chapter 10

Delegation, Leadership, and Management

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Objectives

Upon completing this chapter, you should be able to:

Theory

1. Differentiate between the three different leadership styles discussed in the chapter.
2. Compare and contrast examples of effective and ineffective communication.
3. Describe four characteristics of an effective leader.
4. List four considerations for delegating tasks to unlicensed assistive personnel (UAPs).
5. Explain why interpersonal relationships are important when delegating and managing others.
6. Distinguish the skills and functions of the team leader with those of the charge nurse.
7. Identify management functions of the LPN/LVN working in a long-term care facility, home care, or an outpatient clinic.
8. Discuss techniques of effective time management.
9. Explain the importance of the readback for verbal or telephone orders.

Clinical Practice

1. Determine the leadership style of the charge nurse on the unit to which you are assigned.
2. Appropriately delegate three tasks to a nurse's aide or UAP.
3. Create a time-efficient work organization plan for a shift.
4. Demonstrate proficient use of the hospital computer.
5. Accurately and carefully transcribe orders per facility policy.
6. Document accurately for reimbursement.
7. Know your facility's policies and procedures and uphold the standards of nursing practice.
8. Find a mentor who can coach you on improving your delegation and management skills.

Key Terms

accountable (p. 126)
authority (p. 125)
autocratic (aw-tō-KRĂ-tĭk, p. 124)
collaboration (p. 124)
competence (p. 125)
confidence (p. 125)
conflict resolution (p. 125)
constructive criticism (p. 127)
delegate (p. 124)
democratic (p. 124)
interpersonal relationships (p. 124)
laissez-faire (LĔS-ā-FĀR, p. 124)
mediate (MĒ-dē-āt, p. 125)
mentor (p. 131)
responsibility (p. 124)
risk management (p. 131)
self-esteem (p. 125)
stat orders (p. 129)
unlicensed assistive personnel (ŭn-LĪ-sĕnst ă-SĬS-tĭv pĕr-sŏ-NĔL, p. 124)

The LPN and LVN are taking on more and more leadership functions, particularly in the skilled nursing facility. Leadership is a comprehensive process that includes the guidance of staff and the effective use of resources to meet patient needs. Leadership requires a good understanding of one's self and a good grasp of basic management techniques. This chapter discusses management skills and leadership qualities that the LPN/LVN needs to be effective during the first year after graduation.

THE CHAIN OF COMMAND

Once you are hired, become familiar with the organizational structure of the facility where you work. This information is provided during your formal orientation. Be certain you know the chain of command for your area. Who is your immediate supervisor? From whom do you take orders? To whom does your supervisor report? To whom should you report changes in patient condition or signs of complications? To whom

do you go with concerns or complaints? Who is in charge of scheduling? What is the procedure for calling in sick?

LEADERSHIP STYLES

Most leaders employ a blend of leadership styles. A permissive or **laissez-faire** leader does not attempt to control the team and offers little if any direction. This leader assumes that team members are competent and self-directed and will do what needs to be done correctly and efficiently. This leader often has a need to be liked by everyone and therefore avoids any blame for things that go wrong by allowing members to function completely independently. Although this leadership style usually is not effective in the day-to-day management of patient care operations, it can be effective in certain situations involving a highly motivated, highly creative group that works well with minimal guidance—for example, a committee.

The authoritarian or **autocratic** leader tightly controls team members. Staff members are rarely consulted when decisions are being made. Rules are set without input from the staff, and directives and orders are given out constantly. This type of leadership style has been described as "my way or the highway." **The leader closely supervises the work of each staff member.** When mistakes are made, they are quickly pointed out. The leader's goal is accomplishment of tasks efficiently without regard to people.

The **democratic** leader consults with staff members and seeks staff participation in decision making. The team members' skills and knowledge are readily used to ensure efficient team functioning. Team members are respected as individuals, and there is an open and trusting attitude. The democratic leader is part of the team, not above it, and accepts **responsibility** for the team's actions.

There is no one set of qualities that makes a good leader. Box 10-1 lists responses that nurses have given when asked what they think makes a good leader. Such a leader instills confidence, trust, and spirit in the team. Appropriate leadership fosters growth among the team members.

? Think Critically

Consider what leadership qualities you have and what qualities you would aspire to achieve. With what type of leader would you prefer to work? Why? When would autocratic leadership be important? Why?

