Professional Caring & Ethical Practice

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I. INTRODUCTION

PCCN Test Plan

*Professional Caring and Ethical Practices: 20%*

a. Advocacy/Moral Agency
b. Caring Practices
c. Collaboration
d. Systems Thinking
e. Response to Diversity
f. Clinical Inquiry
g. Facilitation of Learning

*Testable Nursing Actions – Systems Thinking*

a. Use word processing applications
b. Use internet resources to locate patient support groups, online resources
c. Use hospital or nursing information systems to access, enter, and retrieve data related to patient care
d. Use database applications to enter and retrieve data and information
e. Conduct online and database literature searches
f. Use computer applications to document patient care
g. Use computer applications to plan patient care, including discharge planning
h. Use information management systems for patient education
i. Use technology-based patient monitoring systems
j. Operate peripheral/point-of-care devices (bedside and hand-held) (e.g., smart pump)

**Synergy Model for Patient Care**

*Taken directly from AACN web page. Synergy Model Basic Information*

The core concept of the reconceptualized model of certified practice - the AACN Synergy Model for Patient Care - is that 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 or continuums from health to illness. Logically, the more compromised patients are, the more severe or complex are their needs. The dimensions of a nurse’s practice are driven by the needs of a patient and family. This requires nurses to be proficient in the multiple dimensions of the nursing continuums. When nurse competencies stem from patient needs and the characteristics of the nurse and patient synergize, optimal patient outcomes can result.
The AACN Synergy Model and Certification Examinations

The AACN Synergy Model for Patient Care was developed to link clinical practice with patient outcomes. The 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.

Patient Characteristics

Each patient and family, clinical unit and system is unique, with a varying capacity for health and vulnerability to illness. Each one brings a set of unique characteristics to the care situation. These characteristics span the health-illness continuum.

Resiliency

The capacity to return to a restorative level of functioning using compensatory/cop ing mechanisms; the ability to bounce back quickly after an insult.

- Level 1 - Minimally resilient: Unable to mount a response; failure of compensatory/cop ing mechanisms; minimal reserves; brittle
- Level 3 - Moderately resilient: Able to mount a moderate response; able to initiate some degree of compensation; moderate reserves
- Level 5 - Highly resilient: Able to mount and maintain a response; intact compensatory/cop ing mechanisms; strong reserves; endurance

Vulnerability

Susceptibility to actual or potential stressors that may adversely affect patient outcomes.

- Level 1 - Highly vulnerable: Susceptible; unprotected, fragile
- Level 3 - Moderately vulnerable: Somewhat susceptible; somewhat protected
- Level 5 - Minimally vulnerable: Safe; out of the woods; protected, not fragile

Stability

The ability to maintain a steady-state equilibrium.

- Level 1 - Minimally stable: Labile; unstable; unresponsive to therapies; high risk of death
- Level 3 - Moderately stable: Able to maintain steady state for limited period of time; some responsiveness to therapies
- Level 5 - Highly stable: Constant; responsive to therapies; low risk of death

Complexity

The intricate entanglement of two or more systems (e.g., body, family, therapies).

- Level 1 - Highly complex: Intricate; complex patient/family dynamics; ambiguous/vague; atypical presentation
- Level 3 - Moderately complex: Moderately involved patient/family dynamics
- Level 5 - Minimally complex: Straightforward; routine patient/family dynamics; simple/clear cut; typical presentation
Resource Availability
Extent of resources (e.g., technical, fiscal, personal, psychological, and social) the patient/family/community bring to the situation.

Level 1 - Few resources: Necessary knowledge and skills not available; necessary financial support not available; minimal personal/psychological supportive resources; few social systems resources
Level 3 - Moderate resources: Limited knowledge and skills available; limited financial support available; limited personal/psychological supportive resources; limited social systems resources
Level 5 - Many resources: Extensive knowledge and skills available and accessible; financial resources readily available; strong personal/psychological supportive resources; strong social systems resources

Participation in Care
Extent to which patient/family engages in aspects of care.

Level 1 - No participation: Patient and family unable or unwilling to participate in care
Level 3 - Moderate level of participation: Patient and family need assistance in care
Level 5 - Full participation: Patient and family fully able to participate in care

Participation in Decision-Making
Extent to which patient/family engages in decision-making.

