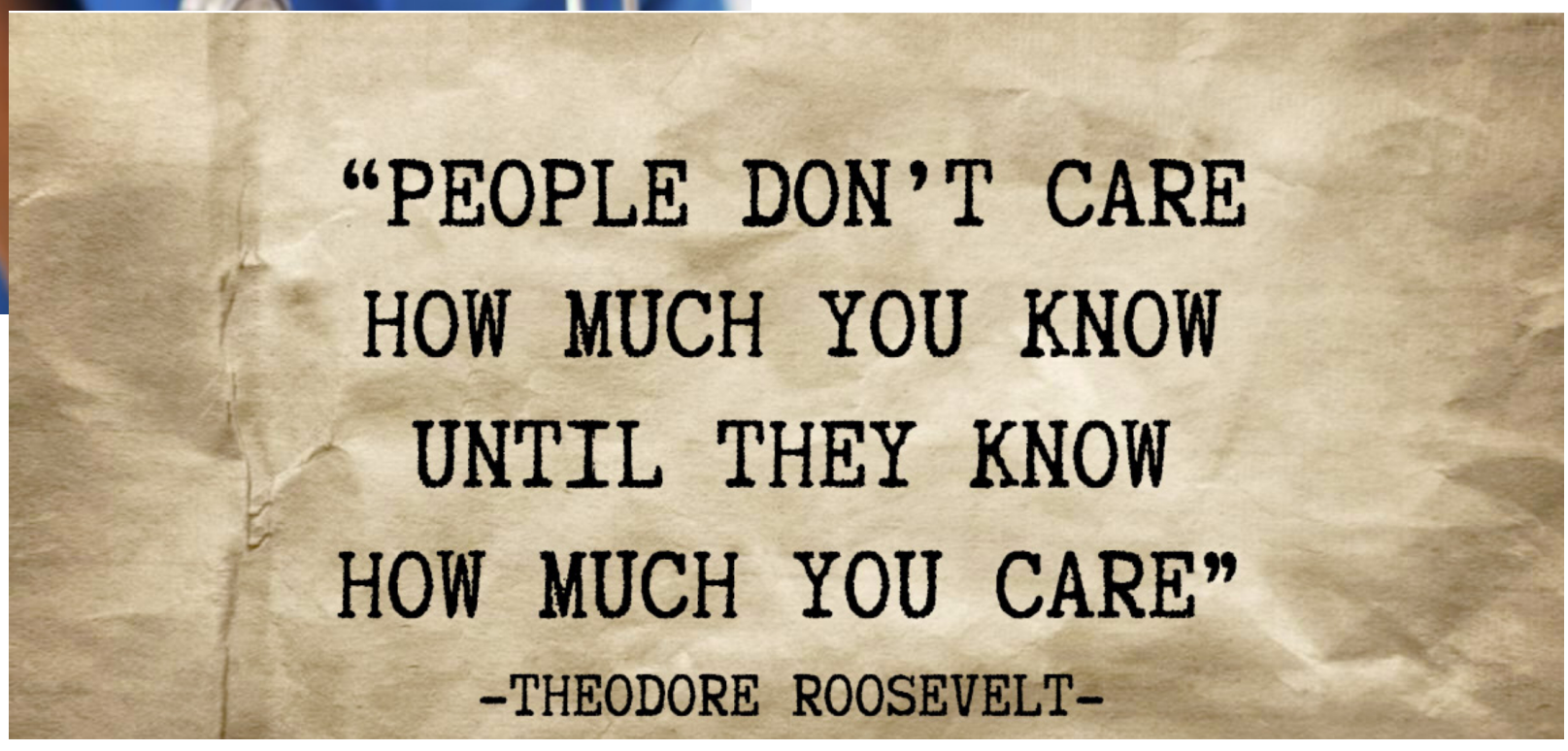
Appunti d'aula CDL Infermieristica

ENGLISH FOR NURSING



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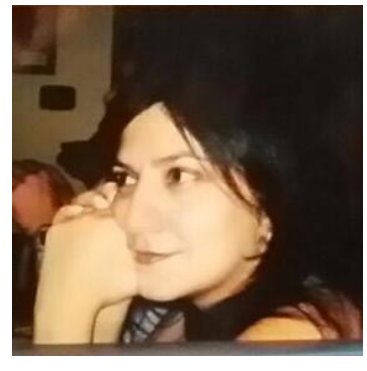

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Lesson 1

ROLES AND FUNCTIONS OF THE NURSE

https://study.com/academy/lesson/roles-and-functions-of-the-nurse.html

Which are the different roles of a nurse?
Can you describe each role?

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Roles and Functions of the Nurse

What exactly does a nurse do? Your answer probably depends on the experiences that you have had in the past. Most people think a nurse is someone who gives a shot at the doctor's office - or simply is a doctor's assistant. Furthermore, images of nurses in the media also paint a different picture of who a nurse really is.
However, a nurse has a number of roles that he or she performs, often at the same time, depending on a patient's needs. With all of the changes in healthcare over the last few decades, that role has expanded even more. Let's explore a few of these roles.

Caregiver

As a caregiver, a nurse provides hands-on care to patients in a variety of settings. This includes physical needs, which can range from total care (doing everything for someone) to helping a patient with illness prevention. The nurse maintains a patient's dignity while providing knowledgeable, skilled care.
In addition, nurses care holistically for a patient. Holistic care emphasizes that the whole person is greater than the sum of their parts. This means that nurses also address psychosocial, developmental, cultural, and spiritual needs. The role of caregiver includes all of the tasks and skills that we associate with nursing care, but also includes the other elements that make up the whole person.

Decision Maker

Another role of the nurse, as a decision maker, is to use critical thinking skills to make decisions, set goals, and promote outcomes for a patient. These critical thinking skills include assessing the patient, identifying the problem, planning and implementing interventions, and evaluating the outcomes. A nurse uses clinical judgment - his or her ability to discern what is best for the patient - to determine the best course of action for the patient.

Communicator

As a communicator, the nurse understands that effective communication techniques can help improve the healthcare environment. Barriers to effective communication can inhibit the healing process. The nurse has to communicate effectively with the patient and family members as well as other members of the healthcare team. In addition, the nurse is responsible for written communication, or patient charting, which is a key component to continuity of care.

Manager of Care

The nurse works with other healthcare workers as the manager of care and ensures that the patient's care is cohesive. The nurse directs and coordinates care by both professionals and nonprofessionals to confirm that a patient's goals are being met.

The nurse is also responsible for continuity from the moment a patient enters the hospital setting to the time they are discharged home and beyond. This may even include overseeing home care instructions. For nurses in the hospital setting, the nurse is responsible for prioritizing and managing the care of multiple patients at the same time, which adds another dimension to this process.

Patient Advocate

Being a patient advocate may be the most important of all nursing roles. As a patient advocate, the nurse's responsibility is to protect a patient's rights. When a person is sick, they are unable to act as they might when they are well. The nurse acts on the patient's behalf and supports their decisions, standing up for his or her best interests at all times. This can empower a patient while recognizing that a patient's values supersede the health care providers'.

Teacher

As a teacher, nurses help patients learn about their health, medications, treatments, and procedures as well as deal with challenges they may face during and after their illness. Patients often have questions and might be confused about all that is happening to them. As a teacher, the nurse may also need to instruct family members about how they can help a patient. In addition, discharge instructions, or instructions about what to do once they are not in a hospital setting, are important so that a patient can easily care for themselves at home.

Example of Roles

Now that we have discussed these roles, let's look at a patient example of how these roles are illustrated. Mr. Jones was playing basketball, and fell on the court. He broke his right hand and will have surgery tomorrow. The nurse comes in and gives him pain medicine, checks his hand for swelling, and offers him something to eat. She is his caregiver. Next, she sees that his swollen hand is dangling off the bed. She uses critical thinking skills to place a pillow under his arm to support it, which will reduce swelling. She is a decision maker. While doing these things, she is a communicator, as she speaks with him in an empathetic, supportive tone.

She sets up an occupational therapist to work with him at home, as he is right handed and will need help with his computer work. She is his manager of care. Mr. Jones asks her not to wake him up at night, as he is very tired and wants to sleep. As his patient advocate, the nurse stands up for his wishes and communicates with the rest of the healthcare team. Finally, as his teacher, the nurse explains to him what to expect before and after surgery, as well as the directions for his pain medication at home.

Lesson Summary

As you can see, a nurse wears many hats, and the role has many aspects that make it a rewarding, challenging, and complex profession. In summary, as a caregiver, a nurse provides hands-on care to patients. This includes holistic care, which emphasizes the whole person is greater than the sum of their parts, including a patient's psychosocial, developmental, cultural, and spiritual needs.

As decision maker, nurses use critical thinking skills to make decisions, set goals, and promote outcomes for a patient. As a communicator, the nurse has to communicate effectively with the patient and family members as well as other members of the healthcare team.

As a patient advocate, the nurse's responsibility is to protect a patient's rights, act on the patient's behalf, and support their decisions. Finally, as teacher, nurses help patients learn about their health, medications, treatments, and procedures as well as deal with challenges they may face during and after their illness

Lesson 2

NURSING PROCESS:PURPOSE AND STEPS

https://study.com/academy/lesson/nursing-process-purpose-and-steps.html

What is the purpose of the nursing process?
Can you describe each step in detail ?
What does a nurse do in each step?

Lesson Transcript

Purpose of the Nursing Process

What is the nursing process? In nursing, this process is one of the foundations of practice. It offers a framework for thinking through problems and provides some organization to a nurse's critical thinking skills. It's important to point out that this process is flexible and not rigid. It is a tool to use in nursing care, but one that should allow for creativity and thinking outside of the box.
Let's look a little more closely at the five steps. Here is an acronym to help you: ADPIE, which stands for assessing, diagnosing, planning, implementing and evaluating. For this lesson, we will be thinking of each part of the process as a slice of pie. All of the pieces added together give you the whole pie, or ADPIE.

Assessing

The first step in the nursing process is assessing. In this phase, data is gathered about the patient, family or community that the nurse is working with. Objective data, or data that can be collected through examination, is measurable. This includes things like vital signs or observable patient behaviors.
Subjective data is gathered from patients as they talk about their needs, feelings and perspectives about the problems they're having. In this step, information about the patient's response to their current situation is established.
Let me introduce you to Mrs. Apple, and we will start with assessing. The nurse takes her blood pressure, pulse and oxygenation level, which are abnormal. She also notes that Mrs. Apple is sweating and pale.

These are examples of objective data. Mrs. Apple states, 'I feel like an elephant is sitting on my chest' and 'I am scared.' These are examples of subjective data.

Diagnosing

The second phase of the nursing process is diagnosing. The nurse takes the information from the assessment, analyzes the information and identifies problems where patient outcomes can be improved through the use of nursing interventions.

Nursing diagnoses are different from medical diagnoses because they address patient problems that result from the disease process, while medical diagnoses focus on the disease process alone. The nurse takes the information he gathered during the assessment of Mrs. Apple and makes a list of her current problems. These include pain and fear, among others.

Planning

This moves us to the third phase of the nursing process, planning. The nurse prioritizes which diagnoses need to be focused on. The patient can, and should, be involved in this process. Planning starts with identifying patient goals. Goals are statements of what needs to be accomplished and stem from the diagnoses - both short and long term goals should be established. Next, the nurse plans the steps needed to reach those goals, and an individualized plan with related nursing interventions is created.

Let's go back to Mrs. Apple. The nurse, along with Mrs. Apple, sets goals for her pain management and plans steps to take. Although the nurse recognizes that Mrs. Apple is afraid, she prioritizes the pain first, knowing that addressing her pain may make her anxiety lessen.

Implementing

Professional nurses use the first three steps of the nursing process in order to provide excellent, thoughtful and purposeful nursing care. If we skipped straight to step four, the things that are best for the patient may not occur. The fourth phase of the nursing process, implementing, occurs when the nursing interventions, or plan, are actually carried out.

Common nursing interventions include pain management, preventing complications following surgery, teaching and educating patients, and procedures that are part of nursing care. In our scenario with Mrs. Apple, the nurse offers pain medication, teaches deep breathing and relaxation techniques, darkens the room and plays soft music for her.

Evaluating

The final phase of the nursing process is called evaluating. Here, the nurse measures the patient's progress toward the goals that were established in the planning phase. Keep in mind that as the nurse carries out the planned interventions, he or she is constantly re-assessing the patient, modifying diagnoses and adding to the care plan along the way as needed.

This evaluation may show that the patient's goals have been met and the problem is resolved, or it may indicate a need for change. If a patient is not responding to the plan of care, then the nurse has a responsibility to change the plan or even terminate it and start again. Remember, the goal is improved patient outcomes.

After about 20 minutes, the nurse checks on Mrs. Apple. She is resting quietly and reports, 'I feel so much better now. My pain is gone.' At this time, the nurse records Mrs. Apple's response and moves on to another diagnosis that he had discovered earlier in the assessment process. The cycle begins again.

