

THE BULLETIN

INF
INDIANA NURSES FOUNDATION

ISNA
INDIANA STATE
NURSES ASSOCIATION



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February 2015

SAVE THE DATE!

**2015 ISNA
Meeting of the Members**



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**Blayne Miley, JD
Director
of Policy &
Advocacy**



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Message from the President

Advocacy for Our Patients, Our Community, Our Nations

Jennifer L. Embree, DNP, RN, NE-BC, CCNS

As I think of how best we as nurses in Indiana can advocate for those in our care and in our community, I looked to our recent "Ebola Fighters" who were Time Magazine's Person of the Year 2014. Answering the call for those in need in Liberia, the Ebola Fighters shared many lessons that can guide us in advocating for others. Dr. Jerry Brown, the medical director of the Eternal Love Winning Africa mission, and hospital in Monrovia, Liberia notes the existence of his previous fear for his staff or himself of contracting Ebola (von Drehle & Baker, 2014). Who would run the mission, care for those in need, if he or his staff became ill? As nurses, we experience the "fear" of lack of knowledge about unfamiliar diseases, our ability to provide for, or have the resources needed to care for others. We are also fearful about the care we deliver-is it good enough and how do we remain up-to-date enough to stay ahead of the suffering of our patients?

Dr. Brown constantly responded to questions of those in need, seeming to always find the necessary answers. As nurses, we continually respond to questions as we search for answers to those in our care and in our community. When thinking of dealing with questions in regard to Ebola, Dr. Brown sought assistance from the literature, the internet and colleagues (von Drehle & Baker, 2014). As nurses, we also search in whatever resources that we have available to us. Many days, we are so busy providing care that we fail to stop and ask if we are giving what we need to give. How do we make the time to think and the time for investigating? Making the time is crucial for us to continue to be successful as nurses.

Community members feared Ebola so much that they did not report when they knew people were exposed to Ebola or exhibiting symptoms. People failed to stand up and help others when they were in need, due to fear of Ebola. As nurses,

we have to make sure that we continue to advocate for others and not let the fear of the unknown or the fear of death overtake us. We are prepared as nurses to systematically determine what we deal with and how we help improve healthcare. We must always be mindful of the unknown. We must also be aware of our personal strengths and passions. I ask you to take the time to speak up for those who cannot find their voice.

The Ebola Fighters exhibited courage to continue to provide access to care under dire conditions. They also were founders, as with Katie Meyler and Iris Martor-the nurse at the More Than Me Academy who became Ebola fighters because there was no one else (von Drehle & Baker, 2014). As nurses, we must learn as much as we can about what threatens the health of our people, our communities and our nations. Who is better prepared and more knowledgeable than nurses to improve the health of our communities?

How are you continuing to stay abreast of all that you need to know to best advocate for your patients, your community and your nation? As my niece strives for a new emerging infectious disease and bioterrorism career - I know that she has heard the call - what threatens our survival? Continue to investigate how you can best advocate! Part of our political advocacy as nurses is understanding the issues and being able to explain them to our local legislators. A great place to learn more about Ebola is on the ISNA webpage! What are other threats to our communities that we are not attending to? Is it the "War on Meth"?, Depression?, Mental health?, Diabetes?, Heart Disease? Do your part-ask the questions, learn all that you can, speak up and share your nursing wisdom with those who need to know! Become a member of ISNA if you are not a member and join with us as we strive to improve the health and well-being of our community members through multiple forms of advocacy!



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The Indiana Nurses Foundation (INF) is the Foundation of the Indiana State Nurses Association (ISNA). It exists to be the philanthropic arm of ISNA. The Foundation has been dormant for a few years but ISNA is committed to having a robust Foundation which provides additional avenues to enrich the nursing profession of Indiana. If you are a member of ISNA and would be interested in assisting in the rebirth of INF please contact the ISNA office at 317-299-4575 or gingy@indiananurses.org.

Gingy Harshey-Meade MSN, RN, CAE, NEA-BC
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ISNA works through its members to promote and influence quality nursing and health care.

ISNA accomplishes its mission through unity, advocacy, professionalism, and leadership.

ISNA is a multi-purpose professional association serving registered nurses since 1903.

ISNA is a constituent member of the American Nurses Association.

Bulletin Copy Deadline Dates

All ISNA members are encouraged to submit material for publication that is of interest to nurses. The material will be reviewed and may be edited for publication. To submit an article mail to The Bulletin, 2915 North High School Road, Indianapolis, IN. 46224-2969 or E-mail to info@indiananurses.org.

The Bulletin is published quarterly every February, May, August and November. Copy deadline is December 15 for publication in the February/March/April *The Bulletin*; March 15 for May/June/July publication; June 15 for August/September/October, and September 15 for November/December/January.

If you wish additional information or have questions, please contact ISNA headquarters.

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Certification Corner

Sue Johnson

I'd like to introduce you to Angela Russ RNC-MNN. Angela has been a nurse for four years and is employed as a Birth Planner and Lactation Specialist at a hospital in northeast Indiana. In the summer of 2014, she and a colleague decided to seek certification in Maternal Newborn Nursing (MNN).



At that time, only one RN on the Mother-Baby Unit was certified and that nurse obtained her certification at another facility. After determining that staff members were interested in this certification, Angela and her colleague met with the CNS and Educator who offered to develop a two-day preparation course. Besides planning and teaching the class in July-August, 2014, the CNS and Educator created study manuals and engaged speakers. The 16-hour course covered a variety of topics and was attended by 8-10 staff nurses. In addition, Angela and 2-3 peers met twice in a personal study group. They developed practice questions and purchased study guides for review prior to the certification exam.

Angela was the first to take the exam in October 2014 and passed with flying colors. Now, she is encouraging her colleagues to obtain their certifications too. Angela advocates for certification because it promotes engagement, achieves personal fulfillment, validates the importance of quality patient care, and demonstrates professional development. Angela isn't stopping with her MNN. She graduates with her MSN in December 2014 and plans to achieve her IBCLC certification in 2015. Her CNS and Educator plan another review class and Angela continues to promote 100% certification for her fellow Mother-Baby Unit coworkers. That would be a marvelous achievement!

Thank you, Angela, for sharing your certification story and encouraging others to become certified! You do make a difference!

Do any of you have certification stories you'd like to share? Contact me at SueJohn126@comcast.net and I'll be glad to publish your comments.

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Nursing in the Foreign Service

by Laura Ingrum MSN, NP-C

My father worked for the Foreign Service and, from as far back as I can remember, he had pushed for me to do the same. For many years marriage and children placed the idea of my joining the Foreign Service to the back of my mind, and the thought might have been put off indefinitely if I hadn't been diagnosed with a brain aneurysm at the age of 28. My surgery was a complete success, but it reminded me that life was short and that there were a lot of things I wanted to see and do. Fortunately, I had a supportive husband who encouraged my return to school to earn a Master's in Nursing and, eventually, apply to the U.S. Department of State as a Foreign Service Health Practitioner.

Foreign Service Health Practitioner's (FSHP) are either board certified nurse practitioners or physician's assistants. Although there are several positions in Washington, D.C., the majority of FSHP's serve overseas, often in austere locations. Most often, FSHP's manage the medical units located in U.S. Embassies. The number of medical support staff is dependent on mission size and location, meaning some FSHP's run large medical units and some run very small ones. FSHP's not only serve as healthcare providers, often managing complicated medical issues requiring strategic medevac plans, but must function as healthcare diplomats in the country in which they serve.

For example, when the President of the United States visits an embassy a tremendous amount of work must be done beforehand to prepare. FSHP's and their staff must coordinate meetings between local medical providers and White House officials, schedule tours of hospital facilities, discuss medevac options, and secure ambulance services if needed. On the other end of the spectrum, we also participate in public outreach projects. This may include teaching CPR in schools, working with medical students, or speaking engagements.

Unfortunately, the process to join the Foreign Service is often long and tedious. From the time I sent in my application, to the arrival at my first assignment in Sarajevo, a year had passed by. The application process is not for the faint of heart either. There is extensive paperwork, essays to write, and records to obtain. A top secret security clearance and a world-wide medical clearance are required. Applicants must fly to Washington, D.C. on their own dime for the panel interview and an additional "timed" essay. However, the unique experience of the job far outweighs the stress of the bureaucracy one must go through to join the Foreign Service.

