



A nurse needs to know the Board of Nursing standard of care for nurses in her state.

The safest ways for a nurse to protect him- or herself while advocating for patient safety are:

- When at all possible, include one or more supervisors in discussions with physicians when questioning a physician's order.
- Understand that any refusal to follow a physician order must be based on evidence and standard of care, not just difference of opinion.
- When there are valid arguments for two different ways of treating patients, and the attending physician orders one way and the nurse believes in another way, the physician wins. However, nurses certainly may voice their opinions and use their skills of persuasion to try to change the physician's mind.
- If a physician's order requires a nurse to exceed his or her scope of practice, the nurse has a legitimate basis for refusing to carry out the order. However, diplomacy is advised.

Malpractice is negligence, misconduct, or breach of duty by a professional person that results in injury or damage to a patient. In most cases, it includes failure to meet a standard of care or failure to deliver care that a reasonably prudent nurse would deliver in a similar situation.

Nurses caring for patients have a responsibility to be an advocate for the patient. While not bearing responsibility for making medical decisions and judgments, the nurse bears significant accountability for intervening when it appears that decisions and judgments are not consistent with the standard of care. An effective communication policy that is well known by all nursing staff and physicians can, by its very existence, improve the quality of care delivered to patients, thereby improving patient outcomes and hopefully lessening the number of catastrophically injured infants.

The Informal Power of Nurses for Promoting Patient Care

[Paynton, S.T., \(October 27, 2008\) "The Informal Power of Nurses for Promoting Patient Care", OJIN: The Online Journal of Issues in Nursing; Vol. 14, No. 1](#) Scott Paynton concluded:

In spite of the move toward collaborative communicative efforts among healthcare practitioners, the narratives of these participants revealed that nurses often continue to use informal power strategies to reach intended patient outcomes when formal constraints prevent them from doing so. Participants' narratives demonstrated that these nurses felt generally obligated to follow the formal power of physicians and healthcare organizations in the implementation of care for patients. The exception to this rule manifested itself when participants believed that physicians' and/or organizations' choices for patient care were inappropriate. In these instances, nurses chose to utilize significant informal power to advocate for suitable patient care. The ultimate code for nurses throughout this study was to serve as patient advocates.

Although physicians remain the main targets of medical malpractice lawsuits, malpractice suits against nurses are on the rise. From 2000 to 2009, about two in every 100 medical malpractice claims were against a nurse either specifically or as an employee of a hospital. According to the Journal of Patient Safety between 210,000 and 440,000 people suffer some kind of preventable harm in a hospital each year.

Nurses are being sued for:

- failure to follow standards of care
- failure to assess and monitor
- failure to communicate
- failure to document
- failure to act as patient advocate or follow the chain of command
- negligent or inappropriate delegation and supervision
- failure to use equipment responsibly
- working while impaired (by fatigue or use of controlled substances)
- medication errors

Be PROACTIVE:

- perform skills within scope
- stay current
- know your strengths
- know your weaknesses
- never make a statement
- document
- know chain of command
- be open and honest
- think about insurance

We all make mistakes...Can we talk about them? TED Talk:

https://www.ted.com/talks/brian_goldman_doctors_make_mistakes_can_we_talk_about_that