Lesson Summary

Let's summarize the nursing process and the steps involved. The use of the nursing process is a patient-centered framework, or steps in which a nurse uses critical thinking skills to solve problems. The acronym ADPIE offers a great reminder of the phases of the nursing process. Assessing occurs when objective and

subjective data is gathered about the patient. Diagnosing, the second step, is where the nurse takes the information from the assessment, analyzes the information and identifies problems where patient outcomes can be improved through the use of nursing interventions.
Third, planning is when the nurse identifies patient goals, plans the steps needed to reach those goals and creates an individualized plan with related nursing interventions. Next, implementing is when nursing interventions are carried out. Finally, evaluating measures the patient's progress towards the goals and stays with the plan, changes it or terminates it.

Lesson 3

GOAL SETTING IN NURSING

https://study.com/academy/lesson/goal-setting-in-nursing.html

When does goal setting occur in the nursing process?
Can you describe the acronym SMART?
Can you write the correct examples of goal statements?

Lesson Transcript

Goal Setting in Nursing

In another lesson, we looked at the steps of the nursing process: assessing, diagnosing, planning, implementing, and evaluating. Goal setting occurs in the third phase of the process, planning. Because goal setting is so pivotal to nursing interventions and the plan of care, let's explore how to develop goal statements for nursing.
Is our goal for nursing care to heal patients? To help them get better? To help them get well? While these are certainly in the forefront of our minds, how do you evaluate these statements? What if the definition of wellness is different from one person to another? This is why nursing goal statements that are patient-centered and measurable are so important.

Smart Goal Criteria

Before we get into the specifics of nursing goals, let's discuss goal criteria in general. One way to help you remember how to write goals is to make sure they are SMART. SMART goals are Specific, Measurable, Action-Oriented, Realistic and Timely.
'Specific' refers to who, what, when, where, and why. 'Measurable' means that you can actually measure and evaluate the progress of that goal in a concrete way. 'Action-oriented' means there are actions that can be taken to reach the goal. 'Realistic' includes the ability to work on the goal, having the resources, attitudes, abilities and skills to reach this goal, and how realistic it is to coming to fruition. Finally, 'Timely' means that there is an end time frame or date at which the goal is going to be evaluated.

Let's look at one general example of a goal statement that a lot of us are familiar with: weight loss. Here is a common goal: 'I am going to try hard to lose some weight.' Now, let's make this goal 'SMART.' 'I will lose 10 pounds over the next month by exercising 3 times per week for 30 minutes and keeping a food diary each day.'
Why is this goal SMART? It is specific. The goal is 10 pounds. It is measurable. We can measure the actual weight loss at the end, and we can evaluate the number of times you went to the gym. It is realistic. Ten pounds over a month is not unreasonable, although a challenge, perhaps. Finally, the time frame is included as one month. At this time, we could review the plan and see if the goal was met or unmet. Let's discuss how to apply this strategy to nursing.

Purpose of Goal Setting

The purpose of goal setting in nursing is to:

- Provide direction for planning nursing interventions
- Serve as criteria for evaluating patient progress
- Enable the patient and nurse to determine when the problem has been resolved and
- Help motivate the patient and the nurse by providing a sense of achievement

Both short and long-term goals can and should be included in a nursing care plan. Short-term goals are often used in acute care settings, like hospitals. Here, most nursing care is focused on the patient's immediate needs. Long-term goals are important for home care in addition to longer stay facilities, like nursing homes, extended care facilities, and rehab centers.

Nursing Goal Criteria

When developing goals for patients, the nurse needs to look at several factors. Think back to the SMART goal criteria. In order to be specific, nurses focus on questions like 'What is the problem? What is the response desired?' To make it measurable, 'How will the client look or behave if the healthy response is achieved? What can I see, hear, measure, observe?'
Considering action-oriented, 'Are there steps and nursing interventions needed to reach that goal? Is this a realistic outcome for the patient? Have we considered all of the factors involved, including the client's capabilities and limitations? Does the patient have what he or she needs to reach that goal?' And finally, 'Is it timely? When do we expect the goal to be reached?'

Examples of Nursing Goal Statements

Here are some examples of vague goal statements one might see in nursing:

1. Increase patient hydration.
2. Reduce pain, and the patient will feel better.
3. Patient should be able to breathe deeper soon.

Let's rewrite those to make them 'SMART.' Here are some examples of excellent nursing goals:

1. The patient will drink 100 mL of water every hour for the 12-hour daytime shift.
2. The patient will report a pain level of 2 on a scale of 1-10 within 30 minutes of receiving pain medication.
3. The patient will demonstrate the use of correct breathing and coughing techniques after instruction and repeat action every 2 hours during an 8-hour shift.

Can you see how, by incorporating the criteria, these goals give structure and purpose to nursing care?

Tips for Writing Nursing Goals

Here are some tips for writing goals. Always start with 'The patient will,' not what the nurse hopes to accomplish. Setting realistic goals can also decrease frustration and discouragement. In addition, the nurse should make sure to evaluate the goal statements in the time frame set up and revise as needed.

As we have discussed, even though our goals for our patients are for them to heal, feel better and get well, these goals are difficult to measure and evaluate. It is much clearer to organize a care plan and empower the patient to see the progress and achievement of their wellness and health.

Lesson Summary

Let's review how to write a nursing goal statement and the purpose of nursing goals. First, the goal needs to be specific. What is the response desired? 'Specific' refers to who, what, when, where and why. 'Measurable' means that you can actually measure and evaluate the progress of that goal in a concrete way. How will the client look or behave if the healthy response is achieved? What can I see, hear, measure, observe? 'Action-oriented' means there are actions that can be taken to reach the goal. Are there nursing interventions needed to reach that goal? 'Realistic' includes the ability to work on the goal - having the resources, attitudes, abilities and skills to reach this goal. Is this a realistic outcome for the patient considering all of the factors involved, including the client's capabilities and limitations? Finally, 'Timely' means that there is an end date at which the goal is going to be evaluated. When do we expect the goal to be reached?

Finally, the purpose of goal setting is to provide direction for planning nursing interventions, serve as criteria for evaluating patient progress, enable the patient and nurse to determine when the problem has been resolved and help motivate the patient and nurse by providing a sense of achievement.

Lesson 4

PRINCIPLES OF RECORDING IN NURSING

https://study.com/academy/lesson/principles-of-recording-in-nursing.html

What is record keeping?
Which information is gathered and recorded?
Why is a proper record keeping vitally important in nursing?
Which are the principles?

Lesson Transcript

Record Keeping

Let's say you love to cook. One day you come up with a great new way to make spaghetti sauce. You add all the right spices in all the right amounts, and the result is delicious. But let's say you forgot to write down the recipe. Without a record of how you made your fabulous sauce, you'll never be able to make it again. Just like a cook needs to keep detailed records about ingredients, a nurse needs to keep detailed records of patients.

Record keeping is the act of organizing and documenting information relevant to a patient's treatment. Good patient records include well-documented details about patient care, and the patient's response to that care. In this lesson, you'll learn why proper record keeping is important and principles that must be followed to ensure proper record keeping.

Importance

A patient record is a permanent documentation of a patient's care by a health care provider. While it might feel as if a nurse is interrupting treatment to write down notes, patient records are vitally important to the continuing care of a patient. Consider this: a nurse may encounter 20 different patients in a day. It's impossible to remember details about each of these patient encounters.

Nurses must learn the principles of good record keeping, because these records serve as a history of client care, reveal patterns in a patient's progress, guide future care decisions, support financial billing and may even be used as evidence if legal issues arise.

Principles

Do you remember when we talked about the importance of writing down the recipe for your delicious spaghetti sauce? Well, let's say you did remember to write down the ingredients. However, the next time you pulled out the recipe it was so full of eraser marks, confusing abbreviations and illegible writing that you couldn't follow it. Like a recipe, a patient's records must be complete and written clearly to be useful.
There are general principles that nurses must follow to ensure the records do their job. Records should be written as soon as possible after a patient encounter. This quick action makes it more likely that important details aren't forgotten. Of course, taking notes ASAP doesn't mean they should be rushed. Take enough time to ensure that all notes are recorded neatly. Patient records must be clear and legible.
If you're not happy with the clarity of a note you make, remember that records should never be altered or destroyed without proper authority. If you do something wrong, don't erase mistakes, instead draw a line through the mistake, and then sign and date the correction.
The records need to include notes on care that was given, any problems that arose and actions taken to deal with the problem. You should also document if a patient refuses a treatment. For example, a patient complains that the medication they were given on the last visit made them feel nauseated, and they don't wish to continue that treatment. The nurse should record the medication and the patient complaint, to alert the doctor and guide future prescriptions.
While it may feel tedious, each patient record needs to include the date, time and a signature. These elements help develop a timeline for patient progress, and could prove vital if the patient notes are needed in a legal case. It also helps to use standard terminology and abbreviations, so there's no confusion amongst professionals that might need to review a patient's records.
You want to avoid vague statements that are open to interpretation. For example, if you write down that the patient seems better, you need to explain what made you come to this conclusion. Explain any evidence you notice that supports this view, such as: the patient was talkative and answered questions coherently.
And keep in mind that patient records are confidential. Therefore, nurses must maintain the records as confidential to protect the patient's privacy and rights. Never leave patient records where they may be viewed by unauthorized eyes.

Lesson Summary

Let's review. Record keeping is the act of organizing and documenting information relevant to a patient's treatment. A patient record is a permanent documentation of a patient's care by a health care provider. These records serve as a history of client care, reveal patterns in a patient's progress, guide future care decisions, support financial billing and may be used as evidence if legal issues arise.
Principles of recording include the following:
Records should be written as soon as possible after a patient encounter, must be clear and legible and should never be altered or destroyed without proper authority. If you do something wrong, don't erase mistakes, instead draw a line through the mistake and then sign and date the correction. The records need to include notes on care that was given, any problems that arose and actions taken to deal with the problems. Document if a patient refuses a treatment. Include the date, time and a signature. Use standard terminology and abbreviations and avoid vague statements that are open to interpretation. Nurses must maintain the records as confidential..

Lesson 5

PRINCIPLES OF COMMUNICATION IN NURSING

https://study.com/academy/lesson/principles-of-communication-in-nursing.html

Which are the different types and forms of communication?
Can you describe the important features of verbal communication in nursing?
Why does a nurse play a pivotal role in the two types ?
Can you describe the example in emergency?

Lesson Transcript

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How important is effective communication in the world of nursing? This lesson will go over the different types of communication and how they relate to nursing and other areas of healthcare.

Forms of Communication

You're arguing with a friend, coworker, or significant other and getting nowhere. The argument keeps going in circles with no end and no solution. Can you picture it? Have you been in a similar situation? Ask yourself: could part of the problem be 'we just aren't communicating?' Both effective and ineffective communication can influence us, not only in our everyday lives and relationships, but in our careers as well. In the high-stakes situations that nurses often deal with, awareness of our communication can be especially beneficial.

There is a lot of information about the different types of communication, but there are only two main forms: verbal and nonverbal. In 2011, N. Nayab writes: verbal communication entails the use of words in delivering the intended message. However, there are two different modes of verbal communication: oral and written. So no matter how the verbal message is being conveyed, it will either be written or spoken. On the other hand, nonverbal communication is divined as communicating by sending and receiving wordless messages. Body language, like facial expressions, eye contact, posture, or gestures, are all examples of nonverbal communication.

This lesson will focus on the two types of verbal communication and how they are related to nursing and healthcare in general.

Oral Communication in Healthcare

With so many people involved in healthcare, it can be overwhelming for patients and families. Nurses often find themselves as the one that connects all the pieces of the puzzle. Nurses play a pivotal role in the process of effective communication, whether they're exchanging information with physicians, reporting off to other shift nurses, or educating patients and their families.

Communicating is a continuous process when working in the healthcare industry. Oral communication is extremely important for all those involved, including nurses. Not only do nurses relay relevant information to patients and their family, they are also responsible for updating the physician about the condition of their patients on a regular basis. Nurse to nurse reporting occurs whenever there is a change in assigned duties at the end of a shift or if a patient is transferring to a different level of care. This communication is a fundamental part of the nursing process and can result in either high quality effective care or ineffective care caused by lack of information.

Imagine a busy emergency room where a patient comes in from a motor vehicle accident in critical condition. It is the physician's duty to be the team leader and to designate what needs to be done to his or her individual team members in a confident and efficient manner. If a team leader orders a drug 'stat,' such as epinephrine, without clearly stating the dosage or route, the nurse will have to assume the quantity and method of delivery. You see a problem here? Perhaps the nurse miscalculates and gives the patient an ineffective dose. As far as the team is concerned, they believe it was the correct dose since nothing was verbalised. With the patient non-responsive, they're forced to move onto the next step of resuscitation when in fact the correct dose would have been effective.