Allow me to share some of my experiences with you. Since joining the Foreign Service six years ago I have traveled to more than 25 countries. Of those, I have lived in four; Bosnia, Kenya, Pakistan, and Mongolia. As you might imagine, each of those countries had very different ideas of healthcare.

Bosnia, an Eastern European country, was riddled with war in the 1990's and the evidence of this is still quite present. When I arrived there in 2008, many of the buildings were full of pock marks from previous grenade blasts and bullet holes, and the hospital's infrastructure was one of the worst I'd seen so far. Half the lights were kept off (to help keep costs down in this very poor country), physicians smoked in the hallways, and pain management was non-existent. When my patients had to be sent there (only after I had exhausted my ability to care for them in the American Embassy medical unit) it was with much anxiety on my part and theirs. But, here's what I learned; the hospital, in spite of its appearance, had quite talented physicians. I was reminded by my Bosnian nurse that these physician's had operated during the war under the most dire conditions (without medications, clean water, sterile instruments, or electricity) while under attack. They heroically saved countless



lives under impossible circumstances.

In Kenya, the wide disparity between the rich and the poor was most evident in the type of healthcare one could receive. Public hospitals, often exceptionally crowded, offered no privacy or comfort for the patients that required care. Further, patients were rarely provided information about their diseases or the reasons behind the medical treatment for their illnesses. Slightly unnerving and not uncommon throughout the world, the inability to pay can even result in a refusal to treat. However, in spite of these negatives, Nairobi is home to one of the best air ambulance companies I've seen. At a moment's notice this group of physicians was able to quickly organize and develop a plan to evacuate a seriously ill patient and transport her to a higher level of care (in this case, London). The compassion these doctors provided towards the patient and her family calmed their fears and provided much needed reassurance.

I met some exceptionally kind people in Pakistan, many who risked their lives daily. There were many acts of terrorism during the year that I was there, and I was quite saddened when those events seriously hurt or killed one of our locally employed people or one of their family members. It was my choice to serve there, along with everyone else, and I feel quite honored that I supported those who so bravely volunteered. While there, I had the unique opportunity to meet with a group of nurses who were amazed at the autonomy that nurse practitioners have in the U. S., and who had never heard of a nurse with a Doctorate in Nursing Practice! Their quest in pursuing higher education for their nurses was challenging, but they were relentlessly continuing the dialogue with anyone who would hear them out.

Mongolia's tough and resilient people have survived centuries of the coldest and longest winters on earth. But, inside their outer shells of strength is warmth and hospitality, always ready to welcome a weary traveler into their ger (a traditional Mongolian felt tent) for a warm cup of milk tea and a slice of mutton. Their healthcare is improving daily as new private and specialty hospitals open up. Doctors and nurses continue to strive towards practicing evidence-based medicine but haven't completely discredited traditional medicine either.

In final, I've visited the mega-city slums of Kenya, as well as the beautiful Maasai Mara while on Safari. I've seen the destruction of wars and the rebuilding of cities. I've drank wine in Italy, beer in Germany, snorkeled in the Indian Ocean, shopped in Vienna, visited the pandas in China, and slept in a traditional Mongolian ger. I've met Vice-President Joe Biden, actor Morgan Freeman, several Presidents from other countries, and doctors and nurses from around the world. I've met the poor, the rich, the scared, the happy, and many interesting and exceptionally bright and talented people, all of which have been made possible by serving as a Foreign Service Nurse Practitioner for the U.S. Department of State.

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Policy Primer



Blayne Miley, JD
Director of Policy & Advocacy
bmiley@indiananurses.org

The bills are here, the bills are here! It's that time of year again. The General Assembly session is going full bore and there are lots of proposed changes that impact you. At the end of this column, you will find summaries of a sampling of the introduced bills affecting nursing. You can find full bill text, hearing schedules, and live webcasts of the Indiana General Assembly at iga.in.gov. The summaries include the bill number (and designation as a house bill (HB) or senate bill (SB)), the bill author, and the committee to which the bill is assigned.

ISNA advocates for nursing at the Statehouse. We support bills that support nursing and oppose bills that would be to the detriment of Indiana's nurses. Our members receive weekly updates through the ISNAblar, our e-newsletter, and action alerts through our voluntary Grassroots Advocacy Network. I encourage all of you to be involved in the discussions that shape your world!

We have two upcoming opportunities for you to get engaged with policy. ISNA presents our Policy 101 and Advanced Policy Legislative Conferences. The former will provide an introduction to how nursing policy is shaped in Indiana. The latter will delve into the future of nursing policy in Indiana. Registration for both is available at www.indiananurses.org.

Policy 101 Legislative Conference
February 24, 2015 – University of Indianapolis,
Schwitzer Student Center

Agenda

8:30	Registration
9:00	Welcome & Introductions
9:05	Professional Engagement Ella Harmeyer, ISNA Treasurer
9:40	ISNA's Role and General Assembly Update Blayne Miley, ISNA Director of Policy & Advocacy Glenna Shelby, ISNA Lobbyist
10:20	Break
10:30	Indiana State Board of Nursing Elizabeth Kiefner-Crawford, Director Indiana State Board of Nursing
11:15	Indiana Center for Nursing Kimberly Harper, Chief Executive Officer Indiana Center for Nursing
11:50	Questions and Answers/Evaluation/ Contact Hours
12:00	Adjournment

Advanced Policy Conference
March 5, 2015 | 8:30am-1:30pm | West Market
Conference Center (ISTA Building),
150 West Market Street, Indianapolis

Presentations

- Results and Implications of the 2013 RN Licensure Survey
 - Indiana Center for Health Workforce Studies
 - Breaking down the data and policy implications of Indiana's RN workforce
- Family and Social Services Administration Update
 - Scott Gartenman, OMPP Medicaid Provider Relations Manager
 - Reporting on recent and upcoming changes to Medicaid and the Healthy Indiana Plan
- Future Nurse Policy Roundtables
 - Coalition of Advanced Practice Nurses of Indiana
 - Attendees will divide into groups to discuss future goals for nursing policy
- Legislator Q&A
 - Indiana State Legislators will visit to discuss the session and answer your questions

- Legislator availability will be based on the General Assembly schedule
- (5) Legislative Session Report
- Glenna Shelby, ISNA Lobbyist & Blayne Miley, ISNA Director of Policy & Advocacy
 - Hear the latest about what the General Assembly is considering that impacts nursing

Indiana General Assembly Bills

Cultural Competency Training for Health Profession Licensees - SB 47, Sen. Jean Breaux, Senate Committee on Pensions and Labor: requires an individual seeking licensure in a health care profession to complete cultural competency training. It would apply to new licenses issued after June 30, 2015. The bill outlines topics for the training, but does not specify the duration.

Raise Threshold for Requiring Medical Malpractice Claims to go before Medical Review Board - SB 55, Sen. Brent Steele, Senate Judiciary Committee: current law requires medical malpractice claims to go before a medical review board if the damages sought are over \$15,000. SB 55 proposes to change this threshold to \$50,000.

Criminal Background Checks for Health Facility Employees - SB 135, Sen. Lonnie Randolph, Senate Civil Law Committee: adds licensed health facilities to the list of facilities required to perform criminal background checks on employee applicants (home health agencies and personal services agencies are already on the list).

Allow CRNAs to Work With Podiatrists - SB 167, Sen. Patricia Miller, Senate Health & Provider Services Committee: allows a certified registered nurse anesthetist to administer anesthesia under the direction and in the immediate presence of a podiatrist in a hospital as long as a physician is available to respond to an emergency.

Create Diabetes Action Plan - SB 209, Sen. Patricia Miller, Senate Health & Provider Services Committee & HB 1082, Rep. Karlee Macer, House Public Health Committee: requires the state department of health, state personnel department, and FSSA to collaborate on a plan to reduce the incidence of diabetes and diabetes complications and report to the General Assembly by 1/1/16.

