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From the Editor

Welcome to a special issue of ADVANCE for Nurses. In this supplement, we focus on advancing your career as nurses.

As nurse managers, you are often responsible for setting the tone within your unit, your department or your facility. Fellow nurses look to you not only for advice on patient care, but also for insight into facility policies and as a role model.

With that in mind, the articles in our special issue are geared toward addressing the big picture of management.

Nurses new to management may find themselves torn between their responsibilities to their staff nurses and their responsibilities to upper management. "Middle Management in Nursing" may help you communicate both up and down the ladder.

The best nurses care a great deal for their patients. They may develop strong relationships with patients and their families. This is one of the benefits of nursing, but it can also lead to stress when a patient dies. "Avoiding the Breakdown Lane" provides tips on how you can avoid compassion fatigue.

"Generational Divide" takes a look at how you can bridge the gaps between Baby Boomers, Generation X and Millennials on your staff.

Also in this issue, you’ll find information about our online CE courses and webinars from which nurse managers can benefit. And, of course, we bring you the regional news and highlights you’ve come to expect from ADVANCE for Nurses.

We hope you find this special issue valuable. Remember you can find more great content at www.advanceweb.com/NurseSouth.

While at our website, check our expanding community. If you’re not already connected with us through Facebook or Twitter, click on “Community” at the top of the page and get involved. Don’t forget to sign up for our free biweekly e-newsletter on our website.

Lisa A. Brzezicki

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Thirty-five years of healthcare consulting has taught me that middle managers have the hardest jobs in healthcare with the highest potential for reward. Despite difficulties and dilemmas middle-level managers encounter, they face opportunities to enjoy job satisfaction.

**Making the Transition**

Many middle managers in healthcare assume the management role without any previous management preparation. In many businesses, future middle managers receive managerial and leadership training and then move into the role. 

Many management functions, such as performance evaluations, can be learned from on-the-job training and with the support of the human resources department. However, a new manager’s previous supervisors play an important role in shaping a new manager’s approach. If the previous role models were strong leaders and mentors, the new manager may flourish. However, negative managerial role models may relegate the new manager to a difficult course of mostly trial and error.

New middle managers need at least a year to acclimate, even though they have served as charge nurse or supervisor on off shifts. Participating in leadership development education, mentoring by senior leaders and an empowering organizational culture will ease this transition.

One study found middle-management nurses at Kaiser Permanente in California did not feel empowered, based on the aggregate results of the Nurse Work Empowerment Scale distributed to a convenience sample of 49 nurse managers and assistant nurse managers. The conclusion was middle managers must feel empowered if they are expected to empower their staff. For empowerment to become a natural part of the organizational culture, effective communication between all levels in the organization is necessary.

**Necessary Communication Skills**

Middle managers need to learn the “bilingual language requirements” of the role - first translating senior-level directives into operational goals, and second translating staff concerns into relevant information for senior management. Previous experience such as chairing unit or organizational level committees can help future middle managers develop these language translation skills. Volunteering for organizational level committees deepens the “big picture” understanding of the organizational culture.

All senior administration teams focus on patient safety, patient satisfaction and the financial well-being of the organization. Therefore, directives concerning these subjects will need to be translated so the staff can participate in their achievement. The middle manager must communicate the urgency of these issues, help the staff take ownership of the problems and support them with needed resources to resolve the issues.

Middle managers are the “chief recruitment and retention officers” in an organization. They are crucial in “getting the right people on the bus” and for creating organizational stability. Every middle manager has the opportunity to build a team of people dedicated to safe and quality care for the patients and families.

Middle managers serve the staff by engaging their participation in the selection of new team members and in the maintenance of responsible practice through peer review. Most middle managers enjoy witnessing the personal and professional development of
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Career Advice

their staff and realize organizational mission and goals through the creation of accountable teams.

“Personal accountability is the willingness to be responsible for the consequences of one’s actions.” Accountable organizations encourage managers to question executive decisions and confront poor performance of staff. Both senior and middle managers create learning environments where crucial conversations about performance improvement and the application of constructive feedback are the norm.

