Adult CCRN/CCRN-E/CCRN-K Certification Review Course: Professional Caring and Ethical Practices

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Disclosures
- Nothing to disclose
The core concept of the AACN Synergy Model for Patient Care:

*The needs or characteristics of patients and families influence and drive the characteristics or competencies of nurses*

Synergy results when the needs and characteristics of a patient, clinical unit, or system are matched with a nurse's competencies.

*All patients have similar needs and experience these needs across wide ranges*
AACN Synergy Model for Certified Practice (cont)

The AACN Synergy Model for Patient Care links clinical practice with patient outcomes.

Integration of the Synergy Model into the AACN Certification Corporation credentialing programs puts an emphasis on the patient, and says to the world that patients come first. Nurses make a unique contribution to outcomes, quality of care, and containment of costs.

AACN Synergy Model for Patient Care

- Patient characteristics
- Nurse characteristics

AACN Synergy Model for Patient Care

- Patient characteristics
  - Resiliency
  - Vulnerability
  - Stability
  - Complexity
  - Resource availability
  - Participation in care
  - Participation in decision-making
  - Predictability

Five levels within each characteristic
Professional Caring and Ethical Practices

AACN Synergy Model for Patient Care

- Nurse characteristics
  - Clinical judgment: 80%
  - Clinical inquiry: 2%
  - Facilitation of learning: 3%
  - Collaboration: 4%

- Nurse characteristics
  - Systems thinking: 2%
  - Advocacy/moral agency: 3%
  - Caring practices: 4%
  - Response to diversity: 2%

Five levels of expertise:
1 = competent
5 = expert

Review Questions

There are NO direct questions about the Synergy Model itself
Question 1

Which of the following actions by a nurse might decrease a patient’s self-esteem?

A. Discussing the negative consequences of the patient’s condition
B. Requiring the patient to participate in all treatments
C. Providing opportunities to discuss issues important to the patient
D. Indicating his or her acceptance of the patient’s condition

Question 1—Rationale

Which of the following actions by a nurse might decrease a patient’s self-esteem?

B. Requiring the patient to participate in all treatments – the two key words are Requiring and All. We can not require an adult to do anything. When we start thinking we can we are behaving paternalistically.
   • Discussing the negative consequences of the patient’s condition – this may make the patient feel sad or even mad but not necessarily decrease their self-esteem.
   • Providing opportunities to discuss issues important to the patient – might make the patient sad, but not self-esteem.
   • Indicating his or her acceptance of the patient’s condition – this behavior on the part of the nurse would be unethical and/or unprofessional.

Caring Practices

Caring and Ethical Practices

Ethical Principles

- Patient autonomy
- Self-determination, freedom of choice
- Justice
- Fair treatment without discrimination
- Veracity
- Truth, honesty, and integrity
Caring and Ethical Practices
Ethical Principles
- Fidelity
  - Obligation to care to the best of one's ability
- Beneficence
  - Do good for others
- Nonmaleficence
  - Do no harm
- Paternalism
  - Decide what is right (best) for others

Caring and Ethical Practices
Moral Concepts
- Respect for persons
- Justice
- Values
- Rights

Review Questions
Question 2

A 22-year-old patient with end-stage liver failure secondary to hepatitis C virus has been declared brain dead. The parents decide to discontinue feedings and donate their daughter’s organs. In response to the parents’ request, the most appropriate action by the nurse would be to:

A. Contact the organ procurement agency
B. Convene a multidisciplinary care conference
C. Tell the parents that their daughter’s condition precludes organ donation
D. Discontinue feedings per the parents’ request

Question 2—Rationale

A 22-year-old patient with end-stage liver failure secondary to hepatitis C virus has been declared brain dead. The parents decide to discontinue feedings and donate their daughter’s organs. In response to the parents’ request, the most appropriate action by the nurse would be to:

A. Contact the organ procurement agency – we collaborate with this agency to be the primary communicator with families
   • Convene a multidisciplinary care conference – this meeting is either not necessary or has already happened. The family and the team are all on the same page
   • Tell the parents that their daughter’s condition precludes organ donation – not a true statement
   • Discontinue feedings per the parents’ request – although this is their request it will not be done first if the patient might become a donor

Question 3

A patient in the ICU is confused about time and place, despite frequent reorientation. For the patient’s safety, the nurse would initially:

A. Put a vest restraint on the patient
B. Ask a family member to stay with the patient
C. Administer a mild sedative
D. Increase the frequency of observation of the patient
Question 3—Rationale