Put Inmates on Medicaid - SB 212, Sen. Patricia Miller, Senate Corrections & Criminal Law Committee & SB 418, Sen. Karen Tallian, Senate Corrections & Criminal Law Committee: allows the DoC or a sheriff to apply for Medicaid on an inmate's behalf. This applies to inmates both in the Department of Corrections and county jails.

Authorize Medical Marijuana in Indiana - SB 284, Sen. Karen Tallian, Senate Health & Provider Services Committee: establishes protocols for medical marijuana and requires physician recommendation. Also allows institutions of higher learning and businesses to apply for a license to conduct research concerning medical marijuana.

Make Ephedrine and Pseudoephedrine Schedule III Controlled Substances - SB 290, Sen. Susan Glick, Senate Corrections and Criminal Law Committee & SB 445, Sen. Brent Steele, Senate Corrections and Criminal Law Committee & HB 1382, Rep. Gail Riecken, House Public Health Committee: repeals the law allowing the dispensing of ephedrine and pseudoephedrine without a prescription in certain situations and makes them controlled substances.

Taxation of electronic cigarettes - SB 384, Sen. Brandt Hershman, Senate Tax and Fiscal Policy Committee: requires merchants that sell e-cigarettes to be licensed, taxes e-cigarettes at the same level as traditional tobacco products, adds

e-cigarettes to Indiana's statewide indoor smoking ban, and requires e-liquid containers to have child-resistant packaging.

Establish a State Run Affordable Care Act Exchange - SB 417, Sen. Karen Tallian, Senate Appropriations Committee: creates a state-run exchange in Indiana for the purchase of approved health insurance plans. Indiana currently has a federally-run exchange.

Immunizations - SB 461, Sen. Patricia Miller, Senate Health & Provider Services Committee: adds hepatitis A to school children immunizations. Allows the determination for an exception to the immunization requirements to be made by any health care provider, instead of requiring a physician.

Increase Medical Malpractice Caps - HB 1043, Rep. Jerry Torr, House Judiciary Committee: increases the maximum award for medical malpractice claims from \$1.25 million to \$1.65 million and increases the maximum liability for health care providers or their insurer from \$250,000 to \$300,000.

Student Loan Repayment Assistance for Nurses, Teachers, and Social Workers - HB 1114, Rep. David Niezgodski, House Ways and Means Committee: establishes a \$2,500 annual grant for those employed in the qualifying professions to assist with student loans. The program would be administered by the Commission on Higher Education. Individuals are eligible for the program from when they have to start making loan payments for a period of five years.

Health Facilities Must Disclose Charges - HB 1213, Rep. Wes Culver, House Public Health Committee & HB 1241, Rep. Mike Braun, House Public Health Committee: requires hospitals and ambulatory outpatient surgical centers to provide prospective patients a list of the average charges for the patient's anticipated diagnostic, inpatient, and outpatient treatments. This bill does not apply to emergency treatment. HB 1241 requires a broader class of facilities to post on their website a uniform schedule of gross billed charge for a given service, regardless of payer type, and a comparison of the charges to the Medicare reimbursement. The applies specifically to physicians and physician offices.

Caregiver Notifications - HB 1265, Rep. Dennis Zent, House Public Health Committee: requires a hospital to provide patients an opportunity to designate a caregiver within 24 hours of admittance. Caregivers must receive a discharge plan at least twenty-four (24) hours prior to discharge and notice of discharge at least four (4) hours prior to discharge.

Stock Epinephrine for All - HB 1454, Rep. Sean Eberhart, House Public Health Committee: allows any business, association, or governmental entity to utilize protocols for stock epinephrine and establishes administration criteria for (1) nurses employed by the entity and (2) any employee or agent that has received training.

Allow Medical Licensing Board to Control Pain Management Regulations for Nursing, Others - HB 1614, Rep. Cindy Kirchofer, House Public Health Committee: requires the Boards of Nursing, Pharmacy, and others to adopt standards for pain management that substantially conform to the Medical Licensing Board rules and prevents those standards from being amended without the Medical Licensing Board's blessing. This allows the Medical Licensing Board to regulate the practice of nursing.

We welcome input from any nurse or nursing student on any of the pending bills. If you have any comments, please send them our way: bmiley@indiananurses.org.

REVISED Independent Study



Radon: A Public Health Risk

Update 9/25/14

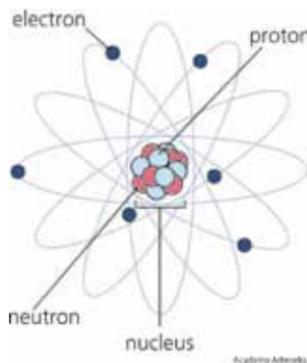
Based on a reader's input (after publication of this article), it was decided to revise the information below.

Question #13 has been affected by this change (answers on the back of this sheet).

When grading the post-test, Question #13 will not be considered in the calculation of your final score.

Introduction

The U.S. Surgeon General issued a health advisory in January, 2005 stating that exposure to elevated levels of indoor radon causes lung cancer and recommended that every home in the United States be tested. The World Health Organization (WHO) published, "WHO Handbook on Indoor Radon" in 2009 which also states that exposure to elevated levels of indoor radon causes lung cancer and recommends that homes be tested. The American Cancer Society and the American Lung Association both list exposure to elevated levels of radon as a risk factor for lung cancer. So, what is radon and how does it cause lung cancer?



on the periodic table represents. Elements on the periodic table are made up of atoms. Atoms consist of a dense nucleus which contains neutrons and protons surrounded by electrons. Each element has an atomic number which represents the number of protons and neutrons for that element. Radon has an atomic number of 86 which means radon has 86 protons and 86 electrons.

NEW: Each element has an atomic number which represents the number of protons for that element. Radon has an atomic number of 86 which means radon has 86 protons.

Radon gas is produced when uranium undergoes decay. Decay or loss of energy is the process by which an unstable atom loses energy by emitting particles and transforming into a different element with a different atomic number. The particles that are emitted are either alpha particles, beta particles or gamma rays. The emission of these particles produces radiation. The decay of radon produces alpha particles.

The particles that are emitted are either alpha particles, beta particles or gamma rays. The emission of these particles produces radiation. The decay of radon produces alpha particles.

Periodic Table of the Elements																							
1																	18						
1	2															10	18						
3	4															9	10						
5	6	7	8	9	10	11	12	13	14	15	16	17	18										
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37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54						
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87	88	89	104	105	106												112	113	114	115	116	117	118
119	120															117	118						
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118						
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138						

86

Rn

(222.02)

What is Radon?

Radon is a radioactive gas. It is one of the six noble gases on the periodic table of elements. It is colorless, odorless and tasteless and is classified as a human carcinogen.

In order to better understand what radon is and how radon can cause lung cancer, you first need to understand what an atom is and what the numbers

Alpha particles consist of two protons and two neutrons. Alpha particles are heavy but very energetic. They only travel short distances but will have many interactions. Alpha particles can be stopped by a sheet a paper. Even though alpha particles do not travel very far, they are considered to be the most dangerous when they enter the body.

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- Charge Nurse Supervisor (RN)
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- Qualified Medications Aide (QMA)
- Certified Nursing Assistant (CNA)

The State of Indiana offers a comprehensive benefits package which includes medical, dental, vision, life insurance, retirement plans and accrued leave. For more information, visit <http://www.in.gov/spd/careers/benefits.htm>.

The Indiana Veterans' Home hires entry-level candidates as Nursing Attendant 5s. They are paid for attending required onsite classroom education, on-the-job training, CNA testing and licensure at IVH. <http://www.in.gov/dva/2349.htm>.

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CE Self Study

Are You In Congestive Nursing Failure? Legal Issues, Critical Thinking and the Impact on Practice

This independent study has been developed for nurses to better understand one's thinking in relationship to nursing implications. 1.24 contact hours will be awarded for successful completion of this independent study.

The Ohio Nurses Association (OBN-001-91) is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. Expires 10/1/2016.

DIRECTIONS

1. Please read carefully the enclosed article "Are You In Congestive Nursing Failure? Legal Issues, Critical Thinking and the Impact on Practice."
2. Complete the post-test, evaluation form and the registration form.
3. When you have completed all of the information, return the following to the Indiana State Nurses Association at 2915 N. High School Road, Indianapolis, IN 46224.
 - The Post-Test
 - Completed Registration Form
 - Fee
 - Evaluation Form.

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a letter of notification of the final score and a second post-test will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued.

If you have any questions, please feel free to call Marla Holbrook at (317) 299-4575 or mholbrook@indiananurses.org.

OBJECTIVES

1. Define Hypovolemic Nursing, Peak Performance and Congestive Nursing Failure.
2. Identify other items that influence one's thinking.
3. Recognize nursing process as a critical thinking tool.
4. Analyze case studies for evidence of critical thinking and use of critical thinking strategies.

This independent study was developed by: Barbara Walton, MS, RN, NurseNotes, Inc. Milan, Michigan. The author and planning committee members have declared no conflict of interest.

Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

Thinking about our Thinking

Was it the title of this module that peaked your interest? You don't even know what congestive nursing failure is, but you somehow know you've been in congestive nursing failure, don't you? Have you ever thought about how your thinking influences your practice? Have you ever wondered if you delivered the same quality of care on a day when you didn't feel well? How do you think a life-altering event such as a divorce, a family death or an impending birth might influence your ability to make sound clinical decisions? Have you ever gone home after a particularly hectic shift, only to re-work the shift as you attempted to sleep? How much information do you share with a co-worker you like and admire versus a colleague you don't respect? Does the relationship you have with colleagues factor in to patient care decisions? As a legal nurse consultant, I have often asked myself these questions as I have reviewed cases for attorneys. Why does an intelligent nurse fail to recognize a respiratory rate of 52 breaths per minute on a 13 year-old patient as being a problem? Why does the nurse do nothing even

after the parents continually tell her something is wrong with their daughter? For centuries experts have tried to figure out what makes us tick. What makes our minds work? Is it nature or nurture? This module does not attempt to have all the answers, but rather will attempt to get you thinking about your thinking as well as some items that may influence your thinking.

Some Definitions

Remember Starling's Law of cardiac output? The more the heart wall is stretched, the greater the force of the contraction, thus boosting cardiac output. When the wall is stretched too far, like a worn out rubber band, it will lose its contractile force and yield poor cardiac output. This is what occurs in congestive heart failure. This author believes nurses, like the heart, respond to the workload given to the nurse. In other words, it takes some workload to stimulate a response and the more workload on the nurse, the greater the response, up to a point, where the nurse becomes overloaded. Think about your experiences in restaurants. Have you ever been in a restaurant when it has not been busy? There are plenty of wait staff and you think because they aren't busy, you will receive excellent service. But in reality what kind of service do you receive? Usually poor service! Doesn't that seem incredible? Yet go into the same restaurant during the peak lunch rush and you receive excellent service. On yet another trip into the same restaurant you find tables not bussed, patrons waiting in line to be seated and in general chaos. Do you think the same thing might happen to nurses?

Hypovolemic Nursing: Have you ever had a "slow day" where you just were not stimulated to really get into rhythm of the shift? Perhaps this is a shift affected by low patient census. Or perhaps you are an expert nurse who has taken care of a specific type of patient for such a long time that you are bored with the routine. Hypovolemic Nursing may also happen to a novice nurse, who fails to recognize the significance of a sign or symptom and thus fails to take action. In other words, when the workload is not great, the nurse's response is not great. Think of a patient with hypovolemia (little workload), their cardiac output (response) is not great. Hypovolemic Nursing induces a state of *mindlessness*, which will be defined later.

Peak Performance: Have you experienced a shift at work where you were challenged and you met the challenge? During this shift there was a lot going on, but you kept up with the workload and even managed to be proactive in regard to patient problems. At the end of the shift you felt very gratified. As you arrived home, you thought to yourself, "I'm glad I'm a nurse, I love my job. Today was a good (perhaps great) day." During this type of shift, you were experiencing "Peak Performance." You had just the right balance of work that matched your capabilities. In Peak Performance, nurses are *mindful*.

Congestive Nursing Failure: As you might guess by now, using our heart analogy, Congestive Nursing Failure occurs when the nurse is over loaded with work. This may occur during an incredibly busy, hectic shift, or a particularly chaotic portion of a shift. With so many tasks to accomplish within a short amount of time, the nurse may indeed become very task oriented. The nurse may go into a patient room, complete a task, such as administer a medication, but fail to recognize the patient's labored breathing and pulse oximetry reading of 80%. The nurse, thinking about the next task he or she must complete, is in a *mindless* state at this point. Congestive Nursing Failure may occur with an expert nurse who goes to work feeling ill.

Normally the expert nurse could handle the workload, but due to the illness, capabilities are drained. Or perhaps the normally expert nurse is dealing with a family tragedy and is experiencing emotional duress, thus distracting him or her from his or her normal state of *mindfulness*. Congestive Nursing Failure may also occur in a more novice nurse who, new to the work environment, is easily overloaded due to their inexperience. Taking a competent nurse who normally works in the intensive care environment and placing that nurse in the labor and delivery unit where he or she would be considered a novice, may easily push that nurse into Congestive Nursing Failure.

Lack of Information: How many times have you said to yourself, "If they had only told me..." or "If I had only known...?" Have you received report about a patient and then when you actually saw the patient, you wondered if this was indeed the same patient that you received report? When you attempted to contact the nurse from whom you received report you were unsuccessful, thus you were not able to clarify information or ask additional questions. How many times has not having all the necessary information impaired your ability to have a clear understanding and formulate a plan of action? On the flip side of things, how many times have you not given complete information to a colleague? Have you ever arrived home after your shift and thought, "I forgot to pass along a piece of information?" How many times have you phoned back into work to relay the information? How many times have you taken care of a patient who was not able to answer all your questions? Perhaps this was a patient who was unconscious, in a state of dementia or was a pediatric patient. How many times have you thought, if only I could talk to someone who knows this patient? On the other hand, how many times have we had patients or their families give us information, and we have disregarded it as not being important, only to discover the opposite?

Lack of Support: You assess your patient as having labored breathing and a pulse oximetry reading of 80%. You phone the physician with your findings and concerns. The physician replies "So what." This is an example of lack of support. Or you ask a colleague for assistance in moving or bathing a patient and the colleague refuses to help you. How many times has this happened? How many times have you refused assistance to a colleague? You go to a supply closet to obtain an IV fluid, only to find none of that IV fluid is available. Not having supplies or equipment you need, or equipment in good working order are also examples of lack of support. Not having supplies and equipment now becomes a distraction that must be dealt with by the nurse. While you are busy tracking down supplies you need, what are you missing in regard to your patients? What other examples can you think of where you encountered or perpetrated a lack of support?

Other Items that Influence Thinking

Coping Styles: Individuals choose how they respond to situations. There are appropriate uses for each of these styles, but sometimes individuals use these styles inappropriately. The Coping Styles are:

Task Focused: The individual actively attempts to deal with an external problem. This is often described as the most effective style. For example: a patient is experiencing a cardiac arrest, the task-focused nurse will immediately recognize the problem and begin appropriate resuscitation measures and "call a code."

Emotion Focused: The individual response concentrates on feelings arising from the external

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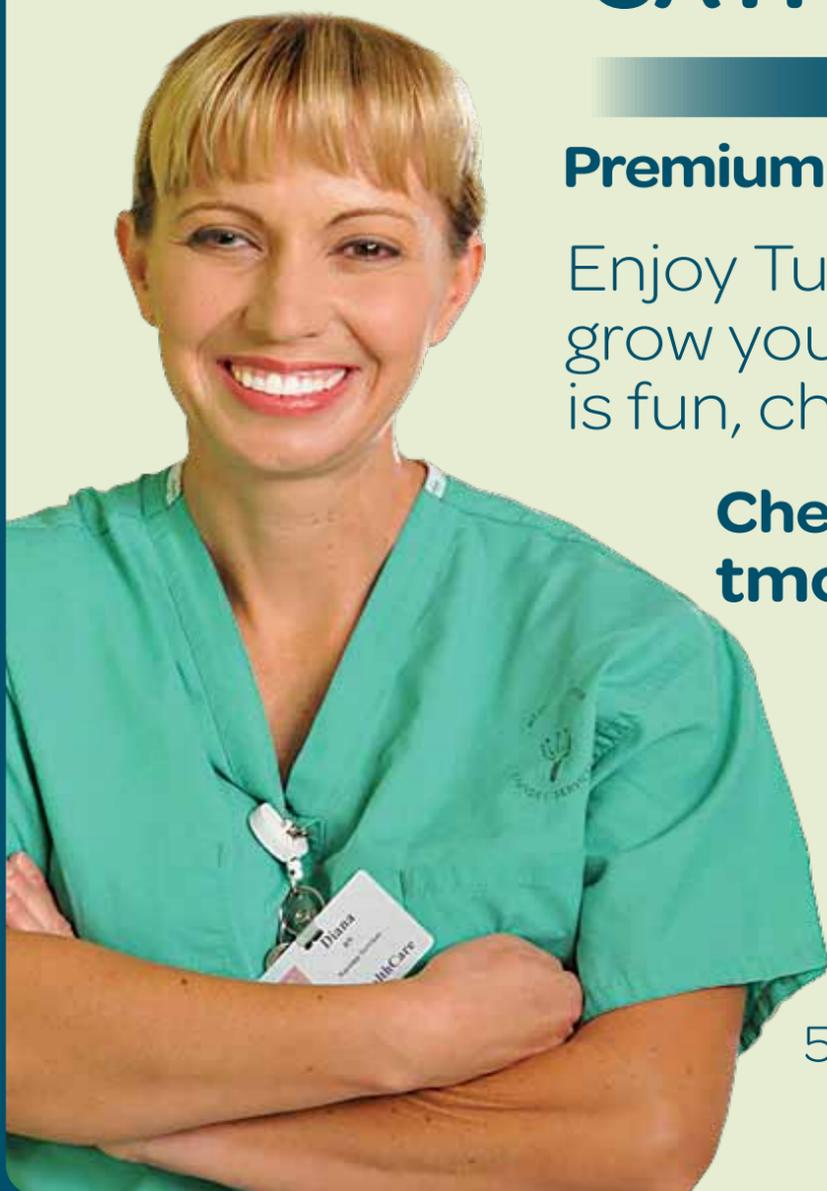
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EOE Tobacco-free workplace

CE Self Study continued from page 8

situation. The emotion-focused nurse enters the patient's room who is experiencing a cardiac arrest. The emotion-focused nurse's response is to stand there saying "Oh my gosh, oh my gosh, oh my gosh!" over and over again. In the meantime, what is this nurse doing for the patient?

Avoidance Focused: Individuals respond by escaping or ignoring the external problem. An avoidance-focused nurse enters the room of our cardiac arresting patient, pretends he or she doesn't see the problem and walks out of the room having done nothing for the patient. One might characterize these individuals as having "ostrich syndrome," hoping that if they ignore the problem, it will go away.

Think about these last two coping styles for a moment. Have you ever consciously decided not to share information with an emotion-focused individual just because you did not want to deal with the emotional outburst you knew would result? Have you ever found yourself not sharing information or a problem with an avoidance-focused colleague, supervisor or manager because your feeling is "they won't do anything about the problem/information anyway, so why bother?" How might this influence patient care or problem resolution within a nursing department? What examples can you think of where you have avoided an emotion-focused or avoidance-focused individual?

Mindlessness is pervasive and costly. You see this everyday. Think about those individuals driving on the highway, while simultaneously drinking a soft drink, putting on makeup, talking on the cell phone and listening to the radio. Often these individuals are speeding up only to slow down, and weave in and out of traffic. Some might say they are "multi-tasking," but in reality are they accomplishing any of the tasks they are attempting as well as they should? How many times do these individuals create accidents, often with deadly outcomes? One of the scary things about a state of mindlessness is that we don't know when we are in such a state. Once we become aware of the fact we haven't been focusing on the task at hand, we are in a state of *mindfulness*. Anytime you have stopped during your workday to "recap" what you've accomplished, and formulated a plan as to what else you have to do, you may have taken yourself from a state of mindlessness into a state of mindfulness. In other words, it's good to stop and think once in a while! When we are in a mindless state, we are trapped in rigid mindsets and are oblivious to context or perspective to the situation with which we are dealing. Our behaviors tend to

be rule and routine governed. Mindlessness can come about in two ways: repetition and cognitive commitments.

Repetition is much the same as being on "automatic pilot," where we have performed a task so often, it has become second nature to us. The skill is so familiar to us; we no longer have to think about it. It sometimes doesn't occur to us to "rethink" the procedure when it might be to our advantage to do so. Think about the first time you took a blood pressure, you had to think through each step of the procedure. After many years of nursing practice, how much thought do you give to this procedure now?

Cognitive Commitment to a single exposure to information occurs when we accept something without questioning it, therefore making us instantly mindless. For example, being told the fork always goes on the left when setting a table, is a cognitive commitment. Accepting information from an "expert" without questioning what seems to be irrelevant puts us in a state of mindlessness. Making an assumption about a patient without validating the assumption is a cognitive commitment. In the case studies that follow, examples of cognitive commitments will be given.

Mindfulness occurs when we are actively thinking. When we are mindful, we are actively drawing distinctions and being sensitive to context and perspective. Behaviors are *guided* rather than *governed* by rules and routine. A state of mindfulness results in many benefits including an increase in competence, health and longevity, positive affect, creativity, charisma, and reduced burnout, costs and errors. When nurses practice in a mindful state, we deliver the best care, generally achieve positive outcomes with patients and find our careers fulfilling. In other words, when we are mindful, we are in peak performance.

Tacit Knowledge: is practical know-how. Practical problems we face on the job and in everyday life are often ill defined, lacking in essential information and have no single correct answer. Yet ordinary people do quite well at solving practical problems. A key component is having everyday experience to draw upon. Individuals who possess a great deal of specific knowledge that they can apply to practical problems are extraordinarily powerful in practical problem solving. In other words, these individuals have a high level of tacit knowledge. Tacit knowledge is not necessarily related to an individual's intelligence quotient (IQ). In some instances a person may have high IQ, but lack in application, thus has low tacit knowledge. One might say this individual is "book smart" but lacks common sense or can't do anything. Other individuals may lack IQ, but have high levels of tacit knowledge. These people, while they may not know everything, do have a great knack for applying or making use of what they do know. We would describe these individuals as having a lot of "common sense" or practical know-how. Tacit knowledge differentiates the novice from the expert, with the expert generally having the higher level of tacit knowledge.

Other Things That Get Us into Trouble with Our Thinking: How often do you fall into these traps and how does it impact your thinking?

- Jump to conclusions
- Fail to think through implications
- Focus on the trivial
- Fail to notice our assumptions
- Miss key ideas
- Ignore information that does not support your view
- Think hypercritically, hypocritically or narrowly
- Ignore relevant viewpoints
- Form confused ideas

Beliefs about Intelligence: What you believe about your intelligence also influences how you respond to various situations. Generally individuals will hold one of these two beliefs about their intelligence.

Fixed Intelligence: The person believes they possess a finite amount of intelligence. They think smartness as something they have and others don't. They learned all they needed to know in

school. They become too focused on being smart and appearing smart rather than on challenging themselves, stretching and expanding their skills. Therefore, when a fixed intelligence person encounters a situation where they are lacking, they will avoid the situation versus attempt only to "fail." This is done in order to keep up appearances of "being smart." This becomes self-defeating as they deny themselves challenges and new learning experiences.

Malleable Intelligence: The person believes their intelligence is a potential to be developed over time. They focus on working hard, taking on challenges, striving to learn, and therefore allowing themselves to grow intellectually. When encountering an unknown situation, the malleable intelligent person focuses on "what will it take" and make an attempt at the situation. If they are not successful, they view this as a measurement of their current skill level, not as a failure. They will then strive to learn more and attempt the situation again. For the individual with malleable intelligence, it is not achieving success, but the journey to achieve success that they find gratifying.

Critical Thinking

Much attention is being given to critical thinking as we try to identify components of high quality, cost effective patient care. Identifying how people think, perceive information and use systems have become important in attempting to eliminate errors in patient care. This author believes nursing process is a form of critical thinking. Here are definitions regarding critical thinking we will be using in this module.

Critical Thinking is "purposeful, self-regulatory judgment that gives reasoned consideration to evidence, context, conceptualizations, methods and criteria." Critical thinking is being mindful; using tacit knowledge and believing one has a malleable intelligence.

Clinical Reasoning is "reflective, concurrent, creative and critical thinking processes embedded in practice; used to frame, juxtapose and test the match between a patient's present state and the desired outcome state."

Clinical Decision-Making is choosing nursing actions to achieve the desired outcome.

Clinical Judgment is evaluating as to whether or not the chosen nursing actions achieved the desired outcome.

As you think about these definitions, don't they reflect nursing process? Clinical reasoning is similar to assessment and diagnosis, but has the addition of identifying the patient's outcome. Clinical decision-making is similar to planning and intervention, while clinical judgment is the same as evaluation.

Critical Thinking Model	Nursing Process Model
Clinical Reasoning	Assessment, Diagnosis and Identification of Patient Outcome.
Clinical Decision-Making	Planning and Intervention
Clinical Judgment	Evaluation

Nursing process is a valuable tool that can be used to keep us in a mindful state and keep us critically thinking. Nursing process is a sequential process, meaning that you work through from assess to diagnose to identify an outcome to plan to intervene and finally to evaluate the outcome of one's actions. One doesn't proceed from assess to evaluate. One must have identified a problem, formulated an outcome and plan and intervened in order to have something to evaluate. In this author's practice as a legal nurse consultant, I have seen many instances where nurses were not using nursing process. In these examples, often nursing negligence has been proven. In instances where nurses were mindful and used nursing process, often there was no nursing negligence. A patient may still have incurred an injury, but not as a result of what any nurse did or did not do. As



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we practice nursing in a mindful manner, we deliver our best level of care and are more successful at achieving desired patient outcomes. Plus a mindful state allows for a very gratifying career.

Critical Thinking Strategies

Below is a table of critical thinking strategies that can be used to keep us in a mindful state. Examples are given with most of the strategies. Review these and identify how many you use on a daily basis at work.

Strategy	Definition
Knowledge Work	Active use of reading, studying memorizing, drilling, writing, reviewing research, continuing education and practicing to learn clinical vocabulary.
Self-talk	Expressing one's thoughts to one's self. Talking to yourself.
Schema Search	Accessing general and/or specific patterns of past experience that might apply to the current situation. "In my experience with dementia patients, they always seem to respond better when approached in a calm, unhurried manner. I'll try that with this new dementia patient."
Prototype Identification	Using a model case as a reference point for comparative analysis. "This new patient reminds me of the patient we discussed in nursing grand rounds last month."
Hypothesizing	Determining an explanation that accounts for a set of facts that can be tested by further investigation. "I think the patient is hypoxic because he has a temperature, or it could be he is in pain."
If-Then Thinking	Linking ideas and consequences together in a logical sequence. "If I administer an analgesic, then the patient should be pain free."
Comparative Analysis	Considering the strengths and weaknesses of competing alternatives. Comparing "pro's" and "con's." "I could use morphine for this patient's pain, but I think acetaminophen will work as his pain is only at a level 2 on the pain scale. Plus he has a fever and the acetaminophen will help his fever."
Juxtaposing	Putting the present state condition next to the outcome state in a side-by-side contrast, i.e., the patient is experiencing pain versus the patient will be pain free.
Reflexive Comparison	Constantly comparing the patient's state from time of observation to time of observation. "When I saw this patient 60 minutes ago, he was experiencing pain and had a fever. After acetaminophen, he is pain free and his fever is gone."
Reframing	Attributing a different meaning to the content or context of a situation based on tests, decisions, or judgments. "This patient was labeled as being a drunk, but by now he should be showing signs of sobriety. He is still appearing confused and disoriented. Something else is going on with this patient. I need to consult the physician."
Reflection Check	Self-examination and self-correction of critical thinking skills and thinking strategies that support clinical reasoning. "I made a cognitive commitment to the idea that patient was just a drunk. In the future, I will follow our protocols and make sure any patient with a change in level of consciousness receives a CT scan."

Which of these strategies do you use on a daily basis?

What are some examples of your use of these strategies?

Case Studies

Over the next few pages we will be discussing some case studies and applying the information we have covered in this module. The case studies are based on actual nursing malpractice

cases. Names and other identifying information have been deleted or changed to maintain confidentiality. For each case study you will be given some background information. You will review the nursing and/or physician documentation. Then answer some questions about the case study as it relates to critical thinking, critical thinking strategies, hypovolemic nursing and congestive nursing failure. A discussion and the answers will follow each case study.

Nursing Case Study # 1

Background: This 36 year-old gentleman was found unconscious on the ground in the parking lot of a bar. He is brought in to the Emergency Department by Emergency Medical Services. At the time, he is the only patient in this Emergency Department. The nurse has 12 years experience as an Emergency Department nurse, and is a Certified Emergency Nurse (CEN). The physician is board certified in Emergency Medicine and has 13 years experience in the Emergency Department. This particular Emergency Department has a protocol calling for any patient with an altered level of consciousness, or any evidence of head trauma, undergo CT scan of the head.

Documentation

12:40 AM, 36 y/o male adm via cart #1, unresponsive, responds to loud verbal stimuli. Vomited small amount of semidigested food. Found on ground outside of bar. Has an abrasion to R flank area and R side of face.

1:15 AM Attempted to insert NG, unsuccessful as pt. resisted.-----Ima Nurse, RN, CEN

Pt found outside of bar, very lethargic, difficult to arouse. However responds to painful stimuli. Abd. soft, no evidence of trauma to head, abrasion to L flank and L side of face.---Dr. Crashcart

2:50 AM Pt found with IV pulled out, gown off. Attempting to get off cart, subdued, returned to sleep.

3:30 AM Sleeping on cart. Responds to stimuli by opening eyes, muttering.

4:10 AM Up at bedside, Voided on floor. Back to cart to sleep.

5:30 AM Out of bed. Gait unsteady. Appears confused. Restraints applied.

7:10 AM Up to BR via self. Awake, gait unsteady. Placed on cart, SR up times 2, in room praying.

7:40 AM Pt up off cart again, in dirty utility room. Placed back on cart, posey jacket placed on pt for his safety. Speech garbled and unsteady gait.

9:00 AM Sleeping on cart, has intervals of rocking back & forth.

10:00 AM No change in status. Posey remains in place.

CE Self Study continued on page 12



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CE Self Study continued from page 11

- 11:00 AM More awake. Posey removed.
- 11:15 AM Ambulating with much assistance. Unsteady gait. Offers no complaints verbally.
- 11:18 AM Discharged in improved condition, per Dr. Crashcart. Pt to see his own doctor on Monday.
- 11:50 AM The patient's sister is here to take patient home. She was instructed to bring pt. back if his confusion worsens or any change in status. Pt. calling sister by wrong name. – Ima Nurse, RN, CEN.

Blood Alcohol levels results:	Intoxication Scale
0051 AM: 0.10	0.08 to 0.2=mild to mod. Intoxication
0614 AM: 0.04	0.3 to 0.4= marked intoxication
	0.4 to 0.5= Alcoholic stupor

Case Outcome

The sister, upon arriving at the Emergency Department to retrieve her brother, was greatly alarmed about his condition. She repeatedly told the nurse and the physician “something was wrong” with her brother. Both the nurse and physician assured her that he was simply “drunk” and needed to go home to continue “sleeping it off.” The sister left the Emergency Department and immediately took her brother to another hospital. At the second hospital, a CT scan revealed the patient had a subdural hematoma. The hematoma was evacuated surgically and the patient did improve. However this patient did sustain permanent damage resulting in hemiparesis due to the subdural hematoma. When the patient was able to talk, he stated he had stopped for one beer with friends. He left the bar by himself and was accosted by two men in the parking lot, who had stolen the money out of his wallet. They left his wallet in his jacket pocket versus his bluejeans pocket where he normally kept it. Negligence was found in this case and the patient received a monetary award.