Supporting Staff

Beyond the role of “chief recruitment and retention officer” what more do staff want from their boss? They want to participate in determining the circumstances of the practice environment. Staff value mentoring and coaching from someone they respect. They want managers to go to bat for them when executive decisions make no sense or when these decisions could negatively impact their ability to deliver safe and quality care.

For example, an organization, for financial reasons, may need to decrease health coverage or number of personal days, or change the clinical-ladder system or weekend coverage. Because the manager is privy to organizational goals, it may be difficult to support the views of the staff on such issues. However, it is important to listen and educate staff about organizational and national issues that result in policy changes. It is equally important to express staff views to senior managers, even if changes cannot be rescinded.

Middle managers appreciate staff members who pitch in to solve unit-based problems, rather than just whine and complain, and who are proactive and demonstrate initiative in conflict resolution, making every effort to resolve team conflicts before escalating to the manager. Thanking a manager for a job well done is just as important as managers publicly appreciating staff.

Policy Guard

Most staff views the boss as an embodiment of the organization; therefore, the manager needs to model the type of leadership senior administration expects to realize the vision and goals of the organization.

Leaving ineffective managers in place is a cardinal sin of senior management. Executives must support effective middle-level management and move decisively to remedy a negative managerial situation. Ineffective and negative middle managers are barriers to realizing the vision and policies of the organization.

Senior administration must give middle managers a clear understanding of the direction, values and expected outcomes. The middle managers must translate these into objectives and practices the staff can understand and implement. One of the most important functions of middle managers is to let executives know whether there are discrepancies between organizational directives and the espoused organizational culture. Organizations need to practice what they preach, and the middle manager can guard against discrepancies.

‘Great Conductors’

Middle managers need to speak the language of executives and staff, empowering and focused on the recruitment and retention needs of their department in light of the organization’s vision and goals. They need to be savvy about organizational culture, politics and the financial realities of both the organization and healthcare.

Peter Drucker, a guru of modern management, said “great leaders are great conductors.” And so must middle managers be - conducting with comfort and authority and blending the staff into a coherent and effective whole.

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Vicki D. Lachman is an associate professor at Drexel University, Philadelphia.
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Tuesday, Oct. 18, 1:00-2:00 ET
The Changing Role of the Nurse Due to Advances in Science & Technology
➤ From the way they learn to the way they treat, chart and communicate, the nurse’s role is changing due to advances in technology. Learn about the advances and how the art and science of nursing is being affected.
Speaker: Ainslie Nibert, PhD, RN. Nibert serves as the director of research at Elsevier’s Health Education Systems Inc. and as vice president of eHealth Learning. She is also a clinical associate professor at Texas Women’s University College of Nursing in Houston.

Thursday, Nov. 17, 3:00-4:00 ET
Exercise for People With COPD
➤ Learn how to get patients with COPD started in an exercise program and how to assess their physical capabilities to keep them on the right track.
Speaker: Peter K, MS, PT. Peter K is creator of the lifestyle program “5 Minutes to Fitness+.” He is a health and fitness expert for the media.

ARCHIVED EVENTS
Alzheimer’s Disease Review & Update
➤ Learn to distinguish Alzheimer’s disease from other dementias and explore the latest diagnostic and therapeutic options. Learn what separates dementias from mild cognitive impairment and normal aging.

Powerlessness Is Bad Practice
➤ When nurses feel powerless in their practice, patients suffer — and so can nurses. What is happening in healthcare today that’s causing nurses to report they feel powerless?

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Decatur, GA - Surreira Named Leader of the Year

Celeste Surreira, MS, RN, CEN, received DeKalb Medical’s 2011 Leader of the Year award. Currently, Surreira is the executive director of emergency and intensive care services for the three-hospital, 3,000-employee health system located in metro Atlanta. Since joining DeKalb Medical in 2006, she has served in several roles, including director of emergency services and preparedness.

Orlando, FL - Nurse Promotes Health Occupations in Florida

Mary Lou Brunell, MSN, RN, Florida Center for Nursing’s executive director, recently joined the board of directors for Enterprise Florida, a public/private partnership devoted to statewide economic development.

Brunell also is a member of the StemFlorida business steering council helping build science, technology, engineering and math (STEM) skills in Florida students to address the increasing demand for jobs requiring strong foundations in these areas.