It is up to the physician to clearly state their orders not only for everyone to follow, but so that the orders may be repeated back as another measure of accuracy. This type of oral communication is also crucial for the nurse who is recording in order to have an accurate written documentation.

Written Communication in Healthcare

Whether an institution is using handwritten nursing notes or electronic medical records, written documentation is permanent and legally binding. Written communication between all parties, including the doctors, nurses, patients, and patient families can occur in a number of forms. The key to all written communication is that it is clear and accurate. Using correct terminology ensures that other medical professionals can care for patients without errors. It also ensures that all those involved clearly understand the plan of care.

For example, a physician writes for the following orders: 'bedside glucose PC/HS and 0200.' What this means is that the nurse needs to check the patient's blood sugar after meals, before bed, and at 2 AM. Common practice is to check a patient's blood sugar before meals, not after. This written communication by the physician was not accurate and becomes questionable to the nurse treating the patient. The nurse's job is not to interrogate the physician, but rather, to confirm the orders in a professional manner so that the patient receives the appropriate quality care. In this case, both accurate written and appropriate oral communication are necessary for successful communication to occur.

Lesson Summary

Effective communication is a very important concept for nurses and all those involved in healthcare. Quality care simply cannot exist without it. We talked about the two main forms of communication: verbal and nonverbal. Verbal communication is the use of words to deliver the intended message and nonverbal

communication is the use of wordless messages, such as body language or facial expressions. Focusing on the verbal forms of communication, we broke it down even further into oral and written communication, so the messages will either be written or spoken.
For nurses, the information they pass along to physicians, patients, and other nurses needs to be clear and accurate. As we saw in the emergency room example, ineffective oral communication from the team leader led to an incorrect dosage and prevented other team members from catching the mistake. Repeating orders back to the physician to verify accuracy is an example of effective oral communication. Written documentation is considered legal evidence and can be used in a court of law. Therefore it is just as important that the information in written documentation be clear and accurate. The purpose and practice of good communication for nurses is two-fold: not only does it ensure proper care, but it also protects all those involved.

Lesson 6

ETHICS AND VALUES IN NURSING

https://study.com/academy/lesson/ethics-and-values-in-nursing.html

What is a Code of Ethics?
Can you describe each provision in detail?
Why is maintaining a code of ethics in nursing relevant to your practice as a nurse?

Lesson Transcript

Instructor: *Emily Lewis*
Emily has been a nurse for over ten years and has specialized in Pediatrics. She has a Masters degree in nursing as a Nurse Educator from Grantham University.

Many professions have their own code of ethics, including nursing. This lesson will walk you through the nine provisions within the nursing code of ethics and how to interpret these in your own practices.

Code of Ethics for Nurses

Wouldn't it be great if we never had to make difficult decisions? If we never had to deal with controversy or advocate for what's right in the face of hostility? Unfortunately, the nursing profession is not immune to

these kinds of situations, and there will come a time in any nursing career where a path needs to be chosen. Following the Code of Ethics for Nurses will help you choose the right one.
The American Nurses Association (2014) states: 'the Code of Ethics for Nurses was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession.' After years of revising, the initial Code for Nurses was developed in 1985. The American Nurses Association House of Delegates accepted the final draft in June 2001, which included nine provisions and was termed the Code of Ethics for Nurses.
When working in the service industry, a code of ethics is a fundamental document that, in essence, is an agreement between those being served and those who are serving. It also provides direction and assistance when the right decision isn't always obvious. In a profession where the stakes are high, tough decisions will inevitably be made at some point, and this is where it gets tricky. Our lives are interchanging, and our professional ethics are not the same as our personal ethics and, at times, may conflict.
Our personal code of ethics, or our conscience, drives us to be our best in our private lives, while our professional ethics drive us to be our best in our careers. But which one wins out when we have to abandon one or the other? As nurses, the answer may not always be clear, so let's take a closer look at the nine provisions set forth by the American Nurses Association.

The Nine Provisions

Provision 1: 'The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes or the nature of health problems.'
For example, nurses caring for the elderly or the disabled need to offer the same level of care as they would to a newborn baby or mother of three.
Provision 2: 'The nurse's primary commitment is to the patient, whether an individual, family, group or community.'
In situations where an extended family is adamant about a loved one's care and their ideas differ from the actual patient, as long as the patient is competent, their wishes are the nurse's command.
Provision 3: 'The nurse promotes, advocates for and strives to protect the health, safety and rights of the patient.'
There may come a time when a nurse may disagree with another care provider, including a physician. Whether right or wrong, it is the nurse's duty to advocate for their patient even if it is difficult for them to challenge another colleague, especially an authority figure. However, this must be done tastefully and with respect to all those involved.
Provision 4: 'The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.'
Some tasks are required to be delegated to other team members, such as the nurse's aide, so there needs to be a high level of trust and respect between the two parties, because the ultimate responsibility still remains that of the registered nurse.
Provision 5: 'The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence and to continue personal and professional growth.'
Shifts, especially those lasting between 12 and 13 hours, are grueling and will eventually take their toll on the health and wellness of nurses. Taking care of their own mind and bodies is essential and will in turn improve the care they provide their patients.

Provision 6: 'The nurse participates in establishing, maintaining and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.'
A chaotic environment, or one that is not supportive, cannot possibly result in high quality health care. It is not only the nursing administration's duty to promote a positive environment, it is every health care professional's duty to support and respect one another and, in turn, work as an effective team in providing quality care.
Provision 7: 'The nurse participates in the advancement of the profession through contributions to practice, education, administration and knowledge development.'
A nurse is an educator, and in order to do that they must maintain a level of awareness and expertise about evidence based and best practice. Whether continuing their education with certificates that enhance their knowledge in their specific areas of nursing or being awarded an advanced degree in nursing, they are bettering their practice for themselves and their patients.
Provision 8: 'The nurse collaborates with other health professionals and the public in promoting community, national and international efforts to meet health needs.'
Working as an active part of the team is an essential quality that all nurses must possess whether that team is colleagues or community members. Many nurses volunteer their services abroad as well, working to immunize and teach those less fortunate how to care for themselves and their loved ones.
Provision 9: 'The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice and for shaping social policy.'
Nurses are the authority in their field and need to be leaders in regards to upholding a level of professionalism and determining what best practice is. The American Nurses Association is an excellent example of this through its promotion of nursing as a profession now and in the future.

Lesson Summary

Using the approved Code of Ethics for Nurses, written by the American Nurses Association, will give any nurse a strong ethical platform in which to make hard decisions in their own practices. Different situations will apply to different provisions, each one representing a different set of challenges but all equally important. Maintaining a code of ethics will show those who are receiving care that the profession of nursing is held to a high standard that all nurses are required to follow every day.

Lesson 7

WHAT IS NURSING INTERVENTION:DEFINITIONS AND EXAMPLES

https://study.com/academy/lesson/what-is-nursing-intervention-definition-examples.html

What does intervention mean?
Which are the tasks performed?
What does a nursing intervention help to achieve?
What types of nursing intervention are described ?
Can you describe the example?
Which are the different types of intervention described in the classification?
How do nurses select nursing interventions?

Lesson Transcript

Instructor: *Terri Higdon*

Let's learn more about nursing interventions. In this lesson, we will cover the definition, the classifications and the different types of interventions that are available in the nursing profession.

What Does Intervention Mean?

What do you think of when you hear the word intervention? You might have heard the term used in regards to efforts made to help those with drug and/or alcohol problems. You may also be familiar with it as a television program. While that is a commonly used meaning of the word, in the nursing world, it has a broader meaning.

When nurses care for patients they follow the nursing process. This includes making a plan and setting goals for the patient. Nursing interventions are the actual treatments and actions that are performed to help the patient to reach the goals that are set for them. The nurse uses his or her knowledge, experience and critical-thinking skills to decide which interventions will help the patient the most.

Classification

There are different classifications of nursing interventions that can involve care of the entire patient. This can be anything from promoting bowel functioning, educating the patient on new medication side-effects or just keeping the patient safe. Interventions can be focused on basic physiological needs, complex physiological needs, behavioral functioning, promoting safety, caring for the family, using the health system and/or the overall health of the community. As nurses, we are caring for the total patient, so there are can be interventions concerning every area of the patient's life.

Example of Nursing Intervention

To get a sense of how interventions work, let's take the case of an imaginary patient, Mrs. James. Mrs. James has recently been admitted into the hospital. She is a 72-year-old female with a blood pressure reading of 200/100. She is complaining of a headache and dizziness. We are going to learn some of the nursing interventions that we could provide while caring for Mrs. James. Now let's see how different types of nursing interventions might be applied to Mrs. James.

Types of Nursing Interventions

Some of the nursing interventions will require a doctor's order and some will not. There are different types of interventions: independent, dependent and interdependent. Let's learn about each and go over a few examples:

- Independent - These are actions that the nurse is able to initiate independently. The following would be an example of a health promotion nursing intervention, which is an independent nursing action:
    - Mrs. James has started a new medication for her high blood pressure. She is concerned about the side-effects and is refusing to take the medication. The nurse intervenes by educating the patient on the purpose of the medication, the side-effects of the medication and the possible consequences of high blood pressure.
- Dependent - These interventions will require an order from another health care provider such as a physician:
    - Mrs. James's blood pressure is consistently 180/100. The nurse reports this to the physician. The physician orders an antihypertensive medication for the patient. The nurse administers the oral medication to the patient as ordered.
- Interdependent - These are going to require the participation of multiple members of the health care team:
    - Mrs. James reveals to the nurse that she consumes a diet very high in sodium. The nurse includes diet counseling in the patient care plan. To help the patient even more, the nurse enlists the help of the dietician that is available in their facility to spend time with Mrs. James to educate her on the role that diet plays in the control of high blood pressure.

How Do We Select Nursing Interventions?

So how does the nurse know what to do? How do they know which interventions to select? Nurses must use their knowledge, experience, resources, research of evidence-based practice, the counsel of others and critical-thinking skills to decide which nursing interventions would best benefit a specific patient.

Nursing care plan books and computer programs are available that include generic nursing interventions for different problems and diagnoses, but these must then be individualized to specific patients and adapted to their situation.

Did It Work?

So did the intervention work? Did we meet the goal? Once the intervention is performed, it must then be evaluated to see if it was successful in obtaining the goal we had for the patient. Interventions can be revised if needed once they are evaluated. After educating Mrs. James on the need for her anti-hypertensive medication, Mrs. James decides to take her medication. Therefore, the independent nursing intervention of health promotion regarding her medications was effective.

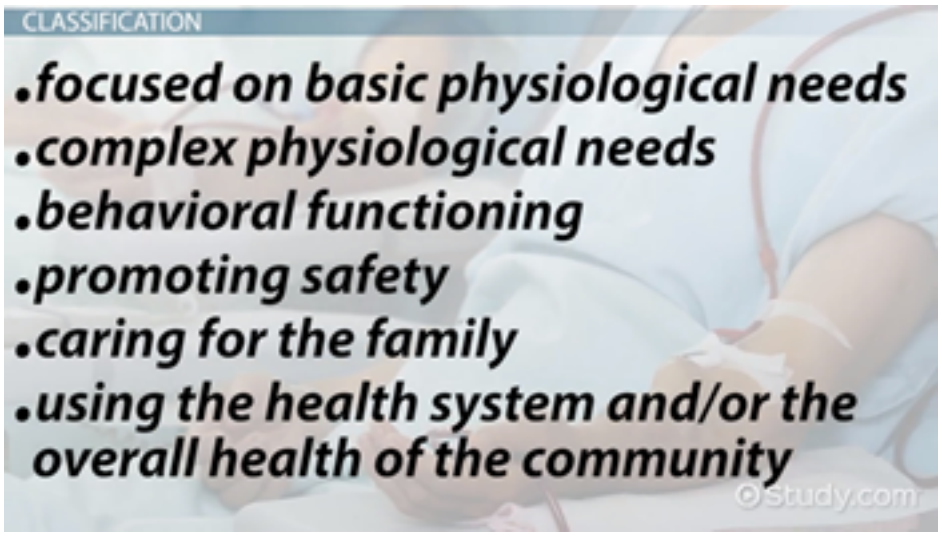
Why Nursing Interventions Matter

It is vital that nurses are familiar with nursing interventions. Many times these are part of written or computerized care plans decided in advance, but sometimes, they are interventions that must be done in the moment as events occur. It is essential that the nurse be prepared through education and experience to provide the best nursing care for each patient. The examples of nursing interventions are limitless - they are what we do to care for our patients to give them the quality of care that they deserve.

Lesson Summary

Nursing interventions are the actual treatments and actions that are performed to help the patient to reach the goals that are set for them. The nurse uses his or her knowledge, experience and critical-thinking skills to decide which interventions will help the patient the most. There are different types of interventions: independent, dependent and interdependent. After a nurse uses education and experience to select an intervention, an evaluation must be performed to determine whether or not the intervention was a success.