KEYS TO EFFECTIVE LEADERSHIP

As an LPN/LVN, you will be expected to work with other members of the health care team. **Collaboration (working together) is essential for patient care.**

Box 10-1 Attributes of a Good Leader

- Ability to teach
- Active listener
- Articulate
- Assertive
- Calm
- Considerate
- Consistent
- Decisive
- Excellent clinical skills
- Excellent problem solver
- Fair
- Flexible
- Good role model
- Good sense of humor
- Objective
- Open minded
- Organized
- Responsible
- Sensitive
- Strong character
- Tactful

Collaborative practice includes learning to work effectively with **unlicensed assistive personnel** (UAPs). UAPs include unit secretaries, nursing assistants, homemaking aides, housekeeping personnel, and technicians. To collaborate with UAPs, you must learn to **delegate** (entrust to another) tasks appropriately and effectively.

EFFECTIVE COMMUNICATION AND RELATIONSHIPS

Leaders use good communication skills and recognize that every team member has a valuable role in patient care. **Communicating in direct, concise terms in a tactful, friendly, nonthreatening way is essential to create a supportive and healthy work environment.** Obtaining feedback about directions given and listening actively to reports, suggestions, and complaints establishes a pattern for two-way communication. This helps the leader stay in tune with the atmosphere, attitudes, and problems of others on the health care team. Showing care and concern for team members can help develop positive **interpersonal relationships** that promote team cooperation. Relationships and trust develop over time through conversations and interactions. The Joint Commission emphasizes the importance of communication by health care providers in one of its National Patient Safety Goals.

! Safety Alert

National Patient Safety Goal 2

The Joint Commission has set the following goal for health care facilities: **"Improve staff communication."**

Components of this goal include, "Get important test results to the right staff person on time."

Source: The Joint Commission. (2012). *Hospital National Patient Safety Goals.* Retrieved from www.jointcommission.org/assets/1/6/2012_NPSG_HAP.pdf.

ISBAR-R communication (see Chapter 8) is a communication tool that many institutions are adopting to improve communication among staff. See the Evolve website for the following useful communication tools and strategies: Advocacy and Communication, Charge

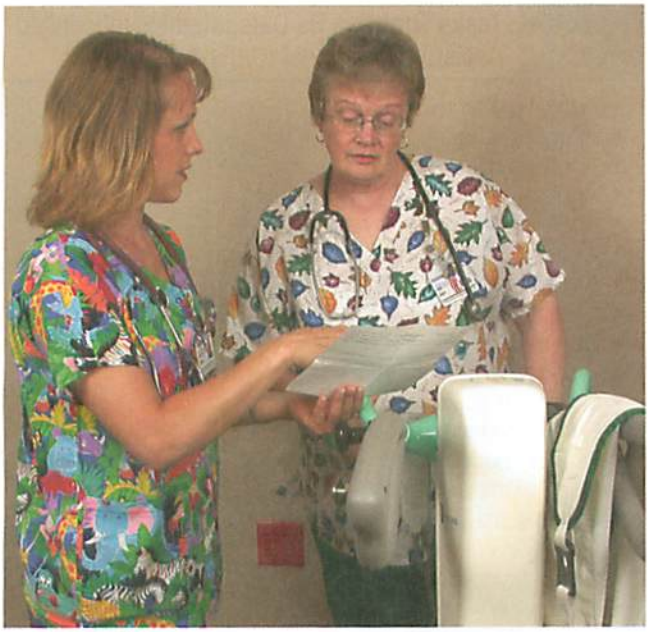

FIGURE 10-1 Charge nurse delegating a task to a staff nurse.

Nurse Communication Strategies for Communicating Information with the Team, and Tips for Conflict Resolution.

Communicating effectively includes taking the time to attend to the person by stopping what you are doing, establishing eye contact, being polite by saying "please" and "thank you," and using a warm tone of voice (Figure 10-1). A smile adds warmth to the interaction. Saying, "I would like you to take vital signs on the right side of the hall, please," rather than "Go and take vital signs on that side of the hall," usually enlists better cooperation and a more pleasant attitude toward the task. Your style of communication and actions also reflect your trust and respect toward others. Consider the other person's culture and how it may affect verbal and nonverbal communication (see Chapter 8). **Treat others how you would like to be treated.**

When assigning tasks, be specific about what is to be done, how it is to be done, and when the task is to be completed. It is better to say, "Please take Mrs. Jones' temperature at 2:00 P.M. and let me know right away what it is so that I can let her physician know," than to state, "Mrs. Jones' temperature needs to be taken at 2:00 P.M." Likewise, it is better to say, "Tell me immediately if Mr. Hernandez's temperature is above 101.2° F," than "Let me know if Mr. Hernandez's temperature is high." Ask if there are questions before ending the interaction, and follow up to make certain the task was completed on time. Avoid conflict by being thorough when giving directions, making a request, or assigning a task. If a conflict does arise, try to remain calm and open and actively listen to the problem. Accept responsibility for any part you played in development of the conflict. Focus on the issue rather than on the feelings of those involved. **Mediate** (settle differences) by communicating openly. Sort out the issues involved by identifying key themes in the discussion. Consider the options and weigh the consequences of each option. Choose the option for **conflict resolution** (resolving a conflict) that offers the best outcome.

CLINICAL COMPETENCE AND CONFIDENCE

As a nurse leader, you must demonstrate **competence** (being well qualified) in your nursing skills. **Confidence** (belief in yourself) in the ability to perform those skills is essential to gain the respect of the other team members. Along with this competence and confidence should be sufficient **self-esteem** (pride in yourself) to readily admit when a mistake has been made or when you don't know something. Announcing "I don't know, but I will find out" is the best way to handle these situations. Others will respect you more if you admit that you don't know everything; this shows that you are human and provides an atmosphere in which others can admit what they don't know and can ask for help.

ORGANIZATION

Being a leader requires good organization. Organizing the work of a unit requires strong time management skills. Plan each day carefully, with some built-in flexibility for unforeseen events. Knowing the strengths of each member of the health care team helps you more effectively divide the workload. Decision-making ability is needed to quickly divide up patients and assign tasks to various personnel.

Problem-solving skills provide the means for making difficult decisions. The problem-solving process is much like the nursing process. The good problem solver first defines the problem (assessment), then looks at the alternatives. The outcomes of using each of the alternatives are estimated (planning), and then one of the alternatives is chosen to be tried as the solution to the problem (implementation). If the alternative chosen does not solve the problem, then the whole process is repeated (evaluation). Please see the section "Critical Thinking" in Chapter 4.

DELEGATION

In beginning the discussion of delegation, it is helpful to contrast it with the term *assignment*. Assignment of tasks is a method of distributing the unit's workload, usually by the charge nurse. In assignment, the nurse directs the UAPs to complete tasks within their job description—tasks they are hired and paid to perform. This always occurs at the start of the shift, but may also occur at any time during the shift. In contrast, delegation occurs when a licensed nurse transfers the **authority** to perform a selected nursing duty in a selected patient situation. In delegating a task to a UAP, you are, in essence, "sharing" power with your UAPs. **Many states do not allow LPN/LVNs to delegate,** and

even in a state where it is allowed, you must also be certain that delegation is allowed in your facility.

Delegation is done with careful thought; for example, it is not appropriate to delegate a nursing duty simply because you dislike it. Furthermore, you must be certain that the individual to whom you are about to delegate is competent to perform such a duty (written evidence of competence is best, to be described shortly), that the patient situation is stable, and that the task has a predictable outcome.

You are accountable (must answer) for the tasks you delegate, if in fact you are permitted by law to delegate. Legally, you are responsible and accountable for the outcome of any task you delegate to another. Delegating appropriately means that you must (1) know the capabilities and competencies of the person to whom you are delegating, (2) know whether or not the task falls within the domain of tasks that can legally be delegated by you, (3) communicate effectively with the person to whom you are delegating, and (4) understand the patient's needs.

Before any tasks are delegated to a nursing assistant or other UAP, that person should be thoroughly oriented to the facility and the unit. **Competencies of unlicensed personnel must be documented before tasks are delegated to them.** This requires evidence of a training program and **written evidence by a qualified nurse or instructor that the person has demonstrated competence in the task or skill.** If you do not have access to such written documentation, it is best to observe the UAP perform the task or skill the first time you delegate it to verify that a level of competence has been reached. If the task has not been a part of the UAP's formal training program, then you should demonstrate how the task should be done and ask for a return demonstration. Within the area of general competencies, the UAP should be assessed for competence in patient safety issues such as infection control and moving and positioning patients.

Think Critically

How would you tactfully tell a UAP that you would like to see him perform a particular task before assigning him to do it on his own?

Be familiar with your state's nurse practice act so that you know what tasks and skills fall within your legal domain. This tells you what you must *not* delegate. In addition, some professional nursing organizations, such as the American Association of Critical-Care Nurses (www.aacn.org), have documents that outline examples of tasks that might be appropriate for delegation; however, you must ensure that this matches what is allowed in your state. Your agency should have a job description that spells out what the UAPs can and cannot do. Be certain that you are familiar with the UAP job descriptions before you delegate a task. **It is up to you to know what the UAP cannot do.** The agency's policies and procedures and the standards of practice for your area of nursing help to define what the UAP is allowed to do (Box 10-2). **Assessment or aspects of the analysis, planning, or evaluation phases of the nursing process must be performed by the registered nurse (RN). These functions cannot be delegated to unlicensed personnel.** Most tasks that are delegated to UAPs are technical, repetitive skills that have a predictable patient outcome. **Interventions that require professional judgment should not be delegated.**

It is important to remember the goal and purpose of delegation. Nurses delegate to complete more work in the same time frame. However, delegated work must be done safely, correctly, and cost-effectively. Effective delegation includes giving feedback on how the task was performed. Give praise where it is due; share favorable comments from patients about the UAP's work and interactions. If the delegated task did not go as expected, communicate exactly what went wrong in a supportive manner. **Provide privacy before giving**

Box 10-2 Tasks That Can Be Delegated to Unlicensed Assistive Personnel (UAPs)*

- Applying a condom catheter
- Applying a hearing aid
- Applying cold packs
- Applying elastic stockings
- Applying warm compresses
- Assisting to deep breathe and cough
- Assisting with ambulation
- Giving a bath
- Bed making
- Blood glucose monitoring
- Collecting specimens
- Emptying drainage containers
- Feeding patients
- Filling water pitchers
- Giving a sitz bath
- Giving an enema
- Giving a vaginal douche
- Measuring weight and height
- Measuring vital signs
- Performing oral hygiene
- Performing range-of-motion exercises
- Providing hair care
- Providing skin care
- Recording intake and output
- Removing a Foley catheter
- Repositioning patients
- Stocking supplies
- Taking specimens to the laboratory
- Toileting patients
- Transferring patient to a chair or bed
- Turning patients

*May vary from state to state and facility to facility.

criticism. Be tactful. You might share that the patient was upset that it took three tries for the UAP to obtain an accurate blood pressure. Asking, "Do you think you need some more supervised practice and suggestions on how to take blood pressures smoothly? Would you like me to demonstrate it again?" allows the UAP a face-saving way to admit that more instruction is needed. Ask what might help the UAP perform better the next time.

When giving **constructive criticism,** begin by tactfully acknowledging feelings or expressing empathy. Statements such as, "I understand that we are one aide short today," begin the interaction on a less threatening note. Next describe the behavior. An example would be, "I've noticed that on three mornings this week it has been 9:30 A.M. before vital signs you took were posted." Then state the expectation for future compliance, such as "The vital signs need to be posted no later than 8:30 A.M. from now on." Finally, state the consequences if the expected action does not occur. This can be done by stating something like, "The physicians and medication nurses have to track you down when the vital signs are not posted on time. This can affect patient safety and care. If posting is late again, I will have to document your inability to complete the task on time." **When performance by a UAP has been poor, document the specific facts (not your opinions).** The unit manager should also be made aware of the performance problem.

When delegating a variety of tasks, help the UAP prioritize the order in which they should be done. It takes many months for most UAPs to be able to discern which tasks take priority over others.

The patient must be told when an unlicensed person will be performing some tasks that were formerly only performed by nurses. This is within the domain of a patient's rights. Simply tell the patient that you, the nurse, have primary responsibility for the care given, but that the UAP is your assistant and will be doing certain tasks.

LEADERSHIP ROLES

BEGINNING LEADERSHIP ROLES

Initially, the new LPN/LVN performs leadership functions in working with UAPs, including delegation of tasks and supervision of the UAPs' work. Later, after being thoroughly oriented to the facility and its policies and demonstrating competence, team leading may be required. A team leader coordinates and makes assignments for other personnel, assists with patient care, helps resolve conflicts, assists in writing policies and procedures, contributes information for evaluation of UAPs, and collaborates with physicians and other health team members.

When working in a medical clinic, the LPN/LVN team leader is often responsible for overseeing the scheduling of patients, performing quality assurance audits, training staff, evaluating staff, coordinating team members to accomplish the daily work, assisting in writing policies and procedures, attending staff meetings, and resolving staff conflicts (Figure 10-2).

FIGURE 10-2 Charge nurse discussing a new procedure with staff.

? Think Critically

What leadership functions do LPN/LVNs perform in the facility in which you are assigned for clinical experience?

ADVANCED LEADERSHIP ROLES

Eventually the LPN/LVN may become a charge nurse or a supervisor of UAPs in settings such as home care or outpatient clinics. **A charge nurse must have training and experience in nursing administration and supervision plus additional preparation in a specialized area in many states.** A minimum of 1 year of staff nurse experience is often required before taking on charge nurse duties. However, sometimes life experience in other roles can speed up the assumption of the leadership role.

The ability to recognize significant changes in patient condition and to take necessary action is a primary quality in a charge nurse. The charge nurse is the manager's designee and has all of the manager's authority for the shift; he is **responsible for the total nursing care of the patients on the unit during the shift.**

In a long-term care facility, the charge nurse receives the report from the previous shift, makes patient assignments, makes rounds and assesses all patients, directs the administration of medications and treatments, confers with team members throughout the shift, and reports to the oncoming shift on patient status. Charge nurses may also oversee training of UAPs and evaluate the unit's health team members.

MANAGEMENT SKILLS FOR THE LPN/LVN

All nurses are expected to be able to manage time, use a computer, order supplies, transcribe orders, place telephone calls to physicians and families, process verbal orders, and document care appropriately, including for reimbursement of patient costs.