Boca Raton, FL - FAU’s Christine E. Lynn College of Nursing Professor Receives Two Grants From NIH

The Christine E. Lynn College of Nursing at Florida Atlantic University (FAU) announced John Lowe, PhD, RN, FAAN, received two grants from the NIH National Institute on Drug Abuse. Lowe is one of only 15 Native American nurses with a doctoral degree in the United States.

The first grant was awarded to Lowe as principal investigator on a 2-year study titled “Testing a Substance Abuse Prevention for Cherokee Early Adolescents.” This study will examine the feasibility of using innovative, culturally appropriate school-based substance use prevention for Cherokee sixth graders as they transition to middle school, a period of high vulnerability. The total amount awarded for this study is $616,892.

The second grant was awarded to Lowe and co-principal investigator Eric Wagner, PhD, Florida International University, for a study titled “Brief Intervention for Substance Using Native Youth.” This is a 5-year research project designed to develop and test a school-based, brief motivational intervention for substance using Native American high school students.

The team will use motivational interviewing (MI), which is a behavioral treatment for substance use problems that has already shown efficacy in some populations. Clinical trials support the effectiveness of MI with adults and older adolescents with substance use problems. However, MI’s effectiveness for minority populations, and especially Native American populations, has received scant research attention and remains unknown. The total amount awarded was $3,190,385 and the FAU contract totals $476,394.

“What we do know is that Native American youth, compared to youth from other racial/ethnic backgrounds, are at especially high risk for drug use and drinking, which makes them particularly susceptible to the development of substance use problems,” said Lowe. “Dr. Wagner and I believe our proposed study is significant and innovative, and represents an important next step in the development of cross-culturally effective, brief and school-based interventions for drug use and drinking among teenagers.”

Substance abuse prevention studies among Native American Indian early adolescents are non-existent, despite evidence that substance abuse is an increasing problem in this population.

“We commend John on these awards and for his contributions,” said Patricia Liehr, PhD, RN, associate dean for research and scholarship. “Our faculty and students are honored to work side by side and study with him to continually advance the discipline of nursing.”

For more information on FAU’s College of Nursing, visit www.fau.edu/nursing.

Miami - Staff Supports Crohn’s & Colitis Foundation Walk

GALLOWAY SURGERY CENTER staff join their medical director, Jose Ferrer, MD, in the Crohn’s & Colitis Foundation Walk for the Cure. It was a great day filled with family and friends joining together for a great cause. courtesy Galloway Surgery Center
Bolivia, NC – RN Recognized Among Novant Health’s Circle of Excellence

Brunswick Novant Medical Center and parent system Novant Health recently recognized Joanne Cribb, RN, emergency department, with Novant’s prestigious Circle of Excellence award. The award acknowledges employees who consistently demonstrate excellence in the health system’s core values of compassion, teamwork, personal excellence and diversity.

“We have many employees who exceed expectations, but the Circle of Excellence truly is an exclusive group,” said Denise Mihal, Brunswick Novant Medical Center president and Novant’s eastern Carolina market chief operating officer. “They are the individuals we see consistently going out of their way to do something special for our patients, our visitors and their co-workers. They truly exemplify our vision of providing the remarkable patient experience in a manner others respect and admire.”

The honorees were named and recognized at a ceremony at the hospital Aug. 1, at which family members and friends were invited.

“Spouses, parents, children and friends are the people behind the scenes supporting these individuals in what they do every day at work,” Mihal said. “It was very important for them to be part of the celebration as well.”

Each recipient of the Circle of Excellence award received a plaque, lapel pin and $50.

Sarasota, FL – Ulrich to Head Up New METI Hospital Services Unit

METI, a manufacturer of medical simulation and healthcare learning technologies, announced Beth Ulrich, EdD, RN, FACHE, FAAN, joined METI as the company’s vice president of hospital services, reporting to President and CEO Michael Bernstein.

METI’s hospital services unit focuses on delivering medical simulation solutions aimed at improving patient safety and outcomes through skills assessment, training and competency development for the entire clinical workforce. METI will launch a series of new products that will build on the success of the Nurse Optimization Program, a simulation-based solution used by hospitals to improve on boarding of new nurses and competency development for new and existing nurses in the workforce.