Intervention classifications



Terms	Explanations
Intervention	efforts made to help others
Nursing interventions	the actual treatments and actions that are performed to help the patient to reach the goals that are set for them
Classifications	can be anything from promoting bowel functioning, educating the patient on new medication side-effects or just keeping the patient safe
Independent	actions that the nurse is able to initiate on their own
Dependent	interventions will require an order from another health care provider such as a physician
Interdependent	require the participation of multiple members of the health care team
Evaluation	must be performed to determine whether or not the intervention was a success
Preparation	education and experience necessary to provide the best nursing care for each patient

Lesson 8

THERAPEUTIC COMMUNICATION: DEFINITION, GOALS, TYPES & PRINCIPLES

https://study.com/academy/lesson/therapeutic-communication-definition-goals-types-principles.html

What is therapeutic communication?
Can you describe the different types ?
Which are the different techniques and principles?

Lesson Transcript

Instructor: *Rebecca Gillaspy*
Dr. Gillaspy has taught health science at University of Phoenix and Ashford University and has a degree from Palmer College of Chiropractic.

By learning the techniques of therapeutic communication, a nurse can help a patient feel cared for and understood. Learn how to identify the verbal and non-verbal cues that lead to effective therapeutic communication.

Therapeutic Communication

For people outside of the medical profession, a hospital or doctor's office can be an intimidating place. The job of making a patient feel comforted and cared for often falls on the shoulders of the nurses. To best meet the needs of a patient, nurses must learn the principles of therapeutic communication, which is defined as communication strategies that support a patient's feeling of well-being.

This term is easy to recall if you remember that something that is therapeutic is done to help a person cope with a situation and ultimately feel happier and more relaxed. The goals of therapeutic communication are to help a patient feel cared for and understood and establish a relationship in which the patient feels free to express any concerns. In this lesson, we'll explore the different types and principles of therapeutic communication.

Types

Did you ever play a game of charades? If you did, you know that the object of the game is to convey meaning without using words. Without words, you need to rely on things like facial expressions, body language, and eye contact.

Like a player in a game of charades, a nurse must be aware of his or her own non-verbal, or non-spoken, communication style. For example, if a nurse does not make eye-contact with a patient who is describing a symptom or leans on a desk with her arms crossed, the patient may feel that the nurse is not interested in what they have to say. In contrast, a comforting touch on the arm from a nurse who is leaning toward the patient and making eye-contact may help a patient feel like her concerns are being heard.

A nurse must also be able to pick up on non-verbal cues from the patient. A patient that appears to be tense, will not make eye-contact, or who paces on the floor may have a concern or comment they are afraid to share. Observations of these non-verbal cues can be used to strengthen verbal, or spoken, communication with a patient. With effective verbal communication a patient's thoughts, feelings, beliefs, values, and perceptions can be conveyed.

Principles & Techniques

There are different principles and techniques that can be employed to ensure effective therapeutic communication between a nurse and patient.
For example:

- Using silence requires discipline on the nurse's part, but gives the patient time to process what they are hearing and formulate any questions they might have.
- Providing broad openings by saying things like, 'What can I help you with today?' gives the patient and opportunity to share what's on their mind.
- Offering general leads, such as 'Yes, I see, please go on,' leave a patient with a sense that they are getting their point across.
- Making observations about non-verbal cues that a patient is displaying can open lines of communication. For example, if a nurse observes a patient pacing the floor, she can say, 'I notice you're pacing. How are you feeling today?'
- Paraphrasing the patient's own words gives the patient a sense that they are understood. For example, if a patient says, 'I sometimes feel confused, and last evening I couldn't remember my daughter's name,' the nurse could reply, 'You're having difficulty remembering things?'
- A nurse can also lower a patient's anxiety and provide a safe environment by clarifying information and sharing empathy with statements such as, 'It must be frustrating to not be able to recall certain things.'
- And, we shouldn't forget that a nurse can lighten the atmosphere by using humor, which promotes a feeling of peace and friendship.

Lesson Summary

Let's review.
Therapeutic communication is defined as communication strategies that support a patient's feeling of well-being. The goals of therapeutic communication are to help a patient feel cared for and understood and establish a relationship in which the patient feels free to express any concerns.
Therapeutic communication can be either verbal, meaning spoken, or non-verbal. With non-verbal communication, a nurse needs to rely on things like facial expressions, body language, and eye contact.
There are different principles and techniques that can be employed to ensure effective therapeutic communication between a nurse and patient. Some examples include using silence, providing broad openings, offering general leads, making observations, paraphrasing, clarifying information, sharing empathy, and using humor.

THE NURSE-PATIENT RELATIONSHIP: COMPONENTS, PHASES & OUTCOMES

https://study.com/academy/lesson/the-nurse-patient-relationship-components-phases-outcomes.html

How do nurses create a therapeutic relationship with patients?
Which are the small gestures a nurse may have?
Which are the essential component in establishing rapport with patients?
Which are the different phases?

Lesson Transcript

Instructor: *Rebecca Gillaspy*
Dr. Gillaspy has taught health science at University of Phoenix and Ashford University and has a degree from Palmer College of Chiropractic.

A therapeutic nurse-patient relationship is a supportive interaction that moves a patient toward wellness. It's based on trust, respect, interest, and empathy. Learn how to use these components to move patients through each phase of the relationship.

Nurse-Patient Relationship

Even as small children, we learn that friends make the world feel safe and fun. True friends are trusted with our secrets and respect our privacy. Through their actions and words, friends encourage us to reach our goals and comfort us when we have a setback. In a lot of ways, a therapeutic nurse-patient relationship is like a friendship. This professional interaction is a caring relationship that supports a patient's well-being. A successful nurse-patient relationship is based on trust and respect, much like a friendship. In this lesson, we'll look at these components and others and show how they can be used to help a patient move through the different phases of a therapeutic nurse-patient relationship.

Components

There are many skills to learn when studying to become a nurse. One of the most important skills is how to create a therapeutic relationship with patients. To do this, a nurse must master a few key components, including trust and respect. As a nurse, you should introduce yourself to your patients and refer to the

patient by name. These seemingly small gestures display an air of friendliness, caring, and approachability, which can go a long way toward making a patient feel safe.
When you maintain eye contact with a patient, you continue to foster trust and respect as your relationship progresses. It's also important to respect a patient's boundaries. Some patients feel comforted when their hand is held or they are offered a hug, while other patients may find these actions uncomfortable. Always respect differences in personality and cultures.
Showing a genuine interest in the patient's life and situation is another way to encourage a therapeutic nurse-patient relationship. This can be accomplished by taking a few minutes to build rapport with a patient. It's also supported when you actively listen to a patient. For example, a nurse might say, 'Jane, you mentioned that you're feeling concerned about what the lab tests might reveal.' By restating a patient's statement, you reassure her that her concerns have been heard and that you're interested in her well-being.
Empathy is another component that is essential to a therapeutic nurse-patient relationship. When a nurse shows empathy, she demonstrates that she understands a patient's feelings. To effectively show empathy, a nurse must be able to pick up on verbal and non-verbal cues shared by the patient. For example, if a patient is pacing the floor after learning that her cancer has spread, a nurse might say, 'Jane, I see you're tense. How can I help you?'

Phases

Displaying these components helps a patient work through their issues and successfully moves them through the three phases of a therapeutic nurse-patient relationship, which are the orientation phase, the working phase, and the termination phase. Yet, even before the nurse and patient meet, we could say that there is a pre-interaction phase. In this phase, the nurse must become aware of her own personal feelings, fears, and worries about working with a patient. This self-awareness allows a nurse to accept a patient's differences without judgment.
The orientation phase is the period when the nurse and patient first meet and goals are set. The goal of the orientation phase is to build trust and respect. During this phase, the roles and limitations of the relationship are communicated through pleasant greetings, eye contact, and mindfulness of the patient's boundaries. It's during the orientation phase that the nurse attempts to discover why the patient is seeking help and what their goals are. Displaying a genuine interest in the patient and showing empathy can help during this information gathering phase.
The working phase is the period when solutions are explored, tried, and evaluated. The goal of the working phase is to promote change. Now, if you've ever been faced with change in your own life, you know that it can be uncomfortable. Because of this inherent discomfort, we see that the working phase can stir up some resistance on the part of the patient. The nurse must expect this behavior and be aware of the verbal and non-verbal cues being displayed by the patient. The nurse can then guide the patient through this phase by actively listening to concerns and helping the patient to develop coping skills. When a safe and comfortable working environment is achieved, treatment can move forward on the established timeline.
The termination phase is the final phase and the period when a patient's goals are assessed and the relationship comes to an end. As you may know from personal experience, the ending of a relationship can be difficult and filled with emotions. The termination of a therapeutic nurse-patient relationship can also be challenging. The patient may feel a level of anxiety as they move away from the supportive relationship. A nurse must be aware of the patient's emotions, yet firm in her communication. Because the goal of the termination phase is to foster independence on the part of the patient, the nurse should be caring, but clear, in declaring the end of the relationship. The nurse should not promise the patient that their relationship will continue or give the patient their personal contact information.

The desired outcome of a therapeutic nurse-patient relationship has been met when the patient's function has improved, she develops independence, and she feels comfortable making her own decision.

Lesson Summary

Let's review. A therapeutic nurse-patient relationship is a caring relationship that supports a patient's well-being. Key components needed to develop a therapeutic relationship include trust, respect, showing a genuine interest, and empathy. Following a pre-interaction phase, which is when the nurse must become aware of her own personal feelings, fears, and worries about working with a patient, there's an orientation phase. The orientation phase is the period when the nurse and patients first meet and goals are set. The goal of the orientation phase is to build trust and respect. Next comes the working phase, which is the period when solutions are explored, tried, and evaluated. The goal of the working phase is to promote change. The termination phase is the final phase and the period when a patient's goals are assessed and the relationship comes to an end. The goal of the termination phase is to foster independence on the part of the patient. Desired outcome of the therapeutic nurse-patient relationship has been met when the patient's function has improved, she develops independence, and she feels comfortable making her own decisions.

Lesson 10

NURSING & PATIENT EDUCATION: PURPOSE, ASSUMPTIONS & TOPICS

https://study.com/academy/lesson/how-nurses-can-provide-clear-patient-education.html

Which are the purposes of client education?
Can you describe the assumptions in detail?
Which are the important topics ?

Lesson Transcript

Instructor: *Artem Cheprasov*

In this lesson, you're going to take a close look at the fundamental and important purposes, assumptions, and topics involved in appropriate client (patient) education.

Client Education

You're about to enter into one of the most respected professions there is. You, as a nurse, will be pretty much Superman or Superwoman. You will be tasked with everything from administering treatments to patients, to cleaning up any messes they make, to acting as a quasi-psychotherapist to a patient when they have no one else to talk to late one night but you. But one of the most important roles you'll have is client or patient education before, during and even after their visit to, or stay at, the hospital.
This lesson covers the purposes of client education, its important assumptions and commonly covered topics.

Patient Education: Purpose

I guess we need to start with the basics here first. Why bother educating a patient? Why not just tell them that the major deity, MD, knows everything? Why not just tell them that they should just sit still, take it like a man and things will be fine? It's laughable to think that way, since I know you know better.
We educate clients for more than one reason. Clients need to know what choices and options they have with respect to a disease process, so they're not stressed out about being in the dark. They need to know what risks are involved in a diagnostic or treatment procedure, so they can make informed decisions about their own care. They should understand what their chances of survival are or the possible consequences of their disease are, so they can face whatever it is they need to with an open, yet well-informed, mind.
Look, it really all boils down to this: one of the most important purposes of patient education is to help patients achieve the best state of health possible through their own actions. Teaching is what gives clients information, that information informs them about health promoting options and behaviors, ergo, lack of

that knowledge can hinder a patient's ability to help themselves, self-care, while you, and the doctor, try to help them as well.
Other very important reasons we educate clients is to:

- Prevent disease or injury
- Promote wellness
- Restore their health
- And help patients cope

Your job as a nurse and teacher is to bridge the gap between what a patient knows and what a patient needs to know.

Client Education: Assumptions

So, now you know what your purpose is with respect to teaching and what the purposes are of client education are in general. Let's move on to several assumptions related to adult learners that you, the nurse, can use in your client education. These are not my assumptions, by the way, but were developed by educator Malcolm Knowles.

Assumption #1: A person's personality progresses in an orderly fashion from a dependent to an independent one.

What does this mean to you? This means that you should plan teaching activities that get a client to participate in the activity along with you, in order to develop their independence. This is important because it gives a client a sense of control, and thus encourages self-care via empowerment.

Assumption #2: A person's readiness to learn is affected by sociocultural factors and their developmental stage.

