsibility to the patient to divulge the details as you assessed them.
 - B. Incorrect: The other nurse is not behaving herself in a professional manner and you are being led into as an orientee. Do not get off on the wrong foot and go along with her.
 - C. Incorrect: While this may seem like the right thing to do it is not. Talk to your manager who will help you assess the next course of action.
 - D. Incorrect: Unless instructed to do so by a member of Risk Management do not visit or talk to the patient.

Ideas to Go: Dealing With an Injury to a Patient

Know facility policies and how to access them.

- Even when you are in orientation, if you doubt that another nurse is acting appropriately, ask that person about his or her behavior. If you or a patient is at risk because of what another staff member is doing you are obligated to report the situation.
- Your manager is in a much better position to advocate for you if you present yourself in a straightforward manner.

Can you think of other similar situations?

Case Study; Getting What You Need From a Provider

Every time I have to call a doctor, I get nervous. I always feel intimidated. Yesterday I called a doctor because I thought my patient needed a potassium supplement. The patient was admitted for an exacerbation of CHF and as on two diuretics and was taking digoxin. I think it was just an oversight by the resident who wrote the orders. So I paged the doctor. When he called back, I started explaining the patient's situation, leading up to the fact that the resident hadn't ordered potassium. The doctor kept interrupting me - "I know that," "Just a minute. You'll have to call me back." I guess he was called away for an emergency. I was trying to give him the full picture, but obviously he didn't want to hear all of it. By that time I'd wasted time paging him and waiting for his call back, I still don't have what my patient needs. And I have to call him back again! How can I get better results?

- A. Wait to catch the doctor on rounds.
- B. You know what concerns you. Begin the conversation by stating it.
- C. Tell the oncoming nurse about it when you report off. Let her follow up.
- D. Ask the charge nurse to call him back; you're getting behind with all this time spent on the telephone.

- A. Incorrect; If you were not able to have your concern addressed you need to continue to have your patients' needs met.
- B. Correct: This time when he calls back be direct and to the point. If your facility uses a communication tool like the SBAR make sure you have completed it and be prepared to present the patient and situation to the doctor.
- C. Incorrect: While it may come to this if the concerns about the patient are coming at the change of shift, reporting off to the oncoming nurse should include who the first nurse has already contacted in the chain of command.
- D. Incorrect: You should make an attempt to call the doctor back. If, after this second attempt, the needs of your patient are still not met, you should refer to your hospital policy and procedure on how to access your chain of command.

Ideas to Go: Proactive Communication

- Practice using guidelines like the SBAR Communication technique (Screen 10) when you raise concerns with doctors or other health team members. Practice locating the information in the patient's record so that you can find it quickly.
- Resist the temptation to shy away from tasks that are difficult. Mastering them will build your confidence and assure the safety of your patients.

Can you think of other similar situations?

Case Study: Saying 'No' to an Unreasonable Request

I've just worked five straight day shifts. On two of them, I worked overtime to cover. Tomorrow will make six days in a row. Today the nurse who was my preceptor asked me if I'd work for her the day after tomorrow. I told her I'd think about it and let her know tomorrow. I am thinking about it and it seems unreasonable to me - 7 days straight! But she was a really good preceptor and I don't want to let her down. What am I going to tell her tomorrow?

- A. Find someone else to work that shift for her.
 - B. You really should accommodate your preceptor. A good preceptor is the key to success. You owe her.
 - C. Tell her you'll work the first half of her shift. Maybe coming in late would work for her and then you wouldn't have to work another full shift.
 - D. Tell her, "no." You're exhausted after so many shifts without a break. She's been so helpful to you and you'd like to help her, but will not be able to this time.
-
- A. Incorrect: It would not be your responsibility to find a replacement for this nurse. You should also consult your institutions policies and procedures manual to see if your hospital places limitations on the number of days or hours you can work in a week.
 - B. Incorrect: You may feel that it is your responsibility to payback your preceptor but it's not. Working seven days in a row may violate your hospital policy regarding number of hours/days worked in a week.
 - C. Incorrect: Working seven days in a row may violate your hospital policy regarding

number of hours/days worked in a week

D. Correct: Saying no is allowed. You are encouraged to take care of yourself.

Strategies to Promote Civility (Lower, 2012)

- Know the words, actions, and gestures that make you angry. Control your response. Consider the impact of your own words and actions on others. Think before you speak and act.
- Assess your own contributions to an environment of civility.
- Avoid jumping to conclusions. Clarify situations when you perceive a problem or feel angry or insulted.
- When a conflict arises, try to put yourself in the other person's place to attempt to understand what triggered that person's behavior.
- Avoid rumors and gossip. Let it go "in one ear and out the other." Do not engage in rumors and gossip.
- Resist the temptation to look for another person to blame for a problem. Often a problem is the result of a system problem and not one individual's actions.
- Do your best to deal with negative emotions when they occur or soon afterward so that you do not store your grievances in a "bitter bag." Allowing grievances to mount up can interfere with your ability to contribute to an environment of civility.
- Look for opportunities to offer proactive acts of kindness to co-workers, such as seeing if someone needs help, or picking up a refreshment for someone else when on lunch break.
- Attempt to resolve disagreements, even if it means agreeing to disagree.
- Make "thank you" a habit.
- When someone thanks you, acknowledge the actual contributions of any others to the accomplishment.
- Take the time to create an atmosphere of safety for co-workers to approach you about work-related concerns.

Ideas to Go: The Power of No

- Resist the urge to say "Yes" to every demand. Decide how reasonable each request is taking into account all of the factors that affect the request; both on your part and on the part of the person who is asking.
- Be especially alert for any requests that may have legal implications, such as a nurse asking you to document care that nurse performed or administering medications that nurse prepared. Respond to requests to violate policy with an unequivocal, "no."
- When you say no, be direct but polite. Offer alternatives or assistance in finding alternatives.

Can you think of other similar situations?

Summary

Assertiveness takes practice. Practice the suggestions in this course and tailor the suggestions to realistic situations on your unit.

The process of mastering any new skill includes setbacks and requires persistence - do not

be discouraged. Keep an eye out for colleagues who demonstrate strong advocacy skills and observe them in action if possible.

Seek feedback, support, and encouragement from your colleagues.

Conclusion

As you studied this course you have had the opportunity to practice advocacy through the use of case studies and follow up information. You have learned to:

- Identify techniques to use to gain cooperation from co-workers, including other RNs and unlicensed assistive personnel (UAP).
- Explain ways to partner with the patient in managing pain.
- Describe the effect of cultural differences upon communication with patients and with co-workers.
- Describe effective, assertive methods of expressing your needs, asking for feedback and asking for help on the nursing unit.
- Explain the use of the chain-of-command to resolve clinical problems.
- Identify effective approaches for dealing with mistakes.
- Describe approaches for managing a patient's anger.
- Give examples of ways to communicate effectively with providers.
- Identify methods for setting effective priorities.
- Describe approaches for saying "no" in response to unreasonable requests.

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