Ulrich has become a nationally recognized thought leader who has passionately advanced the profession of nursing through research on nurses’ work environments and leadership in developing the role of nephrology nurses and improving care of nephrology patients. She is known for her work on successfully recruiting, retaining and working with multigenerational workforces, and studying the experiences of new graduate nurses as they transition from nursing school into the workforce.

Prior to joining METI, Ulrich garnered senior executive experience, including serving as the senior vice president at Versant and prior to that in CNO, COO and senior vice president positions in both hospitals and large healthcare systems. She also has held faculty positions in the School of Nursing and School of Medicine at the University of Texas at Houston and the School of Nursing at the University of Texas Medical Branch.

Ulrich received her master’s degree from the University of Texas Health Science Center at Houston, and her doctorate from the University of Houston in a collaborative program with Baylor College of Medicine. She is a fellow in the American College of Healthcare Executives and in the American Academy of Nursing.

San Antonio – UT Health Science Center San Antonio Nurse Receives National Diversity Award

Linda Porter-Wenzlaff, PhD, RN, received a national award for her work in promoting diversity within the nursing workforce. The Prism Award is sponsored by the American Nurses Credentialing Center and was presented by the American Organization of Nurse Executives (AONE) at its annual meeting recently in San Diego.

Porter-Wenzlaff is an associate professor/clinical and distinguished teaching professor in the school of nursing at The University of Texas Health Science Center at San Antonio.

“Over the past 2 and a half years, Dr. Porter-Wenzlaff has done a marvelous job leading the School of Nursing through deliberate, multifaceted activities to establish an environment of enhanced cultural competency,” said Carol Reineck, PhD, RN, FAAN, CENP, NEA-BC, who nominated Porter-Wenzlaff for the award. Reineck is an associate professor and chair of the Department of Health Restoration & Care Systems Management.

Porter-Wenzlaff established and chaired an ad hoc committee on diversity and intercultural issues that collaborated with a nationally recognized consultant more than 2 years, with the support of School of Nursing Dean Eileen T. Breslin, PhD, RN, FAAN. Through the committee, Porter-Wenzlaff helped develop workshops for faculty and staff and encouraged them to participate in an extensive cultural continuing education program offered through the NIH Office of Minority Health.

She worked with the undergraduate faculty to incorporate diversity into the curriculum and promoted student focus groups to identify areas for further cultural education. She also helped establish a process for developing culturally competent policies and procedures. Working with faculty member Adelita Cantu, PhD, MS, RN, she brought an online multicultural calendar to the Health Science Center community, and with M. Danet Lapiz Bluhm, PhD, RN, she initiated the International Nursing Student Association, which celebrates diversity and supports activities that increase understanding, inclusion and success.
One of the ways in which healthcare professionals are often distinguished from each other is the level of patient interaction they experience. From the hospital administrator looking at quality control numbers to the clinical laboratory scientist working behind the scenes to the nurses holding patients’ hands through difficult procedures, however, you all experience and are affected by unexpected diagnoses, poor prognoses and loss.

Although the death of a patient affects each person differently, common emotional reactions include sadness, frustration, anger, guilt and even relief if the patient had been suffering, noted Lou Lacey, LPC, director of caregiver services, Children’s Health System, Birmingham, AL. Behavioral reactions can include withdrawal, substance abuse, relationship stress, absenteeism and sleep disruption.

Providers can also experience a sense of personal loss, which can lead to anger, said Serena Wadhwa, PsyD, LCPC, CADC, a therapist, trainer, author, presenter and owner of TriQual Living Center. Healthcare providers may begin questioning their own philosophical and spirituality beliefs after losing a patient, she said.

Losing a patient is certainly not the only outcome that elucidates emotional distress. Feeling helpless to alleviate suffering often takes the greatest emotional toll on healthcare providers, according to Alex Lickerman, MD, clinical associate, The University of Chicago Department of Medicine. This feeling can be so great that, to avoid feeling helpless, healthcare professionals often unconsciously begin to ignore complaints they believe they can do nothing about, or even ignore the patients themselves, he cautioned.