What does this mean to the nurse educator? Before you develop, or plan, a teaching learning activity, make sure to conduct a thorough psychosocial assessment of the client, one that may reveal to you that you need to take a different approach with them than when compared to another individual.

Assumption #3: A person's previous learning experiences can be used as a stepping stone for new knowledge and further learning.

This means you should assess the client prior to starting any new learning activity in order to figure out what they already know, so that you can build on that, and we don't want to bore clientele with things they are already well aware of. You need to concentrate your, and their, time and patience on newer knowledge.

Assumption #4: Learning is reinforced through immediacy.

That means you should immediately provide an opportunity for the patient to apply the skills and knowledge they just gained.

Client Education: Topics

Alright, so now you know some important basics related to client education. Now for the more fun part. What kinds of topics are going to be important for clientele to learn? There are four main categories for this.
The first one is health promotion, so you can teach clientele proper nutrition, how to exercise correctly, how to plan for a family and appropriate parenting skills. The second category is the prevention of injury and disease. Here, you can educate clients about vaccinations, aka immunizations, the importance of screening for disease, breast self-exams, why and how someone should stop smoking, and when and why safety devices like car seats should be used. The third is health restoration. This is where you provide information about the treatment methods being used, or, you may provide information on the medication they are taking. The final major category is coping. Topics include stress management, counseling

opportunities for grief, anger and the like, information that explains the entire disease process for the patient and information that explains how a patient should use medical equipment in a safe and responsible manner, if they need to do so.

Lesson Summary

Well, we need to summarize this lesson. Remember, one of the most important purposes of patient education is to help patients achieve the best state of health possible through their own actions. Your job as a nurse and teacher is to bridge the gap between what a patient knows and what a patient needs to know. When educating clientele, remember four important assumptions related to adult learning:

- A person's personality progresses in an orderly fashion from a dependent to an independent one.
- A person's readiness to learn is affected by sociocultural factors and their developmental stage.
- A person's previous learning experiences can be used as a stepping stone for new knowledge and further learning.
- And finally, learning is reinforced through immediacy.

Finally, there are a ton of different topics you'll be tasked with educating clients about. They include four major categories of topics:

- Health promotion
- The prevention of injury and disease
- Health restoration
- Coping

Lesson 11

WHY IS EVIDENCE BASED PRACTICE SO IMPORTANT? EBN

https://study.com/academy/lesson/why-is-evidence-based-practice-important.html

While listening to the video fill in the missing parts in the spaces provided

Lesson Transcript

Instructor: *Sheila Bouie*

For many years, nursing care was guided solely by tradition. Today, nursing is guided by evidence-based practice, which uses a scientific approach to determine the best course of action for patients.

Moving Beyond Tradition

Ever wonder why Florence Nightingale is so important to nursing history? It is because she is considered the_____, and ultimately shaped evidence-based practice.

Florence Nightingale was a wealthy, educated woman living in London when she volunteered to help the soldiers of the Crimean War in the mid-1850s. When she arrived at the barracks with her team of nurses, Nightingale _____. Nightingale went to work and changed how nursing care was delivered. She cleaned the barracks and offered proper meals and provided hygiene to the wounded soldiers.

Nightingale also took time to record all of the _____ to the soldiers and the results of that care. More soldiers lived as a result of her team's work! She had proof that the new way of delivering nursing care was making a difference. Nightingale and her team continued to use this evidence _____.

What Is Evidenced-Based Practice?

As Nightingale showed, nursing had to be more than just following traditions - and also more than just following physicians' orders. This led to evidence-based practice (sometimes called EBP), which is a problem-solving strategy for _____. When nurses use evidence to deliver care, it takes into account the patient's wishes, the nurse's expertise, and current research to decide what the _____.

To see what we mean by this, let's look at pain management as an illustration. Different cultures have different ideas of how to handle pain. A male patient from a certain cultural background might not ask for pain medication after a surgery, fearing that this might look like a sign of weakness. The nurse caring for this patient understands that controlling the pain helps _____.

Taking into account the patient's fears and the research on pain control after surgery, the nurse may develop a plan _____ without waiting for the patient to ask.

Why Evidence-Based Practice?

Evidence-based practice is the science behind nursing practice. It's important because it helps _____.

Before Florence Nightingale entered the picture, those soldiers were treated based on tradition. They were kept in dark, unclean barracks, and the significance of clean spaces and cleaning wounds was not understood. As Nightingale did then, the nurse today _____ to problem-solve in the delivery of nursing care. Using EBP as a method of problem-solving is important because this scientific approach improves quality of care.

Evidence-based practice has other benefits as well. It lowers health care costs, provides safer care to patients, and offers benefits to nurses. Nurses, like other health care providers, are held to higher levels of responsibility today. EBP protects and promotes the nurse's practice, as it _____. Nurses are better protected from consequences of poor practice, including lawsuits, when they deliver evidence-based nursing care.

Evidence-based nursing care is nursing practice that uses the _____ and current research, involves the patient in decision-making, and follows standards of care.

Lesson Summary

Before Florence Nightingale, nurses relied on tradition to deliver nursing care. Nightingale is considered the first nurse researcher because she pointed out the value of a scientific method of nursing care. Now, nursing is considered a science and an art, and the delivery of nursing care requires understanding the science that guides nursing practice. Using the science to help patients meet their health goals is what evidence-based practice is all about. EBP is important because it means _____.

Evidence-based practice leads to better patient outcomes and also protects the nurse's practice.

COMPASSION DIGNITY AND RESPECT IN HEALTHCARE

http://youtu.be/HVF0273iHus


John
Coming in for a check-up


Alan
Recovering from surgery


Sian Gibson
Domestic Staff
Royal Gwent Hospital


Jo
Recovering after a fall

What is compassion?
What do the people interviewed say?

I'm passionate about compassion in health care because I believe that compassion is the one thing we could be focusing on to change the culture within the NHS.

1.So, what is compassion?
Well, compassion is that feeling that we've all experienced when we know that there is somebody that really cares for us. Compassion comes from that moment when we can see the world through another person's eyes.
In health care, I believe that it comes from people who love their work and who truly understand why they do what they do.

2....is about treating patients with dignity respect and empathy through your communication skills and through your action.

3.It doesn't take very much, it can be a very small gesture that the nurse may do. I only this morning dealt with a lady, that had come about ten miles on the bus. She was elderly, she would have been entitled probably to have hospital transport but she made her own way here. When she came in she was cold so cup of tea, two biscuits, and she was much, much happier. And that little thing really does make a difference.

4.I think it's particularly powerful when we are feeling vulnerable in physical or psychological pain or when we are afraid.

5.My son is bed-bound for six weeks so boredom is a big factor. So if he was just left alone in this room he would deteriorate, become sort of depressed almost. So the nurses come in, cheery faces. They ask quite often: do we need anything? Even the dietician come in, and they'll try to encourage him to eat by sort of giving him star charts and goals to aim for. So, they're trying encourage him to...to get better.

6.The consistent theme is that it's always the smallest things that make the greatest differences.

7.You hear so many stories nowadays about people being treated as a number. And it's my experience the professionals that are looking after me really do seem to care about what's happening what they can do about it and keeping me informed as to how they're doing it. And once you have that information that empowers you then to obviously deal with your illness the best way you can.

8.Not only that, it's all the staff even the canteen staff, how good they are as well.

9.Compassion isn't just about talking to the patients it's making them feel safe in a nice clean environment when they can feel at home.

10.They've really been so kind to me made me comfortable all the time. I might be a bit anxious over something but they soon sought me out.

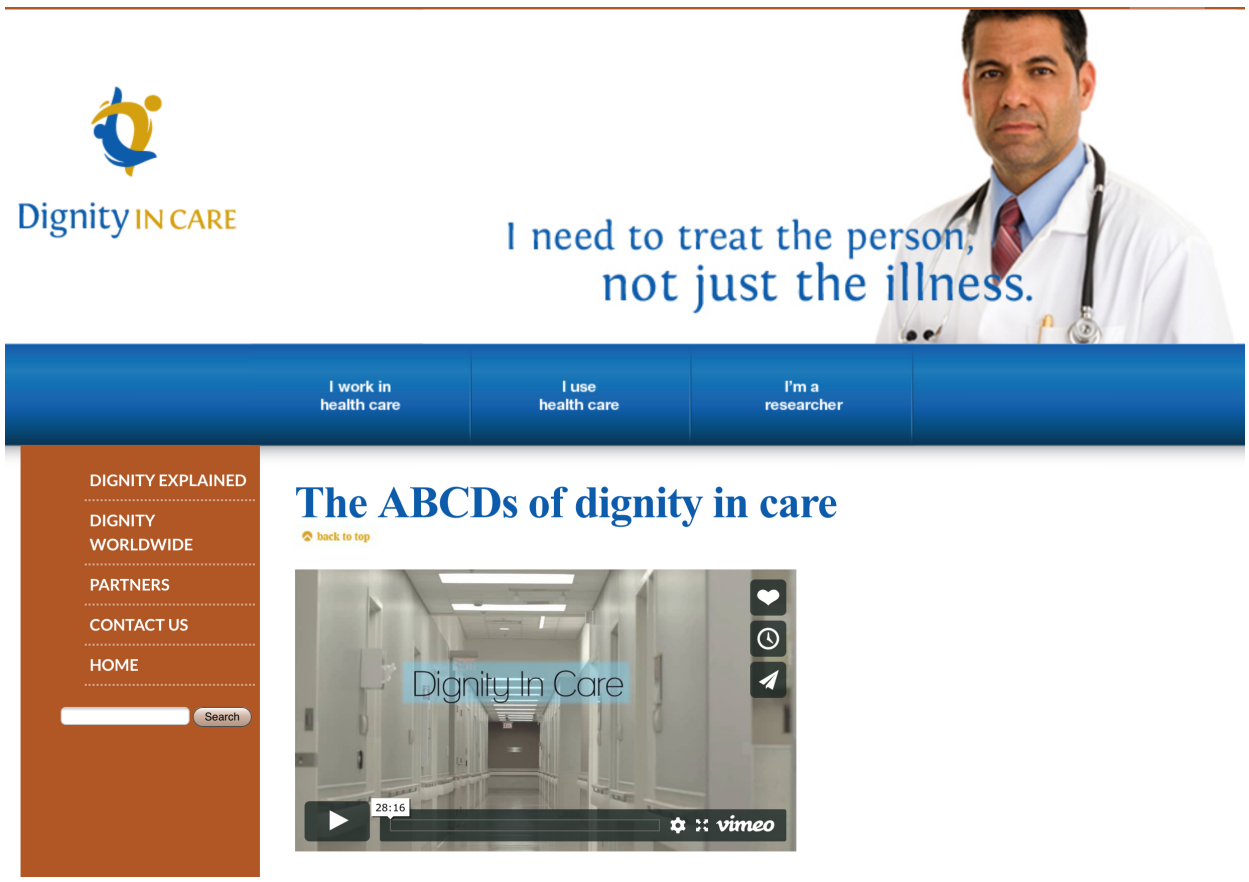
11.So I see compassionate care being delivered when the staff themselves feel cared for when they feel free to speak openly free from fear than they work together as a team and they trust each other.I think that the most valuable gift that we can give each other and to your patients is the gift
of time. Time to allow the patients speak about what matters most to them and most importantly time for the staff to listen.

12. I think you have to show a genuine interest in the patient without being judgemental. Try and find out a little bit more about their lives, their beliefs, their values in order to empower the patient to be able to make decisions about their rehab and the goals that we're going to set together.

13.They often divulge all sorts of different things about their worries at home it might be: who's going to walk my dog whilst my leg's in plaster? And it's thing like that that we can help to facilitate arrangements that make a big difference to how they experience their care.

14.I believe that if we focus our attention on thing that matter most to our patients then we will gain their absolute trust. This trust would improve clinical outcomes would improve financial outcomes would empower patients to improve their quality of life would reduce their dependency on the system and improve the morale of our staff. This has to be our number one priority.

https://www.dignityincare.ca/en/the-abcds-of-dignity-in-care.html



Which are the ABCD do dignity in care?

A stands for...

B stands for...

C stands for...

D stands for ...

What do the interviewed people say?

THE ABCD'S OF DIGNITY IN CARE - script

"I think anybody who is working in health care today has this extraordinary opportunity along with which goes an extraordinary responsibility to think about dignity and to think about how they personally might influence the experience of people they care for".

"To me really dignity is about compassion, it's about putting the person first that they are person not just a disease, a diagnoses, a patient and treating them with empathy, that kind of care and treatment you would want for yourself or for your family member."

"We, health care providers, are the beholder of our patients experience. What patients are looking for, at least metaphorically , is the reflection in our eye. If they see nothing, they feel that they vanished. If they see only their illness, then they feel they've been reduced to a problem check-list, a series of symptoms. But if they can see themselves, you know, all of who they are, you know, their personhood, then we actually done something, to uphold and maintain their dignity."