Case Study #1 Discussion questions:

1. Do you think this is an example of hypovolemic nursing or congestive nursing failure? Why?

2. A cognitive commitment was made in this case. What is the assumption or piece of information the nurse and doctor are acting upon in this case? What do they think is wrong with this patient?
3. How did this cognitive commitment guide the care rendered to this patient?
4. Let's say the cognitive commitment of this patient being a “drunk” is true. Let's do some critical thinking. If he is indeed a drunk, the desired outcome for this patient is that he would be sober. So as one continues to care for this patient, one would expect to see evidence of this patient improving. He should be improving in his mental status. He should become coherent, conversant and able to walk unimpaired. Is that what happened with this patient? Did this patient improve or exhibit signs of becoming sober?
5. When the patient did not show signs of becoming sober what critical thinking strategy or strategies could the nurse or doctor have used?
6. If the nurse and/or doctor had reframed their findings regarding this patient, would there have been a different outcome for this patient? Had they thought, “he's not showing signs of becoming sober; he's actually appearing more confused, maybe he's not just a drunk,” do you think that would have influenced their care, and possible led to a better outcome for this patient?
7. Two sets of blood alcohol levels were drawn on this patient. Is this patient inebriated to the extent that he would present with this level of confusion? In other words do the blood alcohol levels match his clinical presentation?
8. If the nurse and doctor had made use of the blood alcohol levels in planning their care, would there possibly have been a different outcome for this patient?
9. Did the nurse and/or doctor “reframe” the information they obtained from the patient's sister? Who knows this patient better than anyone else? Should the nurse and doctor have listened to the sister's concerns?
10. If the nurse and doctor had followed their hospital's protocol and performed a CT scan, would there have been a different outcome in this case?

Answers to discussion questions for Case Study #1

1. This is an example of hypovolemic nursing. The Emergency Department is slow with only one patient present. The nurse and doctor have a lot of experience and perhaps are bored.
2. The cognitive commitment that is made is they believe the patient is a drunk.
3. The cognitive commitment that this patient is simply a drunk guides the nurse and doctor to simply “let him sleep it off.” Because they assume he is simply drunk, they do not perform the CT scan as required in their protocol.
4. Assuming the patient is drunk, he should be improving, however this patient is not improving throughout the night. In fact he appears to be worsening in condition as evidenced by the unsteady gait and garbled speech that persists.
5. While you may have identified other critical thinking strategies, reframing, self-talk, and/or schema search are possible critical thinking strategies that could have been used. Self-talk may have been something like this:

Reframing: “The patient is not improving as expected; perhaps he's not just a simple drunk. We need to do a CT scan as his confusion is persisting.”

Schema Search: “In the past, intoxicated patients became sober or improved. I don't see this patient behaving like other intoxicated patients. Perhaps there is something else going on with this patient.”

6. Hopefully reframing or performing a schema search would have led the nurse and/or doctor to realize this patient was not a “simple drunk.” They would then have performed the CT scan, recognized the subdural hematoma and intervened on behalf of the patient. If they had done so, perhaps the patient would not have sustained the permanent damage resulting in his hemiparesis.
7. The blood alcohol levels showing mild to no intoxication do not match the patient's clinical presentation of unresponsiveness, garbled speech and unsteady gait.

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CE Self Study continued from page 12

8. Had the nurse and doctor correlated the blood alcohol levels with this patient's clinical presentation, they would have recognized something else was a problem for this patient. In essence the lab work was performed, but neither the nurse nor doctor correlated the laboratory results with the patient's clinical presentation.
9. The nurse and doctor appeared to disregard the sister's concerns, in spite of the fact she is the person who knows this patient the best. Had they listened to the sister's concerns, they could have intervened on the patient's behalf.
10. They needed to follow their protocol for the CT scan. If they had, the subdural hematoma would have been discovered much earlier. They could have then promptly treated the patient and perhaps the patient would then have had a full recovery with no hemiparesis.

Nursing Case Study # 2

Background: This 56-year-old woman was admitted for an abdominal hysterectomy and bladder suspension surgery. Her past medical history is significant for high blood pressure, controlled with a diuretic, and some question of early signs of heart failure. She is now in her third postoperative day. Her IV fluids have been maintained at a rate of 125 ml per hour during these 3 days. The nurse taking care of her this morning just graduated from nursing school 3 months earlier. She has successfully passed the state licensing examination. The nurse works on a surgical unit in a hospital that has difficulty retaining nurses. On average, nurses hire in, complete orientation and remain employed at this hospital only six months before they resign. Due to high patient census, the nurse, besides taking care of this patient, is assigned to 8 other patients. The surgeon in this matter has been practicing for 15 years.

Documentation

August 16

7:30 AM – "I'm really short of breath" Up in chair, color cyanotic. Nail beds cyanotic. BP 154/74, P 100, R 28, c/o headache & some abdominal pain.

8:30 AM – Eating soft diet. Tolerating poorly. Attempting to reach Dr. Ed Deema by phone.

9:00 AM – Dr. Deema returned call. STAT EKG done, STAT chest x-ray done, Still having shortness of breath. BP 158/72 P 100 Family at bedside.

9:30 AM – X-ray called with report of chest x-ray. Attempted to call Dr. Deema, left message for him.

10:00 AM – Dr. Deema called from his office and instructed to transfer pt. to ICU. Family notified. Supervisor notified. BP 158/74 P 110 R 40. Ted hose on. O2 at 3 L per nasal cannula was started. – Sarah Bellum, RN

Case Outcome

The patient was transferred to ICU where she was treated aggressively for pulmonary edema. She was then transferred, at the family's request, to another facility where she died of pulmonary edema and heart failure. Upon reviewing the medical records, the intake and output records were found to be blank. It was estimated the patient received fluids that surpassed her output by 6000 ml, thus causing the fluid overload and subsequent pulmonary edema and heart failure. The family received a wrongful death award with both nursing and the physician being found negligent.

Case Study #2 Discussion questions:

1. Do you think this is an example of hypovolemic nursing or congestive nursing failure? Why?

2. While we don't know for sure, do you think this nurse had all the support she possibly needed? If she asked for assistance, do you think she got it, especially if everyone else is busy? Do you think she even recognized that she needed assistance, let alone asked for assistance? Do you think she had all the information she possibly needed? (Think back to your first year of nursing practice. Were your colleagues kind? Helpful? Nurturing? Supportive?)
3. Did this nurse recognize the significance of the cyanosis and elevated respiratory rate at 7:30 AM? In other words, she assessed the patient, but did she recognize these signs and symptoms as being problematic? Is she practicing good clinical reasoning?
4. Given the nurse's inexperience, do you think a more experienced nurse would have responded differently to the clinical signs exhibited at 7:30 AM? What might a more experienced nurse have done in this instance? What clinical decisions would a different nurse have undertaken?
5. In this case, is the novice nurse using or applying tacit knowledge?
6. The IV fluids were being administered at a rate of 125 ml per hour all during this time. Based on a schema search of your past patient experiences, is this what normally occurs with IV fluid rates for postoperative patients who begin to eat foods and drink fluids? What should have happened with the IV fluid rate over this 3-day postoperative period of time?
7. What critical thinking strategies could this nurse have used to put herself in a mindful state?

CE Self Study continued on page 14

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CE Self Study continued from page 13

8. Is this nurse the only nurse responsible for the outcome with this patient? Who else contributed to this patient's outcome?

Answers to discussion questions for Case Study #2

1. This is an example of Congestive Nursing Failure. Items that contribute to congestive nursing failure include the fact that the nurse is a novice and is not showing use of tacit knowledge; she has a heavy patient load; this is a busy time of the shift; and she may lack the support she needs.
2. It is not clear if she is still working with or has access to a preceptor, a supervisor, or some other source of support. It is also not clear if she even asked for help.
3. The nurse is not exhibiting sound clinical reasoning. Early in nursing school we all learned normal ranges for vital signs and learned cyanosis was a significant finding. This nurse documents a respiratory rate of 28, which is elevated, and the patient is cyanotic, but does she really recognize these as problems? If she had recognized these as problems, wouldn't she have identified an outcome and taken prompt nursing actions?
4. A more experienced nurse may have undertaken these clinical decisions (actions): Be sure the patient has a patent airway; immediately contact the physician; consult any standing orders or obtain an order for oxygen; question the IV fluid administration rate; decrease the IV fluid rate; contact respiratory therapy; contact the nursing supervisor.
5. Due to her inexperience, she is not employing tacit knowledge. She is not applying what she has learned in nursing school to the clinical situation.
6. Usually IV fluid administration is tapered off as the patient begins to eat foods and drink fluids. The only reason the patient may still need an IV is for the last few doses of antibiotics, not for fluid replacement, especially if they are progressing as one would expect.
7. The nurse could have employed her knowledge work and self-talk, i.e., "28 breaths per minute is abnormally high and

cyanosis is a poor sign, I need to contact the physician."

8. Besides this nurse, the physician is responsible for this patient's outcome. It is the physician who is writing the IV fluid administration orders everyday and certainly the physician had a duty to assess and monitor the patient's progress. Also the nurses who cared for this patient before the novice nurse contributed to the outcome. Remember the intake and output records were blank. Isn't it a standard of care to record intake and output for every patient receiving IV fluid replacement? Doesn't 125 ml per hour of IV fluids mandate intake and output be recorded? Once this patient began consuming oral fluids and foods, shouldn't the nurses have questioned the need for continuing fluids at 125 ml per hour? Is it possible because no one recorded intake and output on this patient, the novice nurse didn't think about a fluid overload situation the morning of 8/16? We'll never know the answers to all these questions, but the questions do make one think about this situation.

References

Benner, Patricia, RN, Ph.D.; *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, Addison-Wesley Publishing Company, Inc., Menlo Park, CA, 1984.

Benner, Patricia A., Tanner, Christine A., Chesla, Catherine A.; *Expertise In Nursing Practice: Caring, Clinical Judgment & Ethics*, Springer Publishing Co., NY, NY, 1996.

Byham, William C. Ph.D.; *ZAPP! The Lightning Of Empowerment, How to Improve Productivity, Quality and Employee Satisfaction*, Fawcett Columbine, New York, 1992.

LeFevre, Rosalinda Alfaro; *Critical Thinking In Nursing: A Practical Approach*, 5th ed. W.B. Saunders Co., Phila, PA, 2011.

Pesut, Daniel J., Herman JoAnne; *Clinical Reasoning: The Art And Science Of Critical And Creative Thinking*, Delmar Publishers, NY, NY, 1999.

Rubinfeld, M. Gaie, Scheffer, Barbara K. (Walton, Barbara G. Contributing Author), *Critical Thinking In Nursing: An Interactive Approach*, 2nd ed., J. B. Lippincott, Phila. PA, 2001.

Sternberg, Robert J., ed. *Why Smart People Can Be So Stupid*, Yale University Press, New Haven, CT, 2002.

Walton, Barbara G. "NurseSmart: Preventing Intelligent Nurses from making Stupid Mistakes," workshop notes and handout materials, NurseNotes, Inc., Milan, MI, 2004.

Wilkinson, Judith. *Nursing Process And Critical Thinking*, 5th ed. Prentice Hall, NJ, 2011.

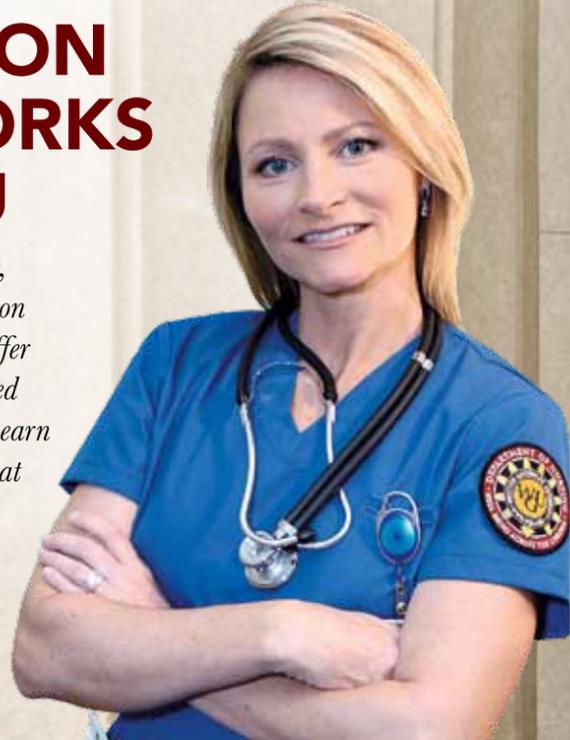
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Are You in Congestive Nursing Failure: Legal Issues, Critical Thinking and the Impact on Practice

Post Test and Evaluation Form

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: _____

Final Score: _____

Please circle one answer.

1. Hypovolemic Nursing may occur when a nurse is not busy enough.
A. True
B. False
2. Peak Performance occurs when the nurse has the right balance between workload and capabilities.
A. True
B. False
3. Congestive Nursing Failure is a mindless state.
A. True
B. False
4. Going to work when one is ill may contribute to Congestive Nursing Failure.
A. True
B. False
5. You always have all the information you need when taking care of patients.
A. True
B. False
6. Lack of support may result when a physician is not responsive to your concerns or when you do not have the supplies you need to complete patient care.
A. True
B. False
7. Individuals always choose the appropriate coping style in dealing with situations.
A. True
B. False
8. The emotion focused individual is often described as the most effective style.
A. True
B. False
9. The task-focused individual has "ostrich syndrome".
A. True
B. False
10. We are not aware of when we are in a mindless state.
A. True
B. False
11. Repetition of tasks may contribute to mindlessness.
A. True
B. False
12. Accepting information without questioning it is a cognitive commitment.
A. True
B. False
13. Cognitive commitments create mindfulness.
A. True
B. False
14. Making an assumption without validation is a cognitive commitment.
A. True
B. False

15. Behaviors are guided versus governed by rules and routine when we are mindful.
A. True
B. False
16. We deliver our best care or peak performance when we are mindless.
A. True
B. False
17. Individuals who have the ability to apply their knowledge in solving problems are using tacit knowledge.
A. True
B. False
18. Tacit knowledge directly correlates to I.Q.
A. True
B. False
19. The novice nurse in Case Study #2 lacks I.Q., not tacit knowledge.
A. True
B. False
20. The individual's beliefs regarding their intelligence doesn't influence how they respond to situations.
A. True
B. False
21. Individuals who believe they have malleable intelligence believe their intelligence is a potential to be developed over time.
A. True
B. False
22. Clinical decision-making is similar to planning and intervening in nursing process.
A. True
B. False
23. Clinical judgment is the same as nursing assessment and diagnosis.
A. True
B. False
24. Nursing process can be used as a critical thinking tool to keep the nurse in a mindful state.
A. True
B. False
25. An example of knowledge work is when you actively use information you acquired from a continuing education activity.
A. True
B. False
26. Juxtaposing is comparing the patient's present state with a desired outcome state in a side by side contrast.
A. True
B. False
27. Reframing is a critical thinking strategy where ideas and consequences are linked.
A. True
B. False
28. If I administer an analgesic, then the patient should be pain free is an example of comparative analysis.
A. True
B. False
29. A schema search is when one accesses general and/or specific patterns of past experiences that might apply to the current situation.
A. True
B. False

30. Reflexive comparison is done by constantly comparing the patient's state from time of observation to time of observation.
A. True
B. False

Evaluation:

1. Were you able to achieve the following objectives? Yes No
 - a. Define Hypovolemic Nursing, Peak Performance and Congestive Nursing Failure.
 - b. Identify other items that influence one's thinking.
 - c. Recognize nursing process as a critical thinking tool.
 - d. Analyze case studies for evidence of critical thinking and use of critical thinking strategies.
2. Was this independent study an effective method of learning? Yes No

If no, please comment:
3. How long did it take you to complete the study, the post-test, and the evaluation form?

4. What other topics would you like to see addressed in an independent study?

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PROFESSORS INSPIRED HER

Marcie Baird says Ball State nursing professors inspired her in her pursuit of the online DNP. **"I have great respect for the faculty,"** she says, noting that her professors made classes come alive, always responded promptly, and helped her "grow as a student and professional."

Baird is a clinical instructor and faculty member at a private Midwestern college and practices part time as a family nurse practitioner at a community clinic serving the uninsured. Baird completed her DNP capstone project, "Improving HCV Screening in a Free Clinic," at this clinic.



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