Other pitfalls for healthcare providers can come as misdirected anger absorbed from patients who are really angry at their disease or the healthcare system, or who are just generally unpleasant, but take their frustration out on those trying to help, Lickerman related.

The general limitations of healthcare (i.e., medical errors, differences of opinion, changing or lacking technology, and the demanding and fast pace) can also make coping more difficult for medical staff. Particularly challenging cases, such as children, patients without a solid family support system or patients who healthcare professionals can identify with, can also trigger emotional distress in the professionals who care for them.

Though modern medicine will likely never conquer death, healthcare professionals can adopt techniques to help them cope with the emotional toll.

1 **Navigate Pot Holes**

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Though modern medicine will likely never conquer death, healthcare professionals can adopt techniques to help them cope with the emotional toll.

2 **Lean on Your Co-Workers**

When a person experiences stress, it can help to talk about the underlying problem. In doing so, the body releases oxytocin and reduces cortisol, Lacey noted. While it can be tempting to share sad experiences with friends and family, however, it is difficult to do so, because it can be traumatic for the other person to hear the information, and because of patient confidentiality laws.

Sharing a disturbing experience from the workplace with a spouse, partner or friend can also reinforce a sense of helplessness at the situation, particularly if the loved one does not understand the circumstances, Wadhwa cautioned. Instead, talking with a co-worker, an objective third party who can recognize compassion fatigue as a real phenomenon, encourage discussion about and understand difficult situations, and place a high priority on emotional wellness and balance, can be extremely helpful.

3 **Think Critically**

It may seem cold, especially to those outside the healthcare sector (another vote for confiding in co-workers), but it is absolutely imperative to adopt some degree of emotional detachment from patients’ suffering, Lickerman noted. To function, caregivers must be able to think clearly and critically.

“If every time a healthcare professional walked into the room of a sick or dying patient, he or she burst into tears, the display of empathy might be somewhat comforting or endearing, but it would prevent the staff from actually helping the patient medically,” he explained. On the other hand, presenting...
as automatons with little emotional interest in patients misses an important opportunity to ease suffering. “All people who suffer find comfort in knowing they’re genuinely cared for, and few people in patients’ lives are as well-positioned to provide that caring than healthcare professionals,” Lickerman said. He finds it is best to achieve a balance between the two extremes.

“Making a human-to-human connection, even while maintaining the role of healthcare provider, is not only possible but desirable,” he shared. “The key question every healthcare provider needs to answer when considering sharing something personal or making an expression of empathy or sympathy is simply: ‘Will this help alleviate my patient’s suffering?’”

### Self-Affirmation

One challenge many healthcare professionals face is remaining compassionate and caring when interacting with patients. It can be frustrating to face fatal or degenerative illnesses day after day and feel you can do nothing. “When one feels one is having little impact on suffering, it’s hard to remain in a compassionate place,” Lickerman said. “Learning to believe in the power of empathy and small gestures to relieve suffering is empowering and helps sustain a feeling of compassion.”

He encourages healthcare professionals to consciously adopt a personal mission and remember it on a daily basis.

While providers may feel powerless and helpless in the face of an inevitable death, they can turn their perception of the situation around by recognizing they are making a difference in the last hours of a patient’s life, Wadhwa said. Whether it’s comforting an ailing patient, participating in a research study for a deadly disease or joining a committee to cut back on healthcare-associated infections, find a way to remain effective.

### Get Professional Help

Although these strategies prove helpful in warding off compassion fatigue, it may still occur. “Dealing with others’ suffering day in and day out is very draining and exhausting,” Wadhwa stressed, “and without healthy self-care it can be damaging.” Getting professional help is crucial in making sure compassion fatigue does not derail your career.

Most healthcare institutions have some system of supervision or professional group, such as Children’s Health System’s Caregiver Services program, designed to promote emotional wellness among employees. It’s important these services be used not only for employees struggling to overcome emotional burnout, but also as a preventive measure, Wadhwa advised, especially for newcomers. Healthcare professionals starting their careers should receive some training or education on what to expect when dealing with patients and suffering, she added. “Sometimes, providers are not made aware of what they will be dealing with, and this can impact the intensity, onset and duration of compassion fatigue.”