"I think dignity means giving someone worth in a very very .. in such a way that they think they are worth while that you know impinging on your time that they are not being difficult to care for.. really your role as a caregiver is to bring them into the picture of their illness and together help us address in a best way possible and to make them a partner".

"I think sometimes what happens is we get so busy in Health Care and we are trying so hard to do so much with such a few hands, sometimes we get a little bit into the rush and we ruinising of tasks and forgetting that ehm who the person is as a person and respecting that person as the individual and to me that really is Dignity Care"

"In Health Care we have a certain core efficiencies that all people in Medicine are responsible for and there are the ABCs of Critical Care. Everyone in Medicine is expected that they will clear an airway, that they will make sure a patient is breathing, that they will make sure the circulation is looked after but when it comes to the humanities of care there are no core efficiencies and so the ABCDs really was a way of trying to say: "Could we come up with some kind of a formula that would address critical qualities of Health Care provision; that really would underscore the importance of the humanities of care?", so the A stands for Attitude. Your attitude as Health Care Provider can make the difference between good care and care that will be experienced as an insult to sense of Dignity. What you do with patient is important and what you do to patient is important, but what happens between your ears, your outlook, your attitude towards that patient has a profound influence on their experience of Health Care.

"R-E–S-P-E-C-T"
"Respect. -When I was 6 years old, it was 1953, I was disabled by the polio epidemic. The advice was that I be sent to a boarding school in the city, but my family would not see me taken away from the family.
So I stayed home and I had a pretty regular integrated growing up time which was not common for people with my degree of disability (min 5.00).
Kind of the reasons I wear ground-breaking colours and unconventional clothes is to distract people from the stereotype about people who have disabilities.
And I will__ just become a little more difficult for them put me in a pigeonhole and than I can speak up and ___my personality and than I can get better treatment you know
I'm not saying that everybody should do this. It's a technique that I developed very early in my adult life and it's been effective for me. That's the role that I have taken."

“We had an older patient at the hospital. And one of our physician was working with him, and I overheard him referring to him as a demented patient in room whatever was.
And I happened to know this gentleman. He is actually a very well know musician in Winnipeg.
He actually played the organ at our wedding. And I just didn’t like the way that ___said with me the judgement not putting the patient first. So I took the opportunity on my back to the doctor and said to him. - You know this gentleman this is his name, this is his background, this is his experience just to sort of flash out that there is a person behind this dementia that now exist for this individual.
And than the physician came back to me later that day and he thanked me for bringing that to his attention that this was a person first. ___And he just know_____
This is somebody husband, this is somebody father, and we want to always put our self in that kind of way of thinking. That is about the patient first and, you know, how we want to be treated that old gold rule idea how do we want our family member to be treated.”

“I think we have to get in front of the marginalisation and the attitude we have.
We value some populations less, and all said that everyone of us do that, but in right term a population does, and wherever we are working: at the triage desk, or in the clinic or at the security station, we all shares (some of those attitude) that are very () population (attitude marginalizes) who is worth more or is worth less.
So, we need to integrate a proactive way of getting in front of our attitude.
So, we don’t hurt people.”

“One of my doctor leave, they refer me to a specialist vascular surgeon, for my legs, and when she first met me she did a fast examination and she says: “why do you have all these little marks on your derma?”.
And I just look at her incredulously, you know, I don’t know what do you expect and take five () and I must () why do you think I am here we () she’s a doctor, she should know.”

“My name is Ida Spence, I live in ___and I have lived here for 40 years and 2003 I had a massive heart attack, which I didn’t know what a massive heart attack (told me) put me in hospital and did all the tests and I have still __ as well and so that the 2 things I’m looking after right now.
First of all __ first nation __ medical free but so is not the same in the other nation they don’t get free medications, they pay for everything I gave everybody else and the other things is that I don’t work, and I have ever working for over 40 years since I retired and think I get small things like that bad person read the papers”

“My name is Eileen Easter. I’m 36 years old. I live in Winnipeg, Manitoba. I’m the mother of 7 children.
Sometimes when a doctor walks in the room and they see me, I think that they sometimes automatically draw their conclusions and they see an aboriginal woman sitting there and they see -you know- I’m not in the greatest of shape and they just think like “What does she want today?”-you know- “what is the after? Is she after medication? Is she like…”- and then they just brush me off like I feel like they are not taking me seriously. “

“I work with patients and families around complaints, concerns that they have and sometimes I’ll hear for staff, I work with staff as well to support them in a challenging situation but I said –you know- I’d try to be careful with the word that I use, this is not a difficult family or a dysfunctional family, they’re functioning as best they can in this moment and it’s our job to help them and to understand what’s going on in the bigger picture and to try not to be judgemental and use those words that cause them judgement and I

always can see some eyes open, it's like "Oh yeah I use those words" and I've had some staff come back to me and they say "That's good information, that's good advice" so try not to do that as much anymore. "

"No matter where they come from, who they are, what they are, their gender, their age, no matter what, they see them as a person, a human being and treat them the way they would like to be treated. Don't automatically make (conclusions) don't devalue what they say, don't, don't, act like you're the ____ figure that knows it all, God! Don't do that, just treat me like an individual, treat me like a human being."

"The B of the ABCDs of dignity conserving care, stands for behavior. Behavior that's informed by an attitude that will affirm personhood. What sorts of behaviour are we talking about? Well, do you come and see your patients? Or not? Do you stand at their bedside, above them? Or do you sit down at their bedside, so that you are on an equal level? Do you meet their gays, do you avert their gays? Do you offer them undivided and complete attention?"
"If you are in a busy area like in emergency or whatever, a lot of staff walks by, or they will see you but they don't acknowledge you, they don't make eye contact and they just think it's a way of avoiding having to interact with somebody but it really is...I don't know...It defeats your attitude in the way, you want to try and make eye contact with somebody like: I'm a person, I'm here, look at me."
"Recently, January of this year, he was in intensive care union and he was getting increasingly confused because of the medications and everything...and the nurse during the day was pretty good but then the night nurse came on and the first thing she did was to introduce herself and ask all of the names of all the family members that were there, ask for the correct pronunciation of his name which is "Moris" even though it is spelled like Maurice...and asked about all things to do with our family...what pets we had...she wrote it down on a board so she would remember and she went over to him and reelaborated these information to him that, you know, his daughters and his wife were there and repeated their names for him and touched him while she was talking to him."

I think for me those moments in "which you need" to check yourself are those moments in which.. I think when we get very busy. And.. You have a tans of things on your mind and you are looking after a tans of 10 or 12 resonance, you have to get the medications, and all these things on your list that you have to accomplish at that day. I remember having a conversation with someone sharing with me, it was a life celebration for them, and they sort of rushed in, and I half listened to the story because my mind was somewhere else, and I'm walking out of the room, sort of stopping and going "just a minute", like, what am I doing? This is about turning around and sitting down, it literally took two minutes but I know that made a huge difference for that person."

"There was a study that was done in palliative care number of years ago that talked about communication, and the particularly researched study was that the physician would come in and speak with the patient and then go out again and they behave the researc …… the doctor.
"There was a doctor here?" "How long was the doctor here?"
In every case "oh yes the doctor was here" "how long was the doctor here?" "oh 10 good minutes". And in every case the doctor have been in the room lasting 2 minutes but the doctor had sat down so there was that I contacted the connection with the patient because often we have known patients in bed and we are towering over them ; that's not a real power balance and so the patient is more vulnerable, but in

this particularely research study they brought a chair and the doctor sat down and had a face to face, eye to eye contact with the patient and I just met such a difference and in every case it least 10 minutes when it only have been lasting 2."

"Some people worry that to do dignity conserving care would eat up too much of their time, take too much effort and would see them never being able to leave the hospital. Providing and dividing the attentions even for few moments can make the difference between the feeling "I've been heard" versus the feeling "they're really not listening to me""

"The "C" of dignity conserving care stands for compassion, of this understanding of the suffering of another, and a willingness or a wish to get involved and make a difference. Compassion is probably one of the most contested areas of this, in fact people often ask: "Can you actually teach compassion? Or is it something in innate? Is it something that people either have or don't have?". What I've learned through my experience, is that to experience compassion you yourself, have to be in touch with your own vulnerability. At some point of time you have to understand, that the experiences your patient is going through and the stuff that you are made of, aren't different one from the other. It just doesn't happen to be your turn."

"Compassion is just taking the extra time, I guess, to be available to somebody. Even if you're just with them and not speaking, just to comfort, and a kind word or acknowledgement. You need a glass of water: I would reach that for you. Or you need a warm blanket: I would get you a warm blanket. And it's just the little touches you could do for a person and respond to maybe what they're feeling."

"And we have a situation when my son was in the hospital where, there has been a death in the unit one the little boy had gone home and had to anticipate his death at home and the very next day the family come back and told the staff that the little boy had died and our son's nurse had been his nurse as well and she was a lovely person extremely compassion. My son just loved her and we did too and I foud her in the story when I had to get deeping or something else, she was there in her tears and she was diping her face saying "I'm sorry, I'm sorry, you shouldn't see me like this "and I said <no, it's important for me to see you like this> and I said no at that time we were also potentially facing that our son was very critically ill during a significant time in the hospital and we didn't know if he is going to survive or not because he didn't really know what was wrong and how to help him that for me that all made the difference seeing those tears that is a real person and her children and her family were mad for her."

"Understanding the true immortal and understanding the you too like your patient may become ill in providing compassion and care unless you understand that ..it's impossible and if you can't put yourself there, you can't function as a captionated care provider."

"It's just like when you are sitting in a lot of pain. You don't have much patience.
I always used to tell them I'm not a very patient, patient. What you may know about this?
Things are going on in my body.
It's not…not easy to be understanding, and I don't want anybody to feel sorry for me.
When I'm laying here in bed I'm angry, upset and angry, cause I'd rather be… you know, outside on a four-wheeler, not laying in bed.
So, I'm feeling sorry it's not helping at all.
I am angry, so expect that you're not going to be…
No matter how kind you are."

"The great irony is those of us working in the field spend our entire professional lives learning how to look after patients, and the one thing that people don't want to be when enter into healthcare, are patients.
What's the challenge of being a patient? The challenge of being a patient is that you feel reduced to a body part, you feel reduced to a symptom, you feel reduced to a problem list."

"To me compassion means that you're understanding that other person's frame of minds understanding that person's prospective, walking that other person's shoes and you're compassionate because you're understanding what it might be like for that person to have pain or what it might be like to have to wait 10 minutes when you need someone right away or what it might be like to have to have someone help you eat when you really want to eat yourself or what it might be like not to be able to say things when in your mind you can say thing but you just can't get worth out. So having that understanding, having that prospective and having patience.
In the____culture there are two things that you don't do to an elder: one is deprive them of food and the other is make them wait. In healthcare we make people wait a lot and of course if you're going to the operating room we deprive you of food too, so I've had and seen situation where____elders walk out of the hospital because they been put on a waitlist for surgery and have not been allowed to eat for a long time, they feel they've been disrespected and the one thing you don't do is deprive anybody of food, food is extremely important, so from their point of view what we are doing is terrible, while from our point of view it's the righting view, we are gonna get them to operating room fixes whatever, so you have to be able to listen and you have to not judge."