An LPN/LVN working in a home care agency may be asked to assign and supervise nursing assistants and home health aides, including making patient care assignments, assisting with orientation and evaluation, verifying that paperwork ensuring reimbursement is correctly completed, and giving and receiving reports on assigned patients.

TIME MANAGEMENT

Leaders need to use time efficiently. Learning certain techniques will help with your time management. Begin each workday by making a "to-do" list before the shift starts, providing a loose structure for the day. Formulate one or two broad goals for the day.

The goal for the home care nurse might be "to complete four visits by lunchtime." This would involve organizing and planning the most efficient order for patient visits, gathering all needed supplies, notifying each patient of the approximate time of the visit, organizing paperwork to be completed, and making certain the car has gas.

Organizing for the workday in a medical clinic varies depending on the type of clinic and the nurse's assigned duties. The goals for a clinic nurse might be to "ensure rooms are stocked and set up for treatments, and patients are roomed in an efficient manner." Pull charts for patients scheduled to be seen, replenish supplies in examining rooms, and so forth.

For the staff nurse in the hospital, the shift's goal might be to "ensure that all assigned patients are kept comfortable and safe and that all scheduled treatments and medications are given." After you receive the shift report and obtain patient assignments, set your priorities. Start by identifying the patients with the most significant or life-threatening problems. Which patients are physically unstable and need to be checked frequently? Which patients have frequently scheduled treatments? Which patients are at highest risk for complications? Which patients are at risk for injury because of confusion? Set priorities according to patient need. Unstable patients take precedence over stable patients. Administer scheduled medications and treatments before tasks that are ordered "three times per day."

The goal for the long-term care nurse might be to "delegate and coordinate care of assigned patients to finish all scheduled tasks on time and keep the patients safe and comfortable."

Take a few minutes before making rounds to devise a time schedule for the work of the shift (Figure 10-3). Use a grid that shows each hour of the shift and each patient and room number. Note times you will delegate tasks, assess patients, check intravenous (IV) lines, give treatments, turn patients, document care, perform teaching, prepare for the end-of-shift report, and so on. **Documentation is a critical task in all settings and must be considered a priority to be done as soon as possible when organizing to accomplish the daily workload.**

SHIFT WORKSHEET

Initials:
Report notes:
Room #:
Allergies:
Notify MD for:

TIME	ASSESSMENTS	MEDICATIONS	VITAL SIGNS	TREATMENTS/ PROCEDURES
0700				
0800				
0900				
1000				
1100				
1200				
1300				
1400				
1500				

OXYGEN	DIET	IV FLUIDS	ACTIVITY	DRESSINGS	I&O	LABS

FIGURE 10-3 Sample time management tool. Use one page per patient or create your own tool and put several patients on one page.

Use a separate grid to note when medications are due for each patient. Use this sheet to note when you give PRN (as needed) medications. That way you have a quick refresher for charting the PRN medications in the progress notes. As you work throughout the day, you can make small notes on your work organization sheet that will provide data and a guide for charting.

Next consider tasks that need to be done sometime during the shift, such as checking the "crash" cart. Note on your work schedule when you think you will have time to do that. Finally, consider activities that you would like to do if time permits, such as spending time talking with a lonely patient, giving a back rub, or making a phone call to a patient's family. Note these at the bottom of the worksheet.

Once the work is organized, begin your patient assessment/data collection rounds. Do this early in the shift. Patient status can sometimes change dramatically during shift change. Quickly gather data regarding each patient's area of greatest problem (usually their admission diagnosis). Check all tubes and equipment

attached to the patient. You will be able to do more in-depth observations later in the shift. Right now you just need to determine whether there are any emergencies, get a feel for the patients' status and needs, and determine what equipment and supplies you will need for each patient during the shift. Inquire about the need for pain medication or other PRN medication while initially in the room. These then can be brought back during early morning medication rounds unless the medication is a badly needed analgesic; this should be administered immediately.

At the end of the workday, evaluate the effectiveness of your time management. Did your schedule help? Did it work as well as you had planned? What took more time to complete than you thought it would take? What would you do differently if you could have a "do over"? This analysis helps you to create a more workable plan the next time. Keep in mind that work plans must be flexible. Even the best plans can be destroyed if one patient's status deteriorates markedly. This happens to all nurses from time to time.

? Think Critically

Can you design a shift time management sheet that suits your work style and needs?

USING THE COMPUTER

Computers are used in all health care facilities. The nurse must become proficient in their use to perform everyday functions for patient care and unit administration. The computer is used to place orders to the various departments for supplies, medications, diets, laboratory and diagnostic tests, and engineering and housekeeping needs. Surgery and procedures are scheduled by computer. Staffing patterns may also be scheduled by computer. Nursing care plans are constructed on the computer. Acuity levels for patients are tracked. The agency census is compiled on the computer. Laboratory results are sent to the unit via computer. The U.S. government has set a goal for all patient records to be electronic by 2014 (Manos, 2009). Hospitals are adopting totally computerized patient records, including medical orders, nursing documentation (nurse's notes, flow sheets), and incident reports.

To be a team leader or charge nurse, you must be adept at using the agency's computers to efficiently perform all necessary job tasks. The computer is used for most communication and coordination within the agency. Also, the HIPAA privacy rule (see Chapter 3) mandates that we take special precautions and safeguard all electronic patient data, just the same as we do with written patient documentation.

RECEIVING WRITTEN ORDERS

When receiving newly written orders, first read all of the orders. Then transcribe the **stat** (do immediately) **orders** first, and verbally communicate them to the nurse responsible for carrying them out. Transfer the orders to the computer care plan and electronic medication administration record (eMAR) (or Kardex, medication and treatment cards, and paper MAR if used). Each medication order must include the patient's name and room number, the name of the medication (preferably both generic and trade name), ordered dosage, route of administration, the times the doses are to be given, the date the order was written, and the date it is to be discontinued and/or renewed. **Check off each order as it is transcribed.** Narcotics, anticoagulants, hypnotics, and antibiotics must be renewed every 48 to 72 hours, depending on agency policy and state laws. Sign off the order with a red line across the page under the physician's signature and your first initial, last name, and official designation, or according to agency policy. Include the date and the time. Notify the person who will be giving the medication per the new order. Transmit the order to the pharmacy by phone, fax, or computer and follow with a hard copy. In some facilities, you may then write "faxed to pharmacy 2PM," with your initials, before returning the original form to the chart.

Dietary orders are transmitted to the dietary department and entered on the Kardex or computer care plan along with notations for any fluid restrictions or requirements for intake and output (I&O) recording. A list of patients on I&O may be kept at the nurses' station. Clarify any unclear orders directly with the ordering physician. When medications arrive from the pharmacy, check them against the physician's orders before placing them in the patient's drawer or bin. This may be completed by a pharmacy technician. Because of frequent changes in orders, all medication orders on the MAR/Kardex should be verified with the chart orders once every 24 hours.

Note any positioning, I&O, treatment requirements, and use of special equipment on the Kardex or the computer care plan for each patient. **Note allergies on the MAR sheet and on the front of the chart to alert all personnel.**

When a medication is discontinued, cross out the item on the MAR/Kardex by marking over it with a highlighter and writing "DC" with the date and time. Some agencies may use other methods for discontinuation of medications; check agency policy. Notify the nurse giving the medications for the shift. Alert the pharmacy to the discontinuation order, and return leftover doses of the medication to the pharmacy for proper crediting to the patient's account. Sign off the discontinue order on the physician's order sheet.

Orders for laboratory and diagnostic tests must be transmitted to the appropriate department by phone or computer with the correct requisition slip filled out. Stamp the forms and labels for specimen containers with the patient's identifying information. If blood samples are to be drawn when the patient is in a

fasting state, then an NPO (no food or fluid by mouth) status must be transmitted to the dietary department, to the nurses, and to the patient. Post an NPO sign on the door to the patient's room. The test must be ordered to be drawn before the breakfast hour. Laboratory and diagnostic test orders are recorded on the Kardex or computer care plan along with dietary restrictions and pretest medications.

Preoperative orders should include diet or NPO status desired, necessary preoperative treatments, a notation regarding the operative consent and the exact procedure to be performed, laboratory and diagnostic tests to be completed, patient teaching required, and orders for sedatives or preoperative medications. There may also be orders for the type of surgical preparation to be performed and when, insertion of an IV cannula and what solution is to be started, insertion of a Foley catheter, or application of elastic hose. **All orders written preoperatively are considered canceled at the time the patient enters surgery.** Brand new orders must be written in their entirety for the postsurgical patient. "Resume previous orders" is not acceptable by most institutional policies.

Postoperative orders should include a schedule for vital sign measurement; directions for care of tubes, suction, and dressings; IV solutions to be infused; medications to be administered; diet permitted; measurement of I&O; directions for positioning, activity, turning, coughing, and deep breathing; and time to catheterize if the patient is unable to void and does not have an indwelling catheter. Additional orders may request circulation checks or monitoring of neurologic status.

TAKING VERBAL ORDERS

Taking verbal and telephone orders can be unsafe unless carefully performed. The individual giving the order can misspeak, and the individual receiving the order can mishear, misunderstand, or misinterpret the order due to numerous factors such as distractions, background noise, different pronunciations or accents, or cell phone noise. The Joint Commission discourages the use of verbal and telephone orders unless absolutely necessary because they can be unsafe unless specific guidelines are followed. If a physician is present on the unit, he should write orders rather than giving verbal orders. If implementation of an order is time critical and the physician is not available in person, a telephone order may be the most appropriate and efficient way to provide expedient care to the patient. When taking verbal or telephone orders, the nurse is expected to write the orders in the chart for the physician to sign later.

Safety Alert

Readback

The Joint Commission International Center for Patient Safety developed guidelines for accepting and transcribing verbal or telephone orders. According to the guidelines, institutions must verify verbal or telephone orders by having the person receiving the order "read back" the order to the person initiating the order, usually the physician. This **readback** requires that the person accepting the order actually write the order down in the chart in order to read it back.

The ability of the LPN/LVN to legally take verbal orders from a physician depends on state laws and the written policies of the employing agency. **Verbal orders can only be taken by licensed nurses, and in some states only by an RN.** Some institutions stipulate that verbal orders not be taken except in emergencies.

If your state and agency allow you to take a verbal or telephone order, follow the guidelines in Box 10-3. The nurse enters it on the physician's order sheet and marks it "V.O." (verbal order) or "T.O." (telephone order) with the date, time, first initial, last name, and professional designation (LVN or LPN). **The physician must sign the written form of the verbal order as soon as possible.**

DOCUMENTING FOR REIMBURSEMENT

All nurses must document care delivered and equipment used for a patient; otherwise the hospital may not be reimbursed. A charge nurse or supervisor makes certain that all staff are documenting correctly. Each type of agency has guidelines regarding the details of

Box 10-3 Guidelines for Taking Telephone Orders

- Have the patient's medical record open to the appropriate page to accept a new physician order. Have a pen ready. Know the physician's name.
- Write the order verbatim (word for word) as it is given to you by the physician.
- Read it back to the physician as written; verify spelling of medications or diagnostic tests. Do this every time with every physician. Ask the physician to confirm that the order is correct.
- Document the date and time, and indicate "T.O." for telephone order with your first initial, last name, and LVN or LPN.
- Ensure that the physician signs off on the order when making rounds; this must be done within 48 hours in most agencies.
- If a telephone order is requested during the hours from midnight to 6 A.M., have another person, preferably a nurse, on an extension to verify the order. Physicians awakened from a sound sleep sometimes do not recall the exact order. Have the other nurse initial the order, or have the other person document the order as he heard it given and sign it.
- Make an entry in the nurse's notes describing the circumstances that prompted a telephone order. Include the statement that the orders were read back to the physician and that they were confirmed to be accurate by the physician when read back.

care that must be documented and how often each must be noted.

In the long-term care facility, the Minimum Data Set (MDS) must be filled in as accurately as possible for the facility to receive the maximum Medicare or Medicaid payment for services rendered. Many facilities use a special MDS coordinator to ensure that these multiple-page forms are filled in correctly. Poor documentation may lead to fines imposed by the U.S. Department of Health and Human Services, as well as decreased reimbursement.

RISK MANAGEMENT

The increasing occurrence of lawsuits against health care facilities, physicians, and nurses has focused attention on **risk management** (management of areas to decrease risk of harm to patients, occurrence of lawsuits, or excessive damages awards by juries). Risk management practices attempt to prevent unfavorable events or to reduce the agency's liability. A key risk management tool is to practice nursing following accepted professional standards and the agency's policies and procedures. The unit leader must insist that all workers adhere to the facility's written policies and procedures. Nurses must uphold the standards of practice for the area in which they work. Attending to patient complaints and showing concern when patients are upset can help decrease the risk of a disgruntled patient suing if something goes wrong. It is important to advise your supervisor when a significant problem has occurred on the unit, along with writing an incident report when there has been cause for a patient or the patient's family to be upset with care (see Chapter 3 for a discussion on incident reports). Mediating patient and family complaints is part of the leadership role.

Leadership and management skills develop with practice and continued learning. Professional growth is an important aspect of an evolving career in nursing. Each nurse should seek his own direction and pursue growth opportunities. Taking classes to improve skills or finding an experienced nurse to be a **mentor** (teacher or coach) are a few examples. After a year of experience in direct patient care, enough confidence may have been gained to take on greater responsibility in a leadership role.

Get Ready for the NCLEX® Examination!

Key Points

- Leadership requires a good grasp of management techniques, effective communication skills, clinical competence, knowledge of the agency's organizational structure, and an understanding of yourself and the effect of your leadership and communication styles on others.
- Laissez-faire leaders offer little, if any, direction; autocratic leaders tightly control team members; and democratic leaders frequently consult other staff members and seek participation in decision making.
- Organization of work tasks for the unit is essential; delegation is necessary to accomplish the workload.
- To safely and effectively delegate, you must know the capabilities and competencies of the person to whom you are delegating, understand which tasks you can legally delegate, avoid delegating interventions that require professional judgment, and provide feedback.
- Delegation and team leading are beginning leadership functions of the LPN/LVN.
- The charge nurse is responsible for the total nursing care of the patients on the unit during the shift. This position requires training and experience in administration and supervision of other personnel.
- Computer expertise is necessary for work efficiency; computers are becoming essential to patient care.
- Risk management techniques include following policies and procedures and showing care and concern for patients.

Additional Learning Resources

SG Go to your Study Guide for additional learning activities to help you master this chapter content.

Evolve Go to your Evolve website (http://evolve.elsevier.com/deWit/fundamental) for the following FREE learning resources:

- Animations
- Answer Guidelines for Think Critically boxes and Critical Thinking Questions and Activities
- Answers and Rationales for Review Questions for the NCLEX® Examination
- Glossary with pronunciations in English and Spanish
- Interactive Review Questions for the NCLEX® Examination and more!

Review Questions for the NCLEX® Examination

*Choose the **best** answer for each question.*

1. Which is an example of democratic leadership?
   1. The manager explains new rules for staff scheduling, then asks for a vote on how to implement them.
   2. Will, the charge nurse, directs others during an emergency situation.
   3. The nurse manager asks advice from her staff nurse friends as she determines the unit holiday schedule.
   4. The charge nurse chooses to ignore staff nurses' failure to follow unit policies and procedures.

2. The ideal type of leadership to be demonstrated by the nurse managing a patient experiencing a cardiac arrest is the _____ type of leadership. *(Fill in the blank.)*

3. A good way to handle conflict is to: *(Select all that apply.)*
   1. speak sternly to those involved.
   2. tell those involved to solve the problem.
   3. quickly impose a resolution to the problem.
   4. remain calm and open and listen to all sides.
   5. focus on the issues, not the personalities involved.

4. Delegation of a specific task to a UAP requires: *(Select all that apply.)*
   1. knowledge of the UAP's competencies.
   2. understanding of the nurse practice act.
   3. direct supervision of the performance of the task.
   4. documentation that the task was delegated.
   5. follow-through by verification that the task was completed.

5. Giving constructive criticism should begin with:
   1. providing feedback on past performance.
   2. stating consequences for the poor performance.
   3. acknowledging feelings or expressing empathy.
   4. asking how you can help improve performance.

6. When managing your time during your shift, what should you do first?
   1. Make patient rounds.
   2. Delegate tasks.
   3. Set priorities.
   4. Create a time schedule.

7. The nurse manager is selecting the next nurse she wants to promote to the charge nurse position. Which candidate would be the best choice?
   1. Cindy, a young new graduate with a bubbly personality who gets along with everyone
   2. Elaine, out of school for 9 months, who is articulate and highly organized and once held leadership positions in another field
   3. Gladys, an experienced nurse of 20 years with a sarcastic disposition, who knows the unit better than anyone
   4. Charles, a traveling nurse, who recently relocated to the area, and who often ignores physician orders that are different from what he thinks is best for the patient

8. According to The Joint Commission, there are safety concerns about: *(Select all that apply.)*
   1. use of abbreviations.
   2. computerized medical records.
   3. handoff communication.
   4. delegating tasks to UAPs.
   5. use of verbal orders.

9. If a patient has a heating pad ordered, but its use is not documented, the insurance company:
   1. will pay because the physician ordered it.
   2. may deny payment because there is no evidence of use.
   3. may request further information.
   4. will request verification from the nurse that the pad was in use.

10. The goal of risk management is to:
    1. minimize agency liability.
    2. minimize the number of risks present in the hospital.
    3. minimize the amount of risk the nursing staff is allowed to take.
    4. increase nursing competence, thereby decreasing risk of patient injury.

11. One risk management technique that is known to often be effective is to:
    1. call family members by their given names.
    2. assign the same nurse to care for the patient all week.
    3. listen empathetically to complaints or concerns.
    4. tell the patient the physician knows best.

Critical Thinking Activities

Read each clinical scenario and discuss the questions with your classmates.

Scenario A

You are assigned eight medical-surgical patients on the day shift. You have one nursing assistant who can help you but who also is assigned to help another nurse. What tasks should you consider delegating to this UAP? How would you verify that the tasks you have delegated have been done and done correctly? Would this method help build team spirit?

Scenario B

You are team leader on one hall. Two of your staff begin to bicker about who should answer the call light that keeps coming on. How would you handle the situation?

Scenario C

A patient needs to have her blood glucose checked before breakfast. You want the nursing assistant to perform this task, and she has been trained to do it. The nursing assistant approaches the patient to perform the procedure, and the patient refuses. How would you handle this refusal?