A patient in the ICU is confused about time and place, despite frequent reorientation. For the patient’s safety, the nurse would initially:

D. Increase the frequency of observation of the patient – the confusion does not appear to be a safety issue so frequent monitoring is the best plan
   • Put a vest restraint on the patient – physically restraining the patient should not be done until all less invasive methods have been tried
   • Ask a family member to stay with the patient – we do not use family as restraints. We are accountable and responsible for patient safety
   • Administer a mild sedative – frequent monitoring first

Advocacy/Moral Agency

Family Theories
Family Needs: Nancy Molter

• Need for accurate and regular information
• Need to see the patient
• Need to be helpful to the patient
• Need to understand the hospital environment
• Need to preserve a reasonable emotional balance

Family Theories
Family Needs: Nancy Molter

• Need to relive the incident (common for trauma families)
• Need for realistic hope and assurance
• Need to have personal needs met
• Need for support
• Need to maintain or develop confidence in care
Family Theories
Phases of Family Recovery: Epperson

- High anxiety
- Denial
- Anger
- Remorse
- Grief
- Reconciliation

Functional and Dysfunctional Coping

Review Questions

Question 4
Six members of a trauma patient's family arrive at the ICU asking questions about their loved one's condition. The nurse's most appropriate initial response would be to:

A. Ensure that the chaplain is available
B. Include the family in patient care
C. Offer the family a tour of the ICU
D. Identify a family spokesperson
Question 4—Rationale

Six members of a trauma patient’s family arrive at the ICU asking questions about their loved one’s condition. The nurse’s most appropriate initial response would be to:

D. Identify a family spokesperson – one of the most important needs of families is accurate and regular information
  • Ensure that the chaplain is available – although spiritual support and counseling are important, when six family members first arrive this is the initial priority
  • Include the family in patient care – not appropriate immediately
  • Offer the family a tour of the ICU – the family just arrived and their most important need is information about their loved one

Question 5

A patient has been waiting in the ICU for 2 months for a heart transplant. A family member angrily tells the nurse, “This is hopeless!” The nurse’s actions should be based on the knowledge that:

A. Expressions of frustration are normal and usually require no nursing intervention
B. Since expressions of hopelessness may be harmful to the patient, the family member should be encouraged to keep those statements out of the patient care area
C. The integrity of the family system is crucial in the transplant process
D. Encouraging discussion of negative emotions can impede their resolution

Question 5—Rationale

A patient has been waiting in the ICU for 2 months for a heart transplant. A family member angrily tells the nurse, “This is hopeless!” The nurse’s actions should be based on the knowledge that:

C. The integrity of the family system is crucial in the transplant process – expressions of frustrations need to discussed and the family unit is the ‘patient’
  • Expressions of frustration are normal and usually require no nursing intervention – they do need to addressed
  • Since expressions of hopelessness may be harmful to the patient, the family member should be encouraged to keep those statements out of the patient care area – discussing this in front of the patient may not be appropriate but it should be addressed
  • Encouraging discussion of negative emotions can impede their resolution – not a true statement
Question 6

A patient with type I diabetes mellitus (DM) is admitted in diabetic ketoacidosis (DKA). Since admission to the ICU, the patient’s glucose levels have been in the range of 400–500 mg/dL, and regular insulin has been administered on a sliding dosage scale. Given these findings, the most appropriate initial nursing intervention is to:

A. Consult with the physician about changing the regimen to regular insulin via continuous drip
B. Arrange for nutritional consult to enhance adherence to an ADA diet
C. Consult with the physician about increasing the maximum dosage of regular insulin on the sliding scale
D. Request evaluation by diabetic educator

Question 6—Rationale

A patient with type I DM is admitted in DKA. Since admission to the ICU, the patient’s glucose levels have been in the range of 400–500 mg/dL, and regular insulin has been administered on a sliding dosage scale. Given these findings, the most appropriate initial nursing intervention is to:

A. Consult with the physician about changing the regimen to regular insulin via continuous drip – the EBP guidelines in the management of DKA are you use insulin gtt not sliding scale. The nurse would collaborate with the provider to ensure best practice is being done
   • Expressions of frustration are normal and usually require no nursing intervention – they do need to be addressed
   • Since expressions of hopelessness may be harmful to the patient, the family member should be encouraged to keep those statements out of the patient care area – discussing this in front of the patient may not be appropriate but it should be addressed
   • Encouraging discussion of negative emotions can impede their resolution – not a true statement

Question 7

A Russian patient who does not speak or understand English has just undergone an aortic valve replacement. The nurse notices he is increasingly restless and splinting his chest with both hands. An effective means of communication with this patient would be:

A. Using a letter board
B. Contacting the patient’s family
C. Touch and gestures
D. Using “yes” or “no” questions
Question 7 — Rationale

A Russian patient who does not speak or understand English has just undergone an aortic valve replacement. The nurse notices he is increasingly restless and splinting his chest with both hands. An effective means of communication with this patient would be:

C. Touch and gestures – the is probably trying to express pain, which we would want to assess and treat promptly
   - Using a letter board – pain has a ‘universal’ language
   - Contacting the patient’s family – we do not use the family as a translator
   - Using “yes” or “no” questions – the patient does not understand or speak English

Response to Diversity

Question 8

The daughter of a mechanically ventilated patient is to be taught how to suction. When developing a teaching plan, the nurse must first:

A. Obtain written information about the procedure
B. Determine a schedule for demonstrating the technique
C. Assess the knowledge and skills the daughter needs to learn
D. Encourage the daughter to observe the procedure on other patients

Facilitation of Learning

Question 8 — Rationale

The daughter of a mechanically ventilated patient is to be taught how to suction. When developing a teaching plan, the nurse must first:

C. Assess the knowledge and skills the daughter needs to learn – adult learning principles dictate that knowledge assessment comes first
   - Obtain written information about the procedure – important but not before assessment
   - Determine a schedule for demonstrating the technique – important but not before assessment
   - Encourage the daughter to observe the procedure on other patients – not a typical teaching strategy but might be employed if everyone involved consents
Facilitator of Learning
Adult Learning Principles: Knowles

- The need to know
- The learner’s self-concept
- The role of experience
- Readiness to learn
- Orientation to learning
- Motivation

Review Questions

Question 9

When caring for a 15-year-old patient, the nurse would:

A. Address worries about the future
B. Use games as a teaching strategy
C. Encourage the patient to talk about life experiences
D. Allow the patient’s peers to visit
Question 9—Rationale

When caring for a 15-year-old patient, the nurse would:

D. Allow the patient’s peers to visit – this question is about Erikson’s stages of growth and development. At 15 the peer group is the primary motivator
  - Address worries about the future – unfortunately 15 yr olds are not focused on the future.
  - Use games as a teaching strategy – appropriate for younger patients
  - Encourage the patient to talk about life experiences – appropriate for older adults

Response to Diversity

Growth and Development
Erik Erikson’s Stages

- Trust vs Mistrust, 0–2 years, Hope
- Autonomy vs Shame, 2–3 years, Will
- Initiative vs Guilt, 3–6 years, Purpose
- Industry vs Inferiority, 6–12 years, Competence

Growth and Development
Erik Erikson’s Stages

- Identity vs Role Confusion, 13–20 years, Fidelity
- Intimacy vs Isolation, 21–45 years, Love
- Generativity vs Stagnation, 45–65 years, Care
- Ego Integrity vs Despair, >65 years, Wisdom
Growth and Development
Human Needs: Maslow

- Physiologic
- Safety and Security
- Love and Belonging
- Self-esteem
- Self-actualization

Review Questions

Question 10

A patient with receptive aphasia and dementia is to be enrolled in a clinical trial. How should the critical-care nurse proceed to ensure that informed consent is ethically obtained?

A. Involve the patient’s legal guardian in the consent process
B. Ensure that the investigator is aware of the patient’s condition
C. Inform the institutional review board of the potential risk to the patient
D. Obtain a copy of the consent form to place in the patient’s chart
A patient with receptive aphasia and dementia is to be enrolled in a clinical trial. How should the critical-care nurse proceed to ensure that informed consent is ethically obtained?

A. Involve the patient’s legal guardian in the consent process – if a patient is unable to ‘consent’ they can not be enrolled in a study. Despite the fact that the stem of the question does not state whether this pt has a legal guardian, A is still the best answer.
   - Ensure that the investigator is aware of the patient’s condition – the investigator needs to be aware of the patients aphasia but this fact does not answer the question about informed consent
   - Inform the institutional review board of the potential risk to the patient – not answering the question that was asked
   - Obtain a copy of the consent form to place in the patient’s chart – the signed consent form is placed on the chart.