"One of difficulties I think we run into is the expectation that everyone can be taught compassion in an uniform way, if only there were one approach there were one key, everybody would use that to unlock compassionate care. I think that that's not the case because each of us are different."
"There are other things that could put you in touch with that compassionate part of yourself it may be communing with nature it may be reading literature, listening to music, anything that makes you feel vulnerable in a universe that is far larger and far more complex than who you are. So what I have done in my teaching is to tell people that they need to discover that key for themselves, because once they discover it, then they are in a position of realizing that we all live in a world with all possibilities and that health is kind of a passing phase"

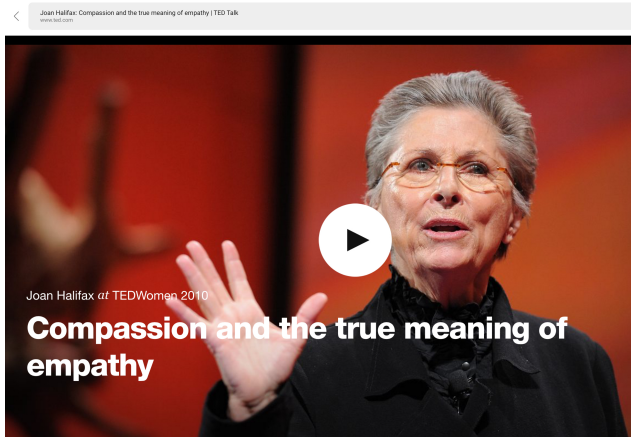
"The D of the ABCD of dignity conserving care stands for dialogue, conversations.
There are a lot of talks that happens in medicine: explanation for what's happening, explaining what a medical intervention might look like, what treatments are available and what are not available.
The D of dignity conserving care in essence is including something in that conversation acknowledges that you are talking not just to a patient but to a person.
Subtleties like "I'm sorry this is happening", "this is not the way I expected things to go", "this must be difficult"".
"You have to have opened an honest dialogue so that the person in front of you, the patient feels they have been listened, they have been heard. Otherwise, they are going away with resentment and they are not going to tell you all the information that you need."
"I have a little girl who was in hospital and the mother we had accompanied her from a northern community and this is a **cross-cultural situation** where mother is an aborigine woman, first nation's woman and the nurses keep getting more and more concerned because the mother was not spending enough time with this patient.
So I was around and I went to talk to the mother and said "what's happening" and it come out that she had already been in Winnipeg before her daughter got sick and she was escorting her mother who was a

terminal cancer patient and she also had another daughter with her and they were all living in this small hotel room and so she was racing from the hospital to the hotel to look after her palliate of mother and look after the other child and she just could not be there, but she then… somehow that dialogue had not happened between the nursing staff and the nursing staff was getting in a more and more concerned about his woman being a bad mother and I guess I was in a position to broke into the dialogue and we actually got some help for helping to look after the grandmother so she could spend a bit more time with the child and thing got lot better from that time on, but the communication had not happened and we were judging her as we often do by the fact that she was not spending enough time there but not realized taking time to find out why she was not spending enough time there."
"A simple question like "what do I need to know about you as a person to take the best care of you that I can? It's a simple questions and I was suggest that from credulous to grave weather you are somebody who has looking after a woman in the area obstetrics or you are looking after patient and family who approaching in their life. What do I need to know about a person to take the best care of you possible it's seems to there is no area of health-care that wouldn't be the better inform to that respond to that enquired."

"What I'd would like them to see when I walk in the room I would like them to see she is an upraised woman to seen. she has a family and there is value in that and her family is still intact____ I'm the matriarch and that I do have knowledge I do have experience and then I have like. Maybe not so much like the medical, the mine stream traditional education but I have live life experience I have got in this far and I've done up and done a good job let say."

"Patients forgot… to give almost anything but they want for give luck of kindness. We offer you some empathy and a hand of shoulders saying, oh my goodness, this hast to be definite to you…it's not fundamentally going to change medical outcome, but for that's person do make feels like care moment and what's a stunning it's that often times these of things..the people remember."

"This is accord that I've just love by my angel and I says people was forget what you've sad, people was forget what you've done, but people would never forget how you made them feel, and I think that this is the essence of good health care



Buddhist roshi Joan Halifax works with people at the last stage of life (in hospice and on death row). She shares what she's learned about compassion in the face of death and dying, and a deep insight into the nature of empathy.

Fill in the missing parts below by listening to the video and by answering the questions

Compassion has many faces. Some of them are_____
_____what did the Dalai Lama say:
_____

What happened two weeks ago? Where was she?
_____
_____
_____

And I remembered a line from the Mahabharata, the great Indian epic:
"_____" And Yudhisthira replied,
"_____
_____." What did she see in the face of on of the women?
_____
_____
What was that woman doing?
_____
_____

Her gaze went to another young woman as she_____
And it reminded her of_____
_____

And on the first day at Simikot in Humla, far west of Nepal, the most impoverished region of Nepal, an old man came in clutching a bundle of rags. And he walked in_____

_____

_____

She knows those hand and eyes. They touched her
when_____

_____

_____

And her family brought in a woman whose mother had been a slave to _____And that
woman_____

_____

_____

So we can ask: What is compassion comprised of?

_____

_____

It is that ability to_____
What do we aspire to?

_____

_____

we engage in activities that_____

How long has she worked with dying people ?_____. What is the privilege she had?

_____

And when she worked in the prison system, it was so clear to her
that_____

_____

Which are the enemies of compassion?

_____

_____

_____

Which are the qualities of compassion according to neuroscience?

_____

_____

What does compassion enhance?

_____

_____

which is her question?

_____

_____

What do they say in Buddhism ?

_____

_____

How does she describe the archetype in Buddhism, Avalokiteshvara, Kuan-Yin.

_____

_____

What have women manifested for thousands of years?

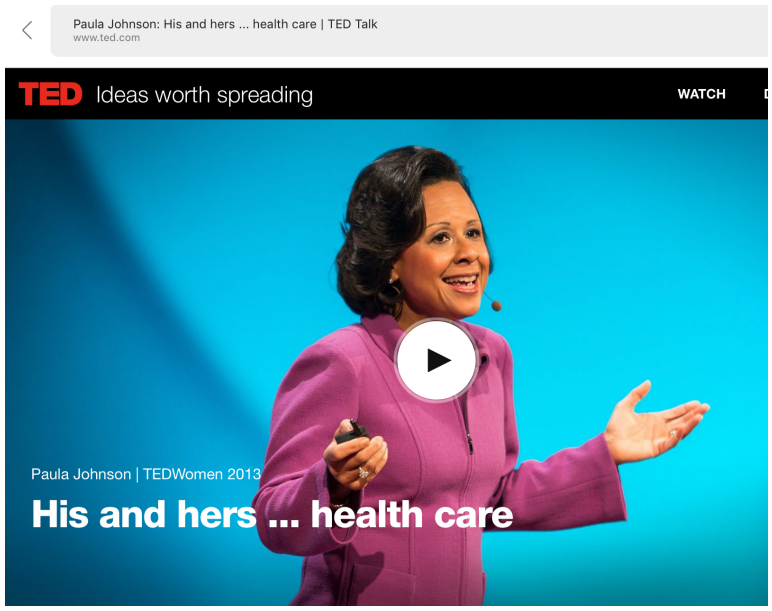
What did Jody Williams say?

But the other side of the equation is

What does she believe?

Terminology:

Listening and Comprehension activity/ted.com nr 2



Paula Johnson

His and hers … healthcare

Every cell in the human body has a sex, which means that men and women are different right down to the cellular level. Yet too often, research and medicine ignore this insight -- and the often startlingly different ways in which the two sexes respond to disease or treatment. As pioneering doctor Paula Johnson describes in this thought-provoking talk, lumping everyone in together means we essentially leave women's health to chance. It's time to rethink.

Bio

Dr. Paula Johnson is an inspirational and visionary scholar and leader in medicine who has devoted her career to improving the health of women in the United States and around the world through research, clinical care, and public policy. Dr. Johnson is a trusted mentor and has worked to train the next generation of women's health leaders. She is a deeply committed and passionate advocate for women's health.

Dr. Johnson is the Executive Director of the Connors Center for Women's Health and Gender Biology, Chief of the Division of Women's Health at Brigham and Women's Hospital in Boston, Massachusetts and a Professor of Medicine at Harvard Medical School. As an entrepreneurial leader in medicine, she has built organizations which stand at the leading edge of hospital-based interdisciplinary healthcare delivery, discovery and disease prevention. Dr. Johnson started and grew the Connors Center for Women's Health and Gender Biology. This nationally-recognized center, includes an interdisciplinary health care practice model that solidifies the important connection between healthcare delivered to each patient and the health of entire communities.

Dr. Johnson has trained, mentored and developed leaders in women's health in both research and clinical care, building a division with a research budget over the past five years of over $30 million in direct and indirect costs. At the Connors Center, she has led the development of research and training programs ranging from gender biology to understanding the social and environmental contexts of women's health to women's health globally. The Division has grown to 45 members and serves as a unique and valued resource to faculty from across the institution.

As a leader at one of Harvard Medical School's preeminent teaching hospitals, Dr. Johnson has developed advanced integrated quality control systems that focus on both enhancing patient safety and improving efficiency and outcomes resulting in decreased operating costs while improving safety and patient satisfaction and clinical outcomes.

Over the last 15 years, Dr. Johnson has led initiatives to improve the health of the City of Boston, including leading the development of a roadmap to improve access to and the quality of primary care in Boston that included stakeholders from all sectors of healthcare. She is an internationally recognized expert in defining disparities and improving the quality of cardiology care for women and minority

populations. Her achievements also include membership on the 2010 Institute of Medicine Committee that led to the landmark coverage of preventive services for women under the Affordable Care Act.
Dr. Johnson's vision, research, and ability to lead at the intersection of health care and public health has brought her leadership recognition and key leadership roles in the local and national arena, including Chair of the City of Boston's Public Health Commission, member of the National Institutes of Health (NIH) Advisory Committee on Research on Women's Health, and serving on several committees at the Institute of Medicine. Dr. Johnson's leadership contributions to the medical, public health and business community have been recognized by numerous organizations, including the National Library of Medicine, the Massachusetts Public Health Association, the Boston Chamber of Commerce and the Boston Business Journal, among others. She is Director of West Pharmaceutical Services, a billion dollar public global company and leader in the development and manufacturing of novel pharmaceutical storage and delivery systems.
Dr. Johnson is a graduate of Harvard Medical School, Harvard School of Public Health and Harvard, and Radcliffe Colleges. She received her training in Internal Medicine and Cardiology at Brigham and Women's Hospital, where she served as the Chief Resident in Medicine. She is the first African American Harvard Medical School Professor in the 100 year history of Brigham and Women's Hospital.

Listen and fill in the blanks

0:11

Some of my most wonderful memories of childhood are ... . time with my grandmother, Mamar, in our four-family home in Brooklyn, New York. Her apartment was an oasis. It was a place where I .....sneak a cup of coffee, which was really warm milk with just a touch of caffeine. She loved life. And although she ....., she saved her pennies and she traveled to Europe. And I remember .... those pictures with her and then dancing with her to her favorite music.

0:46

And then, when I was eight and she was 60, something ..... She no longer worked or traveled. She no longer danced. There were no more coffee times. My mother ..... and took her to doctors who ..... make a diagnosis. And my father, who worked at night, ... every afternoon with her, just to .....

1:12

Her care became all-consuming for our family. And by the time a diagnosis ...., she was in a deep spiral.

1:21

Now many of you will recognize her symptoms. My grandmother ..... A deep, life-altering depression, from which she .... And back then, so little was known about depression.

1:38

But even today, 50 years later, there's still so much more to learn. Today, we know that women are 70 percent .... to experience depression over their lifetimes compared with men. And even with this ....., women are misdiagnosed between 30 and 50 percent of the time.

2:04

Now we know that women .....to experience the symptoms of fatigue, sleep disturbance, ... compared with men. And these symptoms are often overlooked as symptoms of depression.

2:20

And it isn't only depression in which these sex differences ....., but they ..... across so many diseases.

2:29

So it's my grandmother's struggles that have really .... a lifelong quest. And today, I lead a center in which the mission is to discover why these sex differences occur and to use that knowledge to .....

2:46

Today, we know that every cell has a sex. Now, that's a term .... the Institute of Medicine. And what it means is that men and women are different down to the cellular and molecular levels. It means that we're different across all of our organs. From our brains to our ....., our ....., our .....

3:13

Now, it was only 20 years ago that we .... any data on women's health beyond our reproductive functions. But then in 1993, the NIH Revitalization Act was signed into law. And what this law ..... that women and minorities be included in clinical trials that were ..... by the National Institutes of Health. And in many ways, the .... Women are now routinely included in clinical studies, and we've learned that there are major differences in the ways

that women and men ..... But remarkably, what we have learned about these differences is often .....

4:03

So, we have to ask ourselves the question: Why leave women's health to chance? And we're leaving it to chance in two ways. The first is that there is so .... and we're not .....in fully understanding the extent of these sex differences. And the second is that we aren't taking what we have learned, and routinely applying it in clinical care. We ....

4:37

So, ... with you three examples of where sex differences have impacted the health of women, and where we ..... to do more.

4:45

Let's start with heart disease. It's the number one killer of women in the United States today. This is the face of heart disease. Linda is a middle-aged woman, who had a .... in one of the arteries going to her heart. When she ..... symptoms she went back to her doctor. Her doctor ..... the gold standard test: a cardiac catheterization. It showed no ..... Linda's symptoms continued. She had to stop working. And that's when ..... When Linda came to us, we did another cardiac catheterization and this time, we found clues. But we needed another test to make the diagnosis. So we did a test called an ...., where you use soundwaves to look at the artery from the inside out.

5:43

And what we found was that Linda's disease didn't look like the typical male disease. The typical male disease looks like this. There's a discrete blockage or ..... Linda's disease, like the disease of so many women, looks like this. The plaque is ..... more evenly, more diffusely along the artery, and it's harder to see. So for Linda, and for so many women, the gold standard test .....

6:17

Now, Linda received the .... She went back to her life and, fortunately, today she is doing well. But Linda was lucky. She found us, we found her disease.

6:28

But for too many women, that's not the case. We have the tools. We have the technology .... But it's all too often that these sex diffferences are overlooked.