While providing healthy support may be beneficial, deferring to a professional counselor when necessary is important, Wadhwa said.

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Kerri Hatt is on staff at ADVANCE.
Today’s workforce is represented by Baby Boomers (1946-1964), Generation X (1965-1981) and Millennials (1982-1999). Technology has played a great role in a generational divide and has affected workplace efficiency in a way deserving attention.

What’s more, generational attitudes and beliefs differ between generations as well. These differences could create workplace tension and generate stressful environments that distract from the day’s agenda. Acknowledging generational tendencies of each group and avoiding stereotypes, since lines defining these groups are indistinct, could help foster a cohesive workforce.

The Newest Generation
Millennials, also known as Generation Y and Nexters, are used to a multimedia environment. They grew up alongside the Internet and may believe instant gratification transcends technology and is a societal norm. Some say they have a strong sense of entitlement, which could stem from their superiority complex.¹

Unlike prior generations who prefer face-to-face communication, Millennials are accustomed to electronic communication and enjoy responding instantly. They may even expect instant responses as well. While working, they can listen to their iPods and download pictures on social networks sites all at once, earning them the title of multitaskers.

They are not afraid to challenge the status quo and tend to have a speak-your-mind philosophy. They are described as impatient but hardworking, expecting to be CEO tomorrow.² In addition, Millennials tend to be more tolerant than prior generations of social issues such as race and homosexuality.³

Who Is Gen X?
Generation Xers may have been latchkey kids and accustomed to autonomy, unlike Millennials who were raised by helicopter parents. Furthermore, Xers may have witnessed the lay off of their parents or neighbors. They perceive job security as a myth and tend to act as free agents with portable careers.²

The career ladder may be replaced by a career lattice whereby Xers navigate positions that accommodate their lifestyle. This pattern may not bode well with Boomers who tend to be loyal employees. Like Millennials, Xers use technology, are hard workers, want flexibility in the workplace and can multitask. Xers want to know what their employees will do for them today since tomorrow’s job is not promised.²

Baby Boomer Overview
Although many Boomers are preparing for retirement, they have a presence in the workplace. Boomers have a vast bed of knowledge and expertise, and they often possess significant institutional power. They place a high value on work and it may seem they live to work.⁴

Boomers, unlike other generations, bring years of experience to the workplace. Although they tend to be digitally naïve,
they have succumbed to the fact using technology in the workplace is not an option. They are accustomed to a paper-and-pen style of communication and may view an overabundance of technology as a distraction. They respect workforce etiquette and may resist casual dress codes. Their norms and values may appear fixed, however, which creates a perception of inflexibility. Their rigidity may be a difficult concept for some Millennials.

**Finding Common Ground**

The generations share a common denominator - the all too familiar managerial directive: improve efficiency.

With the advent of technology, it is pivotal individuals respect that technology is not a panacea for workplace efficiency. While some Boomers may view technology as a distraction or hindrance to efficiency, Xers and Nexters may cite technology as a way to do things quicker. Despite generational debates surrounding technology, how time is managed and technology is used will influence outcomes for all generations.

Time or behavior management affects efficiency. It requires individuals to set realistic long- and short-term goals. Like nursing process, actions that help achieve stated goals should be implemented.

**Goals to Share**

Know where you’re heading and identify actions to reach your target. Use a timeline to stay on track. Be sure congruency exists between your timeline and your actions, or reaching your specified goal may be delayed.

With technology, some may feel like work has grown exponentially, but time to complete tasks has remained constant. To be efficient, setting priorities becomes essential. Identify what you need to do and make a list. When triaging actions, list them according to their level of importance in achieving goals. If the action does not have a positive effect upon the goal, leave it out.

Odds are many distractions occur throughout the day and many people vye for your time. Stay focused on your goals. Try to create an effective schedule on a routine basis. If procrastination prevents you from completing tasks, admit it. Divide tasks that appear time-consuming or daunting into smaller tasks. The tasks will appear less overwhelming, and you’ll be more likely to start the project.

