

Human Resource Considerations

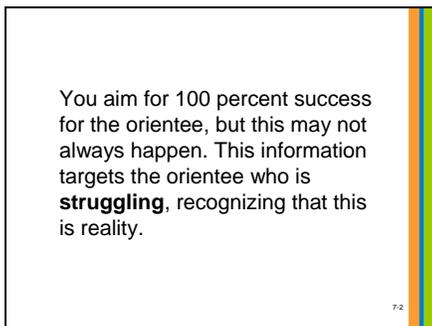
Purpose	The purpose of this presentation is to discuss potential human resource issues and the ramifications and liability of being a preceptor.
Time	15 minutes
Objectives	<ul style="list-style-type: none">• Identify potential human resource and legal issues associated with precepting• Explore the pitfalls of precepting through a discussion of case studies
Outline	Human Resource Issues Liability Documentation
Materials Needed	<ul style="list-style-type: none">□ PowerPoint file NPA_7_Human Resource□ Any hospital-specific guidelines from your human resources department or legal counsel that you wish to provide your preceptors



Human Resource Considerations

PPT 7-1

For the next 15 minutes, we are going to examine potential human resource and legal considerations associated with precepting and discuss several case studies.



You Aim for 100 Percent Success

PPT 7-2

Introduce this topic:

What would Judge Judy say in her courtroom if you were the preceptor being sued by your preceptee for an incomplete orientation and firing from her job? Although this has never happened, think about it.

Although unusual, you must expect that there will be an orientee is not successful in his/her orientation for whatever reason.



Legal Responsibility

PPT 7-3

The institution is ultimately liable for that nurse. However, anyone can be sued at anytime for anything. You have an insignificant or minimal risk of a lawsuit based on your role as a preceptor. The money is in the hospital, not the individual.

Add a relevant comment based on your own experience or consult with your hospital's legal counsel for appropriate content to include here.



Responsibilities in Documentation

PPT 7-4

Documentation **MUST** be timely, consistent, factual and objective. Remember the importance of **ACCURATE, OBJECTIVE** documentation. The orientee's records are his/her responsibility to keep private and find a safe place to keep them. However, the records must be accessible to you for documentation purposes. You will have access to these records only during the active orientation process. After orientation is complete, the records then become confidential and are hospital property. You are not entitled to copies of these orientation records.

Please also remember to maintain verbal confidentiality for the orientee. For example, do not discuss his/her poor technique for IV sticks while having lunch in the cafeteria.

If you feel that anecdotal notes would be helpful to you in certain situations, you certainly have the right to document this information. This also is confidential information. If you feel strongly enough about a situation to document it, then please discuss the situation with your unit manager.

The preceptor should document his/her recommendation at the bottom of the checklist, where all three parties (preceptor, orientee, manager) sign it. A meeting with the manager, the new orientee and the preceptor would be very important in this situation. All parties must communicate. Be sure to get the orientee's feedback, as well. If the situation remains the same after the meeting, the preceptor may then address his/her concerns to the manager's supervisor. Always follow the chain of command at your hospital.

What if you, the preceptor, feels that the orientee is not ready to complete orientation?



7.5

What if the orientee is not ready?

PPT 7-5

If documentation has been ongoing, will this be a surprise to the orientee? The manager? This should all be documented on the checklist, and the three parties sign the recommendation. All parties **MUST** communicate. Get the orientee's feedback, too.

What do you do when your orientee does not pass boards?



7.6

When Your Orientee Does Not Pass Boards

PPT 7-6

As the preceptor, offer your support and encouragement. It may be several days before your preceptee returns to work in a different role and capacity. If possible, call him/her before to express your support.

Listen to your preceptee. Let him/her tell you his/her story. In a few days, ask what your preceptee needs from you.

If possible, help with resources available, such as study guides. Encourage your preceptee to take care of himself/herself and let him/her know you are available if needed.

What do you think about having liability insurance?



7.7

Liability Insurance

PPT 7-7

One source will tell you that you need to have liability insurance, and another will tell you that you do not need liability insurance. If you work for one hospital, that hospital will have insurance or be self-insured to cover a lawsuit, should it happen.

