

N202 Advanced Concepts of Nursing
Professional responsibilities
2022

1. Client Rights
 - a. Legal guarantees
 - b. The American Hospital Association (AHA) Patient Bill of Rights
 - i. Requirement that all patients be informed
 - ii. Copy provided on admission
 - iii. Informed consent
 - iv. Right to refuse treatment
 - v. Right to report dissatisfaction / complaints
 - c. Nurses are responsible for:
 - i. Protecting client rights
 - ii. Ensuring client understands their rights
 - d. Every client has the right to:
 - i. Be informed
 - ii. Take an active role in decision-making
 - iii. Accept or refuse the plan of care
 - iv. Receive care that is delivered by competent individuals who
 - v. Be treated the client with respect
 - e. Right to refuse treatment
 - i. Patient Self-Determination Act (PSDA)- right to accept or refuse care
 1. The right to leave a health care facility.
 2. AMA
 - a. The nurse must notify the provider
 - b. Possible complications must be discussed & documented
 - c. Against Medical Advice Form
 3. What do client's not have the right to do?
2. Advocacy
 - a. Nurse's Role:
 - i. Support clients
 - ii. Ensuring patient is informed
 - iii. Respect patients' rights
 - iv. Advocate even when the nurse disagrees with the decision
 - b. One of the most important roles of a nurse
 - c. Situations when a nurse may need to advocate for their client
 - i. End-of-Life decisions
 - ii. Access to health care
 - iii. Protection of patient privacy
 - iv. Informed consent
 - d. It is the nurse's responsibility to question a provider's order if the nurse thinks it could cause the client harm
 - i. Incorrect medication, dosage, route
 - ii. Medication interactions
 - iii. Contraindications or medication allergies
3. Advanced directives
 - a. Purpose:

- i. Communicate end-of-life care
 - b. All patients should be assessed on admission
 - c. Components of an Advanced Directive
 - i. Living Will
 - 1. Legal document
 - 2. State's the patient's wishes regarding end-of-life care
 - ii. Durable power of attorney for healthcare
 - 1. Legal document
 - 2. Designates a health care surrogate who is authorized to make health care decisions for a client who is unable
4. Patient Self-Determination Act (PSDA)
 - a. Federal law
 - i. Informs patients of their right to create advance directives
 - b. Allows individuals to make decisions in advance of a time when they may be unable to make these decisions.
 - c. Provide information to every patient.
 - d. Provisions of the Act
 - i. Document if a patient has an advanced directive
 - 1. All patients must be asked if they have a Living Will.
 - 2. Ask about a health-care surrogate (Durable Power of Attorney).
 - 3. Must be placed in the patient's record.
 - ii. Educate.
 - iii. Be respectful of patients' rights.
 - iv. Have cultural humility.
 - v. Nursing Implications
 - 1. The PSDA does not specify who should discuss treatment decisions or advance directives with patients.
 - 2. Nurses are patient advocates.
 - 3. Nurses need to have knowledge about documents pertaining to the Act.
 - 4. Review institutional policies.
5. Informed Consent
 - a. A legal document
 - b. Consent is informed when the client understands...
 - i. Reason the treatment/ procedure is needed
 - ii. How the treatment/ procedure will benefit the client
 - iii. Risks involved
 - iv. Other options
 - c. Consent must be voluntary
 - d. Providers obtain informed consent
 - e. Nurses role:
 - i. Witnessing a signature
 - ii. Clarifying questions
 - iii. Ensuring patient is informed & understands the information
 - iv. The nurse should obtain an interpreter if needed
 - v. Documentation
6. Implied Consent
 - a. Occurs when consent is assumed
 - i. Giving medications/ injections/ infusions

- b. Emergency situations
- c. Child is involved and the health-care institution is unable to reach parents and/or legal guardians
- d. Signing an informed consent
 - i. Must be signed by a competent adult or emancipated minors
 - 1. Must be capable of understanding the information
 - ii. Who can give consent for another person?
 - 1. Parent of a minor
 - 2. Legal guardian
 - 3. Court-specified representative
 - 4. Client's health care surrogate
 - 5. Spouse

7. Confidentiality

- a. Nurse's cannot disclose confidential information!
- b. The only times this principle may be violated are
 - i. If clients indicate harm to themselves or others
 - ii. If the clients give permission for the information to be shared
 - iii. Third-Party Payers
 - iv. Healthcare professionals involved in care
 - v. If the law requires release of specific information
 - 1. Child abuse, Elder abuse
 - 2. Rape (State specific), knife and gunshot wounds
 - 3. Non-accidental poisoning, 2nd or 3rd degree burns
 - 4. Communicable diseases
 - 5. How do I make a report?
 - a. Step 1- Abuse suspected or confirmed
 - b. Step 2- Call the appropriate agency - phone numbers can be found on BeebeNET under clinical resources>>commonly accessed files>>DV resources
 - c. DV Hotline (302)422-8058
 - d. Child Abuse Hotline (800)292-9582
 - e. Elder Abuse Hotline (302)424-7310 or (800)223-9074
 - f. Step 3- Answer all questions honestly, if you don't have an answer it's ok to say I don't know.
 - g. Step 4- Document in the medical record name of the person you talked to and the case number
- c. The Health Insurance Portability and Accountability Act (HIPAA)
 - i. HIPAA → protects confidential client information
 - ii. Clients have the right to obtain copies of their medical records
 - iii. All clients have the right to privacy and confidentiality
 - 1. Be careful what you say, who you say it to, and where you say it!
 - iv. Electronic records → password protected
 - v. Communication → private setting
 - vi. Examples of protected health information (Phi)
 - 1. Name
 - 2. Address
 - 3. Name of employer
 - 4. Any date (birthdate, admission date, discharge date)

- 5. Telephone or fax numbers
- 6. Email addresses
- 7. Social Security Number
- 8. Medical Records
- vii. How to protect patient information
 - 1. Log off from your computer
 - 2. Never share your user ID or password
 - 3. Never leave a client's chart or other patient information where others can see it.
 - 4. Always place protected health information (PHI) in the confidentiality bins to be shredded
 - a. Never place patient information in the regular trash
- d. Social Media
 - i. ↑ smart phones has led to ↑ violations of confidentiality
 - ii. Poses a risk to patients and health-care personnel
 - iii. Posting pictures and information on social media that involve the institution can violate HIPPA regulations
 - iv. Potential Consequences:
 - 1. Termination
 - 2. Discipline by the BON
 - 3. Charges of defamation or invasion of privacy
 - 4. Federal charges for violation of HIPPA
 - v. Protecting yourself and your clients
 - 1. Be familiar with your institutional policies on social media
 - 2. Do not disclose any patient information online
 - 3. Do not speak about patients in the elevator, cafeteria, hallway, etc...
 - 4. Do not take/ share pictures of clients
 - 5. Report any violations of patient rights to the nurse manager
- 8. Nursing Practice and the Law
 - a. To be safe practitioners, nurses must understand legal aspects of nursing
 - b. Nurses have a responsibility to deliver safe, competent care to their patients
 - c. Requires knowledge of expected level of practice
 - d. Standards of care
 - i. Standards of care are guidelines to ensure quality of care
 - ii. Scope of Practice → What you can legally do as a RN
 - iii. Based on what an ordinary, prudent nurse with similar education and experience would do in a situation.
 - iv. Statutory law regulates nursing practice → State Nurse Practice Act
 - v. Accrediting bodies (The Joint Commission)
 - vi. National Patient Safety Goals
 - vii. Internal Standards
 - 1. Health care facility policies and procedures
 - a. Included in Policy and Procedure Manuals
 - b. Based on current literature and research
 - c. Nursing responsibility to meet the institution's standards
 - d. Legal Protection for Nurse's
 - e. Nurse Practice Act
 - i. The most important laws governing your nursing practice.

- ii. Purpose:
 - 1. Define Standards of Care
 - 2. Regulate Scope of Professional Responsibility
 - iii. Defines the duties, functions, rules, & regulations of nursing care
 - iv. Nurses limit what they can do as defined by the Practice Act- “the scope of practice”
 - v. Regulated by the State Board of Nursing
 - f. Types of Law
 - i. Statutory Law
 - 1. Created by the legislature, Nurse Practice Acts, Good Samaritan Act, Patient-Determination Act, Americans with Disability ACT, Affordable Care Act
 - ii. Administrative Law
 - 1. Created by administrative agencies: Department of Health and Human Services, Department of Education, Delaware Board of Nursing, etc. Involves rules, regulations, licenses, & permits.
 - iii. Common Law
 - 1. Laws made by judges, originate in the courts, laws set a precedent for similar cases in the future
 - g. Board of Nursing
 - i. Defines nursing, RN, LPN, Nursing Student
 - ii. Defines scope of nursing through practice act
 - iii. Sets fees for violations
 - iv. Develops programs for impaired nurses
 - v. Establishes educational standards
 - vi. Disciplines violations
 - vii. Suspends Licenses
 - h. Nurse Practice Acts
 - i. State specific
 - ii. BON develops the act
 - iii. Defines the Scope of Practice
 - iv. Sets Standards for Nursing Programs
 - v. Outlines various types of nursing titles and licenses
 - vi. DE State Nurse Practice Act
 - vii. Ensure nurses are qualified, competent, and adhere to all ethical codes of conduct
 - 1. <https://regulations.delaware.gov/AdminCode/title24/1900.pdf>
 - i. ANA Scope of Practice
 - i. Guide for Nursing Practice
 - ii. Competent level of nursing
 - 1. Critical thinking model
 - a. Nursing process
 - i. Assessment, diagnosis, outcomes identification, planning, implementation, & evaluation
 - iii. 6 Standards of Nursing Practice
 - iv. 11 Standards of Professional Performance
 - j. Good Samaritan Laws
 - i. Created to encourage physicians and nurses to respond to emergencies
 - ii. When administering emergency care, nurses and physicians are protected from civil liability
 - 1. Care must be provided in good faith

2. Cannot receive payment or compensation
 3. Nurses will be expected to provide care at the same manner as an ordinary, reasonable, and prudent professional in the same or similar circumstance
- k. Criminal and civil laws
- i. Criminal law: protect all members of society
 1. Misdemeanor & Felony
 - ii. Civil law: Protects the individual rights of people
 1. Torts Law: A wrong or injury against someone that violates their rights
 2. Nursing practice usually falls under tort law
 3. Types of Tort
 - a. Intentional Torts
 - i. **Assault:** unjustified attempts or threat to touch someone
 - ii. **Battery:** actually touching, causing harm to the patient
 - iii. **False Imprisonment:** keeping the patient detained against their will
 - iv. **Defamation:** damage to someone's reputation through false communication or without their permission
 1. Libel
 2. Slander
 - b. Unintentional Torts
 - i. Negligence
 1. Conduct that falls below the standards established by law for the protection of others against harm
 - ii. Malpractice (professional negligence)
 1. Medication errors
 2. Lack of observation/ repositioning
 3. Using defective equipment
 4. Poor communication
 5. Failure to protect the patient
 - iii. Major Categories of Negligence
 1. Failure to follow standards of care
 2. Failure to use equipment in a reasonable manner
 3. Failure to assess and monitor
 4. Failure to communicate
 5. Failure to document
 6. Failure to act as patient advocate
- I. Liability & Accountability
- i. Liability
 1. The legal responsibility for one's actions and failure to act appropriately
 2. Lack of safety, knowledge, skill, reporting, documentation, acceptance of responsibility
 - ii. Accountability
 1. You are answerable
 - a. For skills
 - b. Knowledge
 - c. Actions
 - iii. Common Actions Leading to Malpractice Suits
 1. Failure To:

- a. Assess properly & report changes in a patient's condition
 - b. Document
 - c. Obtain an informed consent
 - d. Report a coworker's negligence or poor practice
 - e. Altering or falsifying a patient's record
 - f. Falls
 - g. Breach of confidentiality: HIPAA
 - h. Medication Errors
 - i. Up to 75% of novice nurses are involved in a medication error
- iv. Preventing legal problems
 - 1. Be compassionate & act professional
 - 2. Treat your patient honestly, openly, and fairly
 - 3. Keep patients informed
 - 4. Maintain accountability.
 - 5. Adhere to Standards of Practice.
 - 6. Preventing legal problems
 - 7. Documentation:
 - a. Needs to be legally credible
 - b. Avoid charting by exception.
 - c. Clear, concise, and accurate
 - d. Only sign off on medications once administered.
 - e. Document assessments after completion.
- v. What to Do if Named in a Suit
 - 1. Contact the legal department of your institution.
 - 2. Answer the complaint.
 - 3. Obtain legal guidance/representation.
 - 4. Only sign documents after review by legal counsel or malpractice insurance company.
 - 5. Maintain a file of all information connected to the case.
 - 6. BE HONEST.
- vi. Professional Liability Insurance
 - 1. Nurses need to consider obtaining insurance.
 - 2. Policies protect nurses against personal financial loss.
 - 3. If a nurse is found guilty of malpractice the employing agency has the right to sue the nurse to reclaim damages.
- 9. Impaired coworkers/ Drug Diversion
 - a. Review Handout
- 10. Ethical Aspects of Nursing Practice
 - a. Ethical timeline
 - i. In the beginning... Role of the Nurse:
 - ii. Support patients through times of illness, help them recover, or keep them comfortable until death
 - iii. Today:
 - 1. Technology has advanced significantly → ethical decision making
 - b. Ethics
 - i. The branch of philosophy concerned with the distinction between right and wrong based on a body of knowledge

- ii. Ethics express the ways in which we examine, explore, & attempt to understand the moral life.
 - iii. What are the moral obligations of health professionals in a world of advancing technology?
 - 1. Morals- the values and beliefs held by a person that guide behavior and decision-making
- c. ANA Code of Ethics for nurses
 - i. Purpose
 - 1. Outlines ethical obligations & duties
 - 2. The hallmark of the profession
 - 3. Ethical standard
 - 4. Maintains the integrity of the profession
- d. Bioethics
 - i. Interdisciplinary field within health care that has evolved with modern medicine to address questions that arise as science and technology produce new ways of knowing
 - ii. Physicians, nurses, social workers, psychiatrists, clergy, and philosophers are joining to address ethical questions in health care
- e. Ethical principles
 - i. Autonomy: The ability to make your own decisions and act upon them
 - ii. Nonmaleficence: Do no harm
 - iii. Beneficence: Doing good or performing an action that benefits another
 - iv. Justice: Fairness
 - v. Fidelity: The promise to fulfill all commitments, loyalty
 - vi. Veracity: Telling the truth
- f. Value Formation
 - i. Values are concepts or ideals that give meaning to our lives
 - 1. Influenced by: religion, societal norms, family
 - ii. Values are learned & change with time
 - iii. The number of values an individual holds is not as important as what values he or she consider important.
- g. Ethical Dilemmas
 - i. Problems where more than one choice can be made
 - 1. The choice is influenced by the values and beliefs of the decision makers
 - ii. A problem is an ethical dilemma if:
 - 1. Cannot be solved by scientific data
 - 2. 2 moral imperatives are involved
 - 3. The answer will have a profound effect on the patient
 - iii. Ethical decision making
 - 1. Answering difficult questions
 - 2. Balancing science & morality
 - 3. Nurses must assess their own values and understand the values of others
 - 4. Health care decisions
 - 5. Patient advocates
 - iv. Dilemmas for health professionals
 - 1. Life and death/ Quality of life
 - 2. Right to decide
 - 3. Informed consent

4. Alternative treatment issues
5. Stem cell research
6. Reproductive cloning
7. IVF
8. Organ transplantation
- v. Dilemmas created by Technology
 1. Illnesses that once led to mortality are now manageable → Chronic Illnesses
 2. Cost is a result of prolonging life with technology
 3. Manipulation of DNA
- vi. Resolving ethical dilemmas
 1. Problem-solving method:
 - a. Identify whether the issue is an ethical dilemma
 - b. Collect, analyze, and interpret data
 - c. State the dilemma
 - d. Consider courses of action based on ethical principles
 - e. Analyze the advantages and disadvantages of each action
 - f. Apply the decision to the dilemma and evaluate the outcomes
- vii. Approach to Ethical Dilemma

- viii. Ethics Committees
 1. Established by more and more facilities to help employees with ethical dilemmas
 2. Usually involve a variety of members (nurse, doctor, administrator, and so on).

11. Transition to professional practice

- a. Reality shock & Burnout
 - i. Transition from Student Nurse to Registered Nurse = Reality Shock
 - ii. Perceived Role vs. Actual Role
 - iii. Burnout = emotional exhaustion
 1. Slow continuous depletion of energy
 2. Loss of motivation
 3. Exposure to high occupational stress
 - iv. Who is most likely to experience burnout?
- b. Signs of burnout
 - i. Extreme fatigue
 - ii. Exhaustion
 - iii. Frequently ill
 - iv. Overeating/ undereating
 - v. Headaches
 - vi. Sleep problems
 - vii. Depression
 - viii. Physical complaints
 - ix. Alcohol/ drug use
 - x. Mood swings
 - xi. Anxiety
 - xii. Poor-quality work
 - xiii. Anger

- xiv. Guilt
 - c. Managing stress
 - i. Set personal goals
 - 1. Long term & short term
 - ii. Identify current problems
 - iii. Use strategies to problem solve
 - iv. Stress reducing techniques
 - d. How Can you make a successful transition?
 - i. Remember why you became a nurse
 - ii. Ease into your new role
 - iii. Apply to hospitals with a nurse residency program
 - iv. Figure out techniques that work for you!
 - e. Transition from student to RN
 - i. Find a hospital with a formal mentoring program
 - ii. Talk about your experiences with other nurses who have made a successful transition from student to RN
 - iii. Work on your coping strategies
 - iv. Communicate effectively
 - v. Give yourself time to make the transition
12. Continuing your education
- a. Professional organizations
 - i. American Nurses Association (ANA)- engagement, innovation, and nurse-to-consumer relations.
 - ii. Delaware Nurses Association (DNA)
 - iii. American Academy of Nursing (AAN): health policy and practice
 - iv. Specialty organizations
 - b. Why is it important for you to continue your education?
 - i. Most hospitals require a BSN within 5 years of hire
 - ii. Some hospitals offer higher paid positions if you have a certification or advanced degree
 - iii. You are able to keep up with best practice
 - iv. Shown to improve quality of care and patient outcomes
 - v. Improves your self confidence
 - c. Professional Nursing—Levels of Education
 - i. Undergraduate Degrees
 - 1. Bachelor of Science
 - 2. Associate
 - 3. Diploma
 - ii. Advanced degree
 - 1. Master's: leadership, education, NP, CNS
 - iii. Terminal Degree
 - 1. Doctoral: DNP, PhD, EdD
 - d. Continuing your degree: RN-BSN
 - i. Schools MHR School of Nursing has articulation agreements with:
 - 1. Wilmington University
 - 2. Delaware Technical and Community College
 - 3. University of Delaware
 - 4. York College