Different generations can act as each other’s resource while learning a great deal from each other. Boomers and Xers should be open to Nexters’ ideas, and Nexters should respect wisdom brought to the table by Boomers and Xers.

**References**


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Clinical pathways, practice guidelines and clinical parameters are tools with a common use: to help clinicians achieve the expected and desirable patient outcomes. In that spirit, I've put together a list of 10 common clinical scenarios most clinicians likely face in daily practice that are fraught with liability risks. Each commandment is a blueprint for how to minimize potential liability exposure.

**I. Thou Shalt Protect the Privacy of All Patients**
You must be familiar with and adhere to all state and federal laws governing patient confidentiality if you’re to avoid HIPAA claims against you. Always secure patients’ consent before disclosing or releasing any personal private information about them.

**II. Thou Shalt Safeguard the Welfare of Third Parties**
You have a duty to balance patients’ privacy with preserving the welfare of third parties. Always consult first with in-house counsel and with your supervising or collaborating physician to ascertain the situation is being handled properly.

**III. Thou Shalt Not Make Guarantees**
Under no circumstances should you ever provide guarantees or promises you cannot deliver on. To do so opens the door to an allegation of breach of contract, simply because the outcome was less than what you promised or assured the patient.

**IV. Thou Shalt Provide Education & Obtain Informed Consent**
Do you provide specific detailed information to all patients in an easy-to-understand way before committing them to any treatment, procedure or other intervention? If not, you can be found liable for a lack of informed consent if a medical mishap occurs and other alternatives were available but were not discussed with the patient beforehand. In the eyes of a jury, patient autonomy was neither preserved nor respected in such a case.

**V. Thou Shalt Not Hesitate to Refer**
Provision of timely medical services often is delayed because an ailment’s presentation is subtle or equivocal, or signs and symptoms overlap, confounding the clinical picture. Consider prompt specialty referral. Referring expeditiously can save a patient’s life and deter allegations of failure to diagnose or refer, or allegations of wrongful death.

**VI. Thou Shalt Practice Within Thy Legal Scope**
Provide only those services you are qualified to provide based on your education, experience and certification. Any misrepresentation of your abilities, credentials or training in any manner could be interpreted as practicing beyond the scope of practice.

**VII. Thou Shalt Remain Competent**
You must maintain and increase the quality of healthcare services you provide by making (and following) a lifelong commitment to continuing education.

**VIII. Thou Shalt Practice Sound Documentation**
Use good, sound medical entries. You also must avoid negative, subjective patient characterizations by simply remaining factual. By keeping your patient’s medical chart organized, you avoid any allegations of spoliation of medical records, particularly if a chart is missing important sections that can prove your timely care.

**IX. Thou Shalt Always Uphold Thy Professional Identity**
The best way to avoid a claim of fraud or misrepresentation is to always clearly establish your professional designation as a nurse at the outset of every patient encounter. Anything less could expose you to liability. Juries can be very unforgiving of these breaches, since members might view you as a deceitful provider if they perceive you purported being someone you are not.

**X. Thou Shalt Provide Patient-Centered Care**
Paternalistic medicine is out; patient-centered care is in. This means you must strive to place service before material gain. In other words, provide high-quality, empathetic care without conflict of interest.

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**MED/SURG NURSING**

**Clinical Coordinator/Assistant Clinical Manager**
*Qualifications: BSN, Specialty Certification, 3-5 years experience*
- Med-Surg Unit/Nights/7p-7a
- Post Surgical Unit/Nights/11p-7a, M-F
- Telemetry Unit/Nights/7p-7a

**Clinical Nurse Specialist/Educator**
*Qualifications: MSN, Specialty Certification, 3-5 years of experience*
- Oncology Unit
- Telemetry Unit

**Clinician/Educator**
*Qualifications: BSN required, MSN preferred, 3-5 years of Med/Surg experience, ACLS, PCCN or CCRN certification required*
- LTAC/Long Term Acute Care Unit

**Wound Ostomy Continence Nurse (WOCN)**
*Qualifications: BSN required, Wound Ostomy Continence Certification (CWOCN), 3-5 years of Med/Surg experience*
- LTAC/Long Term Acute Care Unit

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