However, if you are involved in community projects such as teaching CPR, are flight nurse, a traveler or work on-call in several hospitals, it is best to have your own coverage. If you have

liability insurance, ensure that it covers legal representation.

Case Study

- A nursing student was negligent in the fall and injury of a patient during transfer. The nursing student was at an educational level in which she had the training and should have been able to care for this patient. The student nurse testified that she had received training to assist patients with ambulation and transfer. The preceptor testified that the patient needed someone close with her at a safe distance at all times to ambulate. The health care facility was held to the same legal standard for a student's error as an error by an RN.

7.8

Case Study I

PPT 7-8

In the first case, the student was “employed” by the hospital to work as a student. Schools of nursing sign contracts with hospitals each year. This renders the hospital “responsible” for the student’s actions. The student is NOT working under the license of the nurse. This is a common misconception.

Note: This case is about a nursing student rather than a graduate nurse or a new experienced hire. We include it here because the participants often have questions about liability with nursing students.

Case Study

- The 58 year old patient went to the hospital's intensive care unit following cardiac bypass surgery. On his second post-op day he began to have cardiac arrhythmia. The graduate nurse caring for him asked her preceptor what to do and was told to call the cardiologist.

7.9

Case Study II

PPT 7-9

Note: PPT 7-9 through PPT 7-11 all refer to the same case.

What do you think? Would it matter if the GN was on the 1st week of orientation or the 9th week of orientation? Would you be comfortable giving this direction knowing what you know about this patient? Legally, you should have completed this part of the preceptee’s checklist to determine competency. If the preceptee is competent, is the preceptee comfortable with the task? You are ultimately responsible for the patient if your preceptee is still on orientation. You may not be liable for your preceptee’s actions, but you are liable for your own actions or lack of actions.

- The cardiologist ordered .25mg of digoxin. The graduate nurse said the cardiologist ordered 1.25mg. The preceptor phoned the pharmacy to deliver the med. But, the patient was worsening so the preceptor told the graduate nurse not to wait for medication from the pharmacy but to get the med from stock. The graduate nurse, unsupervised, obtained three .5mg vials and pushed 2 ½ of them (1.25mg) into the patient's IV line.

7-10

Case Study II

PPT 7-10

What went wrong here? Do you know the policy for getting medications from the pharmacy? Also, do you, the experienced nurse, know the “usual,” “recommended” dose of digoxin? By not waiting for pharmacy to stock the medication, you miss that last line of defense/protection against the overdose.

What happens to the patient? This will determine if there will be a lawsuit. There has to be damages. Everyone can sue anyone. However, for attorneys to take the case, there must be damages.

- Shortly, the pharmacist phoned the preceptor to question the amount of dig ordered. Only then did the preceptor realize she had allowed the graduate nurse to push five times the amount that was actually ordered.

7-11

Case Study II

PPT 7-11

Do you think that both the preceptor and the preceptee were negligent?

Time Frame for Orientation

- 30 Days: Review progress.
- 60 Days: Review progress.
Provide coaching:
positive & constructive.
- 80 Days: Make a decision.
Are they a good fit?
- 90 Days: Introductory period ends.

7-12

Time Frame for Orientation

PPT 7-12

Here’s an example of a common time frame for orientation. It is important to remember that some employers have a 90-day probationary period to consider if the employee is a “keeper” or not.

Consult with your hospital’s human resources team for appropriate comments to include at this point. You may want to edit the slide if your orientation time frame differs.

Avoid Wrongful Terminations

- Documentation
If it's not written down, it didn't happen.
- Reasonable person standard
Performance, not personality
- Progressive discipline
Shows you gave employee opportunity to improve
- Consistency
- Contact Human Resources
They are a neutral party.

7-13

Avoid Wrongful Terminations

PPT 7-13

The importance of all this comes down to documentation on the orientation checklist. It should not be a surprise to anyone if the employee is not successful as all parties (preceptor, preceptee, manager, educator and HR) should already know.

Documenting your preceptee's progress in writing is a good guideline to follow. In court, verbal testimony under oath can be evidence that something happened, even if it was not documented. However, the case may not get to court and settle before a trial.

Your HR team is a wonderful resource for you when you, your manager and educator have questions about your preceptee's progress.

File: G-NPA Instructor Tab 7 Human Resource