6:43

So what about treatment? A ..... that was published two years ago asked the very important question: What are the most effective treatments for heart disease in women? The authors looked at papers written over a 10-year period, and hundreds had to be thrown out. And what they found out was that of those that ....., 65 percent were ..... because even though women were included in the studies, the analysis didn't ..... between women and men. What a lost opportunity. The money had been spent and we didn't learn how women ..... And these studies could not contribute one iota to the very, very important question, what are the most effective treatments for heart disease in women?

7:39

I want to introduce you to Hortense, my godmother, Hung Wei, a relative of a colleague, and somebody you .... -- Dana, Christopher Reeve's wife. All three women have something very important in common. All three were diagnosed with lung cancer, the number one cancer killer of women in the United States today. All three were nonsmokers. Sadly, Dana and Hung Wei died of their disease. Today, what we know is that women who are nonsmokers are three times more
likely .....than are men who are nonsmokers. Now interestingly, when women .... lung cancer, their survival tends to be better than that of men. Now, here are some clues. Our investigators have found that there are certain genes in the lung tumor cells of both women and men. And these genes ..... And when these genes are over-expressed, it's associated with improved survival only in young women. Now this is a very .... and we don't yet know whether it has .... But it's findings like this that may provide hope and may provide an opportunity to save lives of both women and men.

9:12

Now, let me share with you an example of when we do consider sex differences, it can drive the science. Several years ago a new lung cancer drug ....., and when the authors looked at ...., they found that 82 percent were women. This led them to ask the question: Well, why? And what they found was that the genetic mutations that ..... were far more common in women. And what this has led to is a more personalized approach to the treatment of lung cancer that also includes sex.

9:48

This is what we can ..... when we don't leave women's health to chance. We know that when you invest in research, you get results. Take a look at the death rate from breast cancer over time. And now take a look at ..... from lung cancer in women over time. Now let's look at the dollars invested in breast cancer -- these are the dollars invested .... -- and the dollars invested in lung cancer. Now, it's clear that our investment in breast cancer has produced results. They may not be ...., but it has produced results. We can do the same for lung cancer and for every other disease.

10:37

So let's go back to depression. Depression is the number one cause of ..... in women in the world today. Our ..... there are differences in the brains of women and men in the areas that are connected with ..... And when you put men and women in a functional ..... scanner -- that's the kind of scanner that shows how the brain is functioning when it's activated -- so you put them in the scanner and you .... to stress. You can actually see the difference. And it's findings like this that we believe hold some of the clues for why we see these very significant sex differences in depression.

11:24

But even though we know that these differences occur, 66 percent of the .... that begins in animals is done in either male animals or animals in whom the sex is not identified.

11:42

So, I think we have to ask again the question: Why leave women's health to chance? And this is a question that ..... those of us in science and medicine who believe that we are .....to dramatically improve the health of women. We know that every cell has a sex. We know that these differences are often overlooked. And therefore we know that women are not getting the full benefit of modern science and medicine today. We have the tools but ..... the collective will and momentum.

12:22

Women's health is an ..... as important as .... And it's an issue of the quality and the integrity of science and medicine. (Applause) So imagine the momentum we .... advancing the health of women if we considered whether these sex differences were present at the very beginning of ..... Or if we ..... our data by sex.

12:58

So, people often ask me: What can I do? And here's what I suggest: First, I suggest that you think about women's ..... in the same way that you think and care about other causes that are important to you. And second, and equally as important, that as a woman, you have to ask your doctor and the doctors who are .....: Is this disease or treatment different in women? Now, this is a profound question because the answer is likely yes, but your doctor may not know the answer, ... But if you ask the question, your doctor will very likely go looking for the answer. And this is so important, not only for ourselves, but for all of those whom we love. Whether it be a mother, a daughter, a sister, a friend or a grandmother.

14:03

It was my grandmother's suffering that inspired .... the health of women. That's her legacy. ..... can be to improve the health of women for this generation and for generations to come.

14:22

Thank you. (Applause)

Terminology:

Listening and Comprehension activity/ted.com nr 3

Carolyn Jones
A tribute to nurses

Carolyn Jones spent five years interviewing, photographing and filming nurses across America, traveling to places dealing with some of the nation's biggest public health issues. She shares personal stories of unwavering dedication in this celebration of the everyday heroes who work at the front lines of health care.

Why you should listen

Best known for her socially proactive photographs and documentary films, Carolyn Jones creates projects that point our attention towards issues of global concern. From people "living positively" with AIDS to women artisans supporting entire communities and nurses on the front lines of our health care system, Carolyn Jones has devoted her career to celebrating invisible populations and breaking down barriers.
Jones has spent the past five years interviewing more than 150 nurses from every corner of the US in an effort to better understand the role of nurses in this country's healthcare system. She published the critically-acclaimed book *The American Nurse: Photographs and Interviews* by Carolyn Jones, for which she was interviewed on PBS NewsHour and featured in the *New York Times*, the *Washington Post* and *USA Today*. She directed and executive-produced the follow-up documentary film *The American Nurse: Healing America*, which was released in theaters nationwide and was an official selection of the 2015 American Film Showcase, a cultural diplomacy program of the US Department of State.
Jones has spent her career focused on telling personal stories, and her first introduction to nursing was through a very personal experience of her own, when it was a nurse who helped her get through breast cancer. That experience stuck with her, so when she started working on the American Nurse Project in 2011, she was determined to paint a rich and dynamic portrait of the profession. The goal was to cover as much territory as possible, with the hope that along the way she would capture stories touching on the kinds of issues that nurses are dealing with in every corner of the country. The project explores the American experiences of health care, poverty, childbirth, war, imprisonment and the end of life through the lens of nursing.
Prior to *The American Nurse*, her most widely acclaimed book, *Living Proof: Courage in the Face of AIDS*, was published by Abbeville Press and was accompanied by shows in Tokyo, Berlin, the USA, and at the United Nations World AIDS Conference. In addition to her multiple exhibitions, book and magazine

publications, Jones has collaborated on projects with Oxygen Media, PBS and the Girl Scouts of the USA. She founded the non-profit 100 People Foundation for which she travels the world telling stories that celebrate our global neighbors. As a lecturer, Jones has spoken at conferences, universities and events around the globe. In 2012 she was honored as one of 50 "Everyday Heroes" in the book of that title for her work with the 100 People Foundation.
Jones' career was punctuated by two brushes with death: first, running out of gas in the Sahara as a racecar driver, and second, a breast cancer diagnosis. Her newest project, the forthcoming documentary *Defining Hope*, is the culmination of a journey investigating how we can make better end-of-life choices.

Listen and fill in the blanks

As patients, we usually remember the names of our doctors, but often we forget the names of our nurses. I remember one. _____, and somehow I managed to get through the surgeries and the beginning of the treatment just fine. I could hide what was going on. Everybody didn't really have to know. I could walk my daughter to school, I could go out to dinner with my husband; I could fool people. But then my chemo _____and that terrified me because I knew that I was going to lose every single hair on my body because of the kind of chemo that _____. I wasn't going to be able to pretend anymore as though everything was normal.

00:47

I was scared. I knew what it felt like to have everybody treating me with kid gloves, and I just wanted to feel normal. I had a port installed in my chest. I went to my first day of chemotherapy, and I was an emotional wreck. My nurse, Joanne, walked in the door, and every bone in my body was telling me to get up out of that chair and take for the hills. But Joanne looked at me and talked to me like we were old friends. And then she asked me, "Where'd you get your highlights done?"

01:18

(Laughter)

01:19

And I was like, are you kidding me? You're going to talk to me about my hair when I'm on the verge of losing it? I was kind of angry, and I said, "Really? Hair?" And with a shrug of her shoulders she said, "It's gonna grow back." And in that moment she said the one thing _____, and that was that at some point, my life would get back to normal. She really believed that. And so I believed it, too.

01:47

Now, worrying about losing your hair when you're fighting cancer may seem silly at first, but it's not just that you're worried about how you're going to look. It's that you're worried that everybody's going to treat you so carefully. Joanne _____ in six months. We talked about her boyfriends, we talked about looking for apartments in New York City, and we talked about my reaction to the chemotherapy -- all kind of mixed in together. And I always wondered, how did she so instinctively know just how to talk to me?

02:23

Joanne Staha and my admiration for her marked the beginning of my journey into the world of nurses. A few years later, _____ that would celebrate the work that nurses do. I started with Joanne, and I met over 100 nurses across the country. I spent five years interviewing, photographing and filming nurses for a book and a documentary film. With my team, we mapped a trip across America that would take us to places dealing with some of the biggest _____facing our nation -- aging, war, poverty, prisons. And then we went places where we would find the largest concentration of patients dealing with those issues. Then we asked _____to nominate nurses who would best represent them.

03:18

One of the first nurses I met was Bridget Kumbella. Bridget was born in Cameroon, the oldest of four children. Her father was at work when he had fallen from the fourth floor and _____. And he talked a lot about what it was like to be flat on your back and not get the kind of care that you need. And that propelled Bridget to go into the profession of nursing. Now, as a nurse in the Bronx, she has a really diverse group of patients that she cares for, from all walks of life, and from all different religions. And she's devoted her career to understanding_____ when it comes to our health. She spoke of a patient -- a Native American patient that she had -- that wanted to bring a bunch of feathers into the ICU. That's how he found spiritual comfort. And _____and said that patients come from all different religions and use all different kinds of objects for comfort; whether it's a holy rosary or a symbolic feather, it all needs to be supported.

04:29

This is Jason Short. Jason is a _____ in the Appalachian mountains, and his dad had a gas station and a repair shop when he was growing up. So he worked on cars in the community that he now serves as a nurse. When he was in college, it was just not macho at all to become a nurse, so he avoided it for years. He drove trucks for a little while, but his life path was always pulling him back to nursing. As a nurse in the Appalachian mountains, Jason goes places that an ambulance can't even get to. In this photograph, he's standing in what used to be a road. Top of the mountain mining flooded that road, and now the only way for Jason to get to the patient living in that house with _____is to drive his SUV against the current up that creek. The day I was with him, we ripped the front fender off the car. The next morning he got up, put the car on the lift, fixed the fender, and then headed out to meet his next patient. I witnessed Jason caring for this gentleman with _____, and I was struck again by how intimate the work of nursing really is.

05:46

When I met Brian McMillion, he was raw. He had just come back from a deployment and he hadn't really settled back in to life in San Diego yet. He talked about his experience of being a nurse in Germany and taking care of the soldiers coming right off the battlefield. Very often, he would be the first person they would see_____. And they would look at him as they were lying there, missing limbs, and the first thing they would say is, "When can I go back? I left my brothers out there." And Brian would have to say, "You're not going anywhere. You've already given enough, brother." Brian is both a nurse and a soldier who's seen combat. So that puts him in a unique position to be able to relate to and _____.

06:41

This is Sister Stephen, and she runs a nursing home in Wisconsin called Villa Loretto. And the entire circle of life can be found under her roof. She grew up wishing they lived on a farm, so given the opportunity to adopt local farm animals, she enthusiastically brings them in. And in the springtime, those animals have babies. And Sister Stephen uses those baby ducks, goats and lambs as animal therapy for the residents at Villa Loretto who sometimes can't remember their own name, but they do rejoice in the holding of a baby lamb. The day I was with Sister Stephen, I needed to take her away from Villa Loretto to film part of her story. And before we left,_____. And she leaned over and she said, "I have to go away for the day, but if Jesus calls you, you go. You go straight home to Jesus." I was standing there and thinking it was the first time in my life I witnessed that you could show someone you love them completely by letting go. We don't have to hold on so tightly. I saw more life rolled up at Villa Loretto
than_____
____.

08:09

We live in a complicated time when it comes to our health care. It's easy to lose sight of the need for quality of life, not just quantity of life. As new life-saving technologies are created, we're going to have really _____. These technologies often save lives, but they can also prolong pain and _____. How in the world are we supposed to navigate these waters? We're going to need all the help we can get. Nurses have a really unique relationship with us because of the _____. During that time, a kind of emotional intimacy develops.

08:54

This past summer, on August 9, my father died of a heart attack. My mother was devastated, and she couldn't imagine her world without him in it. Four days later she fell, she
_____, she needed surgery and she found herself fighting for her own life. Once again I found myself on the
_____-- this time for my mom. My brother and my sister and I stayed by her side for the next three days in the ICU. And as we tried to make the right decisions and follow my mother's wishes, we found that we were depending upon the guidance of nurses. And once again, they didn't let us down.
They_____
_____. They brought her comfort and relief from pain. They knew to encourage my sister and I to put a pretty nightgown on my mom, long after it mattered to her, but it sure meant a lot to us. And they knew to come and wake me up just in time for my mom's last breath. And then they knew how long to leave me in the room with my mother after she died.

10:18

I have no idea how they know these things, but I do know that I am eternally grateful that they've guided me once again.

10:28

Thank you so very much.

10:30

(Applause)

Terminology: