

5 Diamond Patient Safety Program

Decreasing Patient & Provider Conflict

Polishing Up on Professionalism

2008

Good fences build good neighbors.

~ Robert Frost

** This presentation was collaboratively developed by the Mid-Atlantic Renal Coalition (MARC) and the ESRD Network of New England for the 5-Diamond Patient Safety Program.*

The 5-Diamond Patient Safety Program is endorsed by the Renal Physicians Association (RPA) and American Nephrology Nurses' Association (ANNA).

Objectives

- Professionalism pitfalls
- Proper professionalism
- Professionalism case studies-how it affects what we do
- Promoting professionalism in the dialysis unit

What is professionalism?

- *Mirriam-Webster*-exhibiting a courteous, conscientious, and generally businesslike manner in the workplace
- *Social Work Dictionary*-the degree to which an individual possess and uses the knowledge, skills, and qualifications of the profession and adheres to its values and ethics when serving the client
- Boundaries: Lines that are drawn to protect patients from being exploited by professionals who are more powerful
- Communication style and self awareness

Why care about professionalism?

- Network- Grievances often center around professionalism
- Employee- Code of Ethics; builds confidence
- Employer- Prevents burnout and promotes mutual respect
- Patient- Patient is satisfied

Case Scenario 1

- Patient calls the Network and files a grievance. Among many things, he states that he refuses to have a certain technician cannulate him because the technician had been talking about the horrible divorce she was going through, and she was angry. He was afraid that she wouldn't concentrate on his arm.

Case Scenario 2

- A facility calls to report a behavior problem in a patient. He refuses to allow but one technician to cannulate him. It was discovered that this technician had been telling him that she would take the best care of him and that she would ensure nothing would happen to him.

Case Scenario 3

- A grievance was filed by a patient who stated she had been giving a nurse \$20 per treatment to provide her with the best care possible. Subsequently, the nurse did provide great care, but became overwhelmed with the amount of work it took to keep the patient happy.

Case Scenario 4

- A Retired Colonel calls the Network disgruntled that the social worker is disrespectful because she calls him honey, sweetie, baby, child, cutie.

Case Scenario 5

- A dialysis facility dietitian has been trying to explain the importance of monitoring potassium. The patient begins yelling at the dietitian that she didn't eat much potassium, and she was sick and tired of being harassed. The patient continues to get louder and tells the dietitian, "What do you know? You are too fat yourself!" The dietitian says to the patient, "If you don't shut up you can never come back here!"

Case Scenario 6

- Patient calls the Network to state that proper sterile technique is not used, upper management won't pay the nurses enough, and nurses aren't getting a raise this year. Patient states that he doesn't want to dialyze there any longer because of this.

Case Scenario 7

- Patient called the Network and stated that last Friday the head nurse took him home from dialysis because his brother was sick. When he returned on Monday his brother was still sick, but the nurse wouldn't take him home. He was upset that the staff didn't care.

Professionalism Pitfalls

- Over self-disclosure-discussing personal problems
- Super-Nurse, Super-Tech, Super Social Worker, Super Dietician
- Special treatment to a patient-bending the rules
- Patient giving staff special attention
- Selective communication
- “You and Me against the World”
- Name calling
- Threatening
- Discussing employer/employee issues (salary, staff errors, etc.)

More Pitfalls

- Moralizing
- Ordering
- Psychological diagnosing
- Gossip
- Flirtations
- Inappropriate dress
- Gifts

Proper Professional Behavior

- Encouraging patient self-determination
- Providing informed consent
- Competence
- Not taking unfair advantage of any relationship
- Not having dual relationships
- Respecting privacy/confidentiality
- Explaining to staff our Codes of Ethics
- Empowering patients rather than creating dependency

Why is professionalism hard in the dialysis unit?

- Staff have baggage
 - Difficulties at home
 - Challenging situations at work
 - Time constraints
 - Not enough staff
 - Multiple losses
- Patients have baggage
 - Decreased ability to function independently
 - Multiple losses
 - Difficulties at home

How do we stop “baggage” from affecting us?

- **MAINTAIN BOUNDARIES!!!**
 - What is your purpose here?
 - Why are you here?
 - What is the goal?
 - Whose needs are supposed to be met?

HELPING RELATIONSHIPS ARE NOT RECIPRICAL!!
PROFESSIONALS GET PAID!

Rational Detachment

Rational detachment is the ability to stay in control of one's own behavior and not take acting-out behavior personally.



Rational Detachment

- Staff not able to control baggage, but can control how they react
- DO NOT internalize feelings
- DO NOT overreact
- This is OUR responsibility, not the clients'

How do we rationally detach?

- Know yourself
 - What pushes your buttons? Don't let someone find out for you.
- Recognize your limits
 - What is your tolerance level?
- Anticipate and have a plan
 - Positive outlets and coping skills
- Our response can either escalate or de-escalate the situation.

What if I am not sure whether I am being professional?

- Ask yourself these questions:
 - Would this be allowed in another medical setting?
 - How does this activity assist the patient in care of his or her ESRD?
 - Can this be documented in the medical record?
 - Are you willing to do this for all patients?

How to Promote Professionalism in the Dialysis Unit

- Be aware- if you deny power you are at risk for misusing it
- Be observant
- In-service over and over again

Where to go for help

- “Drawing the Lines of Professional Boundaries” NKF
- The Ethics of Relationships
- Mary Rau-Foster
- “Professional Boundaries: A nurse’s guide”