Level 1 - No participation: Patient and family have no capacity for decision-making; requires surrogacy
Level 3 - Moderate level of participation: Patient and family have limited capacity; seeks input/advice from others in decision-making
Level 5 - Full participation: Patient and family have capacity, and makes decision for self

Predictability
A characteristic that allows one to expect a certain course of events or course of illness.

Level 1 - Not predictable: Uncertain; uncommon patient population/illness; unusual or unexpected course; does not follow critical pathway, or no critical pathway developed
Level 3 - Moderately predictable: Wavering; occasionally-noted patient population/illness
Level 5 - Highly predictable: Certain; common patient population/illness; usual and expected course; follows critical pathway

For example: A healthy, uninsured, 40-year-old woman undergoing a pre-employment physical is likely to be: (a) stable (b) not complex (c) very predictable (d) resilient (e) not vulnerable (f) able to participate in decision-making and care, but (g) has inadequate resource availability.
A critically ill infant with multisystem organ failure is likely to be: (a) unstable (b) highly complex (c) unpredictable (d) highly resilient (e) vulnerable (f) unable to become involved in decision-making and care, but (g) has adequate resource availability.

**Nurse Characteristics:**

**Nurse Competencies of Concern to Patients, Clinical Units and Systems:**

Nursing care reflects an integration of knowledge, skills, experience, and attitudes needed to meet the needs of patients and families. Thus, continuums of nurse characteristics are derived from patient needs. The following are levels of expertise ranging from competent (1) to expert (5):

**Clinical Judgment**

Clinical reasoning, which includes clinical decision-making, critical thinking, and a global grasp of the situation, coupled with nursing skills acquired through a process of integrating education, experiential knowledge, and evidence-based guidelines.

- **Level 1** - Collects basic-level data; follows algorithms, decision trees, and protocols with all populations and is uncomfortable deviating from them; matches formal knowledge with clinical events to make decisions; questions the limits of one's ability to make clinical decisions and delegates the decision-making to other clinicians; includes extraneous detail
- **Level 3** - Collects and interprets complex patient data; makes clinical judgments based on an immediate grasp of the whole picture for common or routine patient populations; recognizes patterns and trends that may predict the direction of illness; recognizes limits and seeks appropriate help; focuses on key elements of case, while shorting out extraneous details
- **Level 5** - Synthesizes and interprets multiple, sometimes conflicting, sources of data; makes judgment based on an immediate grasp of the whole picture, unless working with new patient populations; uses past experiences to anticipate problems; helps patient and family see the "big picture;" recognizes the limits of clinical judgment and seeks multi-disciplinary collaboration and consultation with comfort; recognizes and responds to the dynamic situation

**Clinical Inquiry (Innovator/Evaluator)**

The ongoing process of questioning and evaluating practice and providing informed practice. Creating changes through evidence-based practice, research utilization and experiential knowledge.

- **Level 1** - Follows standards and guidelines; implements clinical changes and research-based practices developed by others; recognizes the need for further learning to improve patient care; recognizes obvious changing patient situation (e.g., deterioration, crisis); needs and seeks help to identify patient problem
- **Level 3** - Questions appropriateness of policies and guidelines; questions current practice; seeks advice, resources, or information to improve patient care; begins to compare and contrast possible alternatives
Level 5 - Improves, deviates from, or individualizes standards and guidelines for particular patient situations or populations; questions and/or evaluates current practice based on patients' responses, review of the literature, research and education/learning; acquires knowledge and skills needed to address questions arising in practice and improve patient care; (The domains of clinical judgment and clinical inquiry converge at the expert level; they cannot be separated)

**Facilitation of Learning**
The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team, and community. Includes both formal and informal facilitation of learning.

Level 1 - Follows planned educational programs; sees patient/family education as a separate task from delivery of care; provides data without seeking to assess patient's readiness or understanding; has limited knowledge of the totality of the educational needs; focuses on a nurse's perspective; sees the patient as a passive recipient

Level 3 - Adapts planned educational programs; begins to recognize and integrate different ways of teaching into delivery of care; incorporates patient's understanding into practice; sees the overlapping of educational plans from different healthcare providers' perspectives; begins to see the patient as having input into goals; begins to see individualism

Level 5 - Creatively modifies or develops patient/family education programs; integrates patient/family education throughout delivery of care; evaluates patient's understanding by observing behavior changes related to learning; is able to collaborate and incorporate all healthcare providers' and educational plans into the patient/family educational program; sets patient-driven goals for education; sees patient/family as having choices and consequences that are negotiated in relation to education

**Collaboration**
Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Involves intra- and inter-disciplinary work with colleagues and community.

Level 1 - Willing to be taught, coached and/or mentored; participates in team meetings and discussions regarding patient care and/or practice issues; open to various team members' contributions

Level 3 - Seeks opportunities to be taught, coached, and/or mentored; elicits others' advice and perspectives; initiates and participates in team meetings and discussions regarding patient care and/or practice issues; recognizes and suggests various team members' participation

Level 5 - Seeks opportunities to teach, coach, and mentor and to be taught, coached and mentored; facilitates active involvement and complementary contributions of others in team meetings and discussions regarding patient care and/or practice issues; involves/recruits diverse resources when appropriate to optimize patient outcomes
**Systems Thinking**

Body of knowledge and tools that allow the nurse to manage whatever environmental and system resources exist for the patient/family and staff, within or across healthcare and non-healthcare systems.

- **Level 1** - Uses a limited array of strategies; limited outlook - sees the pieces or components; does not recognize negotiation as an alternative; sees patient and family within the isolated environment of the unit; sees self as key resource
- **Level 3** - Develops strategies based on needs and strengths of patient/family; able to make connections within components; sees opportunity to negotiate but may not have strategies; developing a view of the patient/family transition process; recognizes how to obtain resources beyond self
- **Level 5** - Develops, integrates, and applies a variety of strategies that are driven by the needs and strengths of the patient/family; global or holistic outlook - sees the whole rather than the pieces; knows when and how to negotiate and navigate through the system on behalf of patients and families; anticipates needs of patients and families as they move through the healthcare system; utilizes untapped and alternative resources as necessary

**Advocacy and Moral Agency**

Working on another’s behalf and representing the concerns of patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.

- **Level 1** - Works on behalf of patient; self assesses personal values; aware of ethical conflicts/issues that may surface in clinical setting; makes ethical/moral decisions based on rules; represents patient when patient cannot represent self; aware of patients’ rights
- **Level 3** - Works on behalf of patient and family; considers patient values and incorporates in care, even when differing from personal values; supports colleagues in ethical and clinical issues; moral decision-making can deviate from rules; demonstrates give and take with patient's family, allowing them to speak/represent themselves when possible; aware of patient and family rights
- **Level 5** - Works on behalf of patient, family, and community; advocates from patient/family perspective, whether similar to or different from personal values; advocates ethical conflict and issues from patient/family perspective; suspends rules - patient and family drive moral decision-making; empowers the patient and family to speak for/represent themselves; achieves mutuality within patient/professional relationships
Caring Practices
The constellation of nursing activities that create a compassionate, supportive, and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Includes, but is not limited to, vigilance, engagement, and responsiveness of caregivers, including family and healthcare personnel.

Level 1 - Focuses on the usual and customary needs of the patient; no anticipation of future needs; bases care on standards and protocols; maintains a safe physical environment; acknowledges death as a potential outcome

Level 3 - Responds to subtle patient and family changes; engages with the patient as a unique patient in a compassionate manner; recognizes and tailors caring practices to the individuality of patient and family; domesticates the patient's and family's environment; recognizes that death may be an acceptable outcome

Level 5 - Has astute awareness and anticipates patient and family changes and needs; fully engaged with and sensing how to stand alongside the patient, family, and community; caring practices follow the patient and family lead; anticipates hazards and avoids them, and promotes safety throughout patient's and family's transitions along the healthcare continuum; orchestrates the process that ensures patient's/family's comfort and concerns surrounding issues of death and dying are met

Response to Diversity
The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values.

Level 1 - Assesses cultural diversity; provides care based on own belief system; learns the culture of the healthcare environment

Level 3 - Inquires about cultural differences and considers their impact on care; accommodates personal and professional differences in the plan of care; helps patient/family understand the culture of the healthcare system

Level 5 - Responds to, anticipates, and integrates cultural differences into patient/family care; appreciates and incorporates differences, including alternative therapies, into care; tailors healthcare culture, to the extent possible, to meet the diverse needs and strengths of the patient/family

For example: If the gestalt of a patient were stable but unpredictable, minimally resilient, and vulnerable, primary competencies of the nurse would be centered on clinical judgment and caring practices, (which includes vigilance).

If the gestalt of a patient were vulnerable, unable to participate in decision-making and care, and inadequate resource availability, the primary competencies of the nurse would focus on advocacy and moral agency, collaboration, and systems thinking.
All eight competencies are essential for contemporary nursing practice, but each assumes more or less importance depending on a patient’s characteristics.

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

**II. PRACTICE QUESTIONS** *(taken from AACN’s website)*

1. Which of the following actions by a nurse might lower 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.

2. A patient 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.

3. A patient transferring out of the ICU says, “Why can’t I just stay a few days longer? I don’t feel strong enough.” Which of the following is the most appropriate response?
   A. “There’s a very sick patient who needs this bed.”
   B. “You sound concerned about leaving the ICU.”
   C. “Most people do just fine after transfer.”
   D. “Your insurance limits the time you can stay in the ICU.”

4. A patient has been waiting 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.
5. An AMI patient is in critical condition. His significant other has been at the bedside providing reassurance and support since his admit 12 hours ago. His estranged wife arrives and demands that the significant other not be allowed to visit or be given condition updates. The nurse should:
   A. Ask the physician to write an order to allow the significant other to have visitation privileges.
   B. Request a multidisciplinary care conference to discuss visitation and communication of patient status.
   C. Contact the hospital's medical-legal department and request that the hospital attorney speak to the wife.
   D. Encourage the patient to express his desire to spend time with his significant other to his wife.

6. A nurse is caring for a patient with a T5 spinal cord injury. To facilitate the patient’s safe transfer to a rehabilitation facility, the nurse would:
   A. Ensure that the patient is functionally independent prior to transfer.
   B. Ensure that the patient has bowel and bladder control.
   C. Consult with the rehabilitation staff regarding transfer criteria.
   D. Request a psychiatric evaluation of the patient’s coping skills.

7. The family of a patient moved to a lower acuity area verbalizes feelings of mistrust, disappointment and rejection by the ICU staff. These are signs of:
   A. Poor self-esteem.
   B. Hopelessness.
   C. Transfer anxiety.
   D. Powerlessness.

8. A Russian patient who does not speak or understand English has just had surgery. The nurse notices he is increasingly restless and splinting his incision with both hands. An effective means of communication with this patient would be by:
   A. Using a letter board.
   B. Contacting the patient’s family.
   C. Touch and gestures.
   D. Using “yes” or “no” questions.

9. When teaching a family member to perform an aspect of patient care, the nurse understands that family members:
   A. Are unaffected by the timing of teaching.
   B. Learn best if they perceive a need to learn.
   C. Learn best if shown a complex procedure all at once.
   D. Learn unrelated tasks first.
10. 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.

11. To assess discomfort in a patient with chronic dementia, the nurse should:
   A. Consistently use a visual or numerical pain rating scale.
   B. Analyze the amount of pain medication given to the patient.
   C. Monitor the patient’s behaviors and physiologic data.
   D. Speak slowly while looking directly at the patient.

12. A patient with cerebral edema after a subarachnoid hemorrhage has been ordered nifedipine 10 mg PO q4h. The patient’s blood pressure is 150/85. How should the nurse respond to this order?
   A. Ask the pharmacist to clarify the order.
   B. Discuss the purpose of the order with the physician.
   C. Research the indications and safety of nifedipine.
   D. Administer the medication to control blood pressure.

13. 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.

14. A patient has just been informed of the diagnosis of liver failure. Clutching a rosary, the patient says to the nurse, “I am going to die.” The nurse’s best response would be:
   A. “Do you want me to call the chaplain?”
   B. “Don’t give up your will to live.”
   C. “You think you are going to die?”
   D. “Have faith in God’s will.”

15. Providing culture-specific care includes understanding:
   A. That identifying the changes that need to occur, and who will be involved, is part of developing a therapeutic plan.
   B. Health beliefs among members of a cultural group are the same.
   C. Delineating standard goals of therapy will help enhance patient adherence to a therapeutic regimen.
   D. Use of non-specific methods will enhance patient problem solving.
16. A patient who does not speak or understand English is admitted to the ICU. Guidelines for using a translator may include:
   A. Having the translator ask questions that you don’t feel comfortable asking.
   B. Standing next to the translator and as close to the patient as possible.
   C. Providing all of the information; then allowing for translation and asking of questions.
   D. Allowing time for the translator to decode the medical jargon used in the teaching.

17. You are caring for a patient experiencing a fourth bout of congestive heart failure. The patient states “I cannot take it anymore. I wish I could end all of this.” A priority when caring for this patient’s response to stress is to:
   A. Place the patient in a hospital gown or pajamas.
   B. Explore suicidal intent with the patient.
   C. Manage the patient in a restrictive environment for the first 48 hours.
   D. Allow the patient to have only short periods alone once in a safe environment.

18. A patient who is stable after AMI has been transferred to the telemetry unit. The patient’s spouse arrives and says, “I don’t want my spouse moved; it’s too soon.” Discussion with this patient and spouse should focus on:
   A. Improvements in the patient’s condition.
   B. Reviewing the acuity of the other patients.
   C. The spouse’s ability to act as caregiver.
   D. The contrasting staffing ratios of the units.

19. A teenager post cardiac arrest has a new diagnosis of hypertrophic cardiomyopathy. The parents are concerned about what to do if the patient collapses again. The nurse’s best response would be:
   A. “Now that your son has been diagnosed and treated, you need not worry.”
   B. “Would teaching you CPR help ease your anxieties?”
   C. “Do you know how to access the EMS system?”
   D. “I will have your son’s cardiologist talk to you.”

20. A patient with receptive aphasia and dementia is to be enrolled in a clinical trial. How should the 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 (IRB) of the potential risk to the patient.
   D. Obtain a copy of the consent form to place in the patient’s chart.

21. A patient recalls a near-death experience (NDE) that occurred during resuscitation and wishes to tell the nurse about it. What is the optimal response by the nurse?
   A. Let the patient know that NDE’s are often hallucinations.
   B. Compare the patient’s story to the actual resuscitation events.
   C. Encourage the patient to describe the NDE to his family.
   D. Make time to listen actively while the patient tells the story.
**Answers to Practice Questions**

1. B  
2. D  
3. B  
4. C  
5. B  
6. C  
7. C  
8. C  
9. B  
10. C  
11. C  
12. B  
13. D  
14. C  
15. A  
16. B  
17. B  
18. A  
19. B  
20. A  
21. D

**References**


Barry, P.D. *Psychosocial Nursing: Care of the Physically Ill Patients and Their Families*. Lippincott, 1996.


III. CARING & ETHICAL PRACTICES

Ethical Principles

a. Patient Autonomy: Self determination, freedom of choice
b. Justice: Fair treatment without discrimination
c. Veracity: Truth, honesty and integrity
d. Fidelity: Obligation to care to the best of one’s ability
e. Beneficence: Doing good for others
f. Non-maleficence: Do no harm
g. Paternalism: Deciding what is right (best) for others

Moral Concepts

a. Respect for Persons
b. Justice
c. Values
d. Rights

Family Theories

Family Needs: Nancy Molter
a. Need for Accurate and Regular Information
b. Need to See the Patient
c. Need to be Helpful to the Patient
d. Need to Understand the Hospital Environment
e. Need to Preserve a Reasonable Emotional Balance
f. Need to Relive the Incident (common for trauma families)
g. Need for Realistic Hope and Assurance
h. Need to Have Personal Needs Met
i. Need for Support
j. Need to Maintain or Develop Confidence in Care

Phases of Family Recovery: Epperson
a. High Anxiety
b. Denial
c. Anger
d. Remorse
e. Grief
f. Reconciliation
Adult Learning Principles: Malcolm Knowles

a. The Need to Know
b. The Learner’s Self-Concept
c. The Role of Experience
d. Readiness to Learn
e. Orientation to Learning
f. Motivation

Pain

a. Definition:
“A personal, private sensation of hurt. A harmful stimulus which signals current or impending tissue damage. A pattern of responses to protect the organism from harm.” -- Sternback (1979)

“Pain is whatever the experiencing person says it is and exists whenever he/she says it does.” -- McCaffery (1979)

b. Acute vs Chronic
c. Assessment
d. Treatment

Growth & Development

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Human Needs: Maslow

a. Physiologic
b. Safety and Security
c. Love and Belonging
d. Self-Esteem
e. Self-Actualization

Stages of Death & Dying: Elizabeth Kubler-Ross

a. Denial or Isolation
b. Anger
c. Bargaining
d. Depression
e. Acceptance