

N443 Leadership and Management

Behavioral Questions for the Professional Portfolio

Section 1:

1. Tell me about a mistake you made in the clinical setting and how you managed it.
 - a. One time I sent a specimen tube down to the lab that did not have a label. I immediately went to my charge nurse and told them to expect an SEM and what mistake I had made.
2. Tell me about a time you experienced conflict with a coworker and how it was resolved.
 - a. One shift I was very frustrated with the nurse I got paired with in my opinion she was utilizing us entirely too much, which wasn't really anything too unusual but just the way she went about it. It wasn't a "hey can you do this" kind of thing it was a "when you're done with that then this needs done" situation. I felt like if she would have been kinder about it and said please, thank you, or are you busy? The verbiage and tone of phrases just came off very bossy and I like to think I work with people not for them. I let it go but I did talk to my coworker, an RN, about it who also was working with her as her pod partner. I was just venting and said I was just frustrated and tired and it was a difficult shift working with that nurse. She noticed what had happened and said I should talk to her. I honestly do not like conflict if it involves me, I try to avoid that as much as possible. A few shifts later I worked with this nurse again and she actually apologized for the way she came across previously. She said she was a CNA for 10 years and never would want to be that kind of nurse. She used please, thank you and do you mind, or if you have time can you. I told her it makes a huge difference in the shift when someone treats us like we are a human being and not just a tech. I also thanked her for acknowledging the issue.

Section 2:

1. Tell me about a time you went above and beyond for a patient or their family.
 - a. Working in the setting of an emergency room we come across many situations and circumstances including death. Many instances I have had patients' family members standing next to me as I try to resuscitate their loved one. One specific situation a good friend of mine was in the emergency room with her mother who was very ill. I was assigned to their room and checked on my friend and her mother often. We both knew that her mother was very ill and might not make it. Unfortunately, her mother's condition declined, and she passed away. I was able to sit and be with her so she would not be alone. I was able to call her husband and her kids to let them know what had happened. She said she was grateful for my presence and was glad she had a friend there to support her. I would say deputy coroner and have worked often when death has occurred, and I've had to talk to the family members and tell them what happened. I am familiar with the

process and understand how uncomfortable it is to discuss the death of their loved one. And I feel I can have the compassion and respect necessary to be able to talk to the family that remains in a comfortable non awkward way.

Section 3:

1. You are caring for a client that you have had for 3 days in a row. After reviewing your client's vitals, you see that their blood pressure is decreased, their pulse is increased, their urinary output is decreased, and they are increasingly confused. When you call the provider, they dismiss your concerns and do not give you any new orders. What do you do?
 - a. In a situation such as this you should be familiar with this patient and would recognize the stable vitals. I would assess the vitals and neurologic status for myself. After reviewing their chart and vitals and realizing they were becoming an unstable patient and contacting the provider who deemed it nonessential and dismissed my concern, I would then go to my Charge Nurse and let them know about my patient and the unstable vitals I had gotten myself and told them I had contacted the provider with no additional orders and they did not seem concerned about the patient's condition. I would be sure to have an updated set of vitals, current medications the patient was on, and all pertinent information related to the patient. I would also try other methods to stabilize or help the patient in any way. Hopefully the Charge Nurse would also be able to recognize the decline of the patient's condition as well. As a seasoned nurse, hopefully they would contact the provider as well and see if they would have any new orders on the patient. If this is a situation in which I am a new grad RN I realize it takes time to gain the trust of the providers.