



2016 NCSBN Discipline Case Management Conference - Remediating Practice Breakdown

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Event

2016 NCSBN Discipline Case Management Conference

More info: <https://www.ncsbn.org/8370.htm>

Presenter

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- [Rene] I want to start first with managing expectations. I do not have a golden ticket. I don't have a secret formula to share with you to eliminate and banish practice issues forever more. So if that's what you thought this was going to be about, I'm sorry. I don't want to disappoint you. I do however have a few ideas about world peace. I'd be happy to share those with you. I do think that that's a little bit easier to handle. But, that's not what you came here for either. So what I am going to do is I'm going to describe one approach, one tool that we have used in

adult learners. Have they done something we can be confident that they have...they're an appropriate educator? Because we've, over time, developed a bit of a stable of consultants, we also get to know the quality of their reports and there are times when consultants have submitted reports and they haven't really a

that spills over into HIPAA violations. You can have your social media issues with or without HIPAA violations. A really challenging issue that we're focusing on a bit more is this interpersonal communication and that was touched on yesterday in one of the sessions. And our board of nursing looks at that pretty seriously. You know we're not just talking about the individual who sort of woke up on the wrong side of the bed and went to work with a crabby face. We're talking about the individual who consistently and often times in more than one practice setting, just really seems really unable to get along with their colleagues. And we know that even if it hasn't directly impacted the patient, that is in other words, they're reasonably appropriate with patients and patient family members, we do know that it's disrupting the dynamic of the care team. And so that sometimes can be the focus of it. That can also be called just professionalism, you know? Using appropriate language, not cursing, that sort of thing. We also have individuals who may have been educated abroad and are really having some difficulty acculturating to some of the cultural norms. And we find that that one-on-one consultation is beneficial for that because it helps get past any defensiveness. It isn't necessarily to say your world view or your point of view is wrong, it's just we want to help you understand how this is coming across to others. How this is coming across to your patients? Kind of related to that is again the impact of body language. Some people just don't understand that...this is kind of a negative defensive attitude. So, again, that individualized consultations seems to be pretty beneficial for things of that nature. And then finally, we have things that can be specific to the setting where the individual worked. Home care, assisted living, schools, they're such sort of unique practice settings. In particular we find in the home care and assisted living, that many times people have come there from another... They've had years of experience perhaps in a nursing home or something, and they go to the assisted living arena and it's very different. They're used to having much more hierarchy, they're used to having more pre-established policies and procedures and they sometimes don't realize that actually if you're the only nurse, you just became the DON and so that policy procedure development and whatnot is now on you. And of course both...home care, as are many areas of nursing practice, is highly regulated. And so sometimes the individuals aren't as familiar with those specialized regulations as they need to be. And for those kinds of things, there are some courses that are on point, but, you know, they're not always available. So, sometimes that individual consultation is the way to go with that. So I think I've kind of touched already on what we perceived to be some of the benefits of this. Clearly, the instruction is tailored to the licensee's needs. There's the opportunity for dialogue, immediate feedback and modification of the teaching plan. So clearly the consultant, when they're creating their teaching plan, has not spent much time talking to the licensee. They have a copy of the licensee's orders so they can see what led to the discipline. So they have that. But once they get to talk to the licensee, it may be a rather different picture. Again, that opportunity for immediate feedback, if they're realizing that the licensee is not comprehending what they're talking about at the moment, they can redirect them and that sort of thing. Again, as I alluded to earlier, we think that there's a greater opportunity for the licensees to express maybe more fully, maybe more in depth his or her understanding of the issues. We know that coming into what we call a conference setting where the licensee may or may not be represented by their choice. They come in and they're meeting with myself or one of my colleagues. And we have a board member present and we always have our attorney there. And sometimes it isn't perhaps that they don't know it, they just can't get it out. And so when they have that opportunity for one-on-one, they can more fully express their understanding. As I noted, they're both prior to and after the instruction. The

other piece that I alluded to earlier is, the consultant is there to benefit them. They're there to support the licensee and obviously at times, they have to both point out reality and say, "Hmm, no, I'm not sure that's quite correct," but they can do so in a sort of more personalized sort of way. Potentially, you have greater flexibility in scheduling. So I mentioned the specialized courses in home care for example. If they're only offered two times a year and you want this person to have some remediation more quickly than that, this can be a good alternative. It's more likely, you know, that if the nurse works the night shift, maybe the prime time for them to get their instruction is from 5 to 8 p.m. Well, CEs might or might not be offered at that time.

