

Oncology Nursing *(continued)*

are all-encompassing during a patient's final stages of cancer. "It's like you're playing a dual role," she says. "You're not only working with the patients, you also have to go through the different stages of loss with the family and that is a huge challenge."

However, the joy Parlor feels when she sees a patient beat the disease is almost beyond description. "One of the biggest rewards is seeing patients who are at relatively low stages of cancer, and helping them through the consultation and consent process," shares Parlor. "They are then able to make that decision and go through the care right away, without any delay, and the outcome is great. Seeing patients who are coming back 10 years later just for follow-ups is my biggest reward."

Early in her career **Sara Barnhart**, RN, OCN at Midwestern Regional Medical Center, vowed never to let a patient die alone. When she was in her early 20s, Barnhart formed a close friendship with a lymphoma patient close to her age. He was at the peak of his life: young, virile, engaged to be married and starting a promising career. As he started moving into the terminal stages of the disease, his employer let him go; his fiancé, unable to face her inability to help or save him, broke up with him; and his parents lived far away.



*Sara Barnhart, RN, OCN,
Midwestern Regional Medical Center*

"He was trying to handle all of this by himself," remembers Barnhart. "At the point where he was very sick, I took it upon myself to call his parents and get them to come, and I called his ex-fiancé. I wouldn't leave him alone at night because I was afraid he would die alone."

His parents took leaves of absence from their jobs to be with him and his ex-fiancé stayed by his side, making amends before he eventually passed. "I think he had a lot of peace by the time he died," says Barnhart, who gets choked up remembering him. "I decided at that point that if I ever knew someone was going to die, I was never going to let them die alone. I've lived with that and by that ever since. I'll never forget him."

Providing her patients with peace by helping them and their loved ones cope with cancer drives Barnhart in her career. As the manager of the new patient clinic, she is responsible for ensuring patients have a good experience, quality care and get their individual needs met. "We have a philosophy here that we never give up on patients," Barnhart says. "Because of that, patients can come to us very sick and in very bad shape. And, at the same time, we have newly diagnosed patients. One of my biggest challenges is to keep the ones that are really sick from making the ones who are just diagnosed think they are going to end up the same way. It requires a lot of balancing expectations."

In addition to the deeply satisfying relationships Barnhart forms with patients, oncology has helped her grow in her career. "A big reward for me is that there's a constant availability of getting more education," says Barnhart. "As times change and diseases change, there are a lot of opportunities to grow and learn. In all forms of nursing that is important; it keeps it interesting and allows you to spread that level of knowledge on to other people."

As nurses well know, you can't do it all alone; teamwork is critical to both patient care and nurse well-being. **Ruth Regalado**, RN, BSN, a staff nurse at the University of Illinois Oncology Care Center outpatient clinic, often turns to her nursing partner, **Cynthia Williams**, when she needs support. "We do everything together," Regalado says. "We confer about our patients and it is a really a team-driven environment. We're all in this together. All six nurses I work with have so many strengths and are so willing to share their knowledge."

ONCOLOGY NURSING AT A GLANCE



Ruth Regalado, RN,BSN,
University of Illinois Oncology Care Center

In the clinic there are three sets of nurse partners assigned to one doctor. "Any patient assigned to our doctor is our patient," explains Regalado. "It helps because there are at least two people who are always there that know the patient. From the amount of time that a patient is diagnosed and treated – whether

it's with chemotherapy, radiation or surgery – it is such an intense time. It's important that they feel a sense of trust and that someone knows them."

As a staff nurse, Regalado administers chemotherapy, blending her natural empathy with clinical expertise. "You have to be compassionate, but at the same time you need to be assertive," says Regalado. "You are dealing with some treatment modalities that are potent and you have to know what you're doing. You can easily harm a patient if you're not skilled and don't know what to look for as far as reactions and side effects. The whole goal of treatment is to have some kind of favorable response. If you aren't assertive enough to know what you're doing and question things, you could run into trouble."

Along with these technical skills, Regalado is committed to making treatment as comfortable as possible. "When patients come for chemotherapy for the first time and they're so afraid, you have to reassure them, make them comfortable and educate them on what's going to be happening," she explains. "I tell them, 'I'm going to do everything in my power to make this an experience that is not going to be so traumatic for you.'" ♦

The area of oncology is constantly changing and advancing, which means oncology nurses have a wide range of career options. In Illinois, there are 1,346 oncology nurses who are members of the Oncology Nursing Society (ONS), which represents 4% of the ONS' oncology nurses in the nationwide. While there are many areas to work in, the majority of ONS nurses (62%) are in medical oncology. Others work in areas like radiation or surgical oncology.

Getting Certified

Certification in oncology can help advance nurses' careers at both the basic and advanced levels. Nurses can become certified through the Oncology Nursing Certification Corporation (ONCC), which offers four certifications:

OCN (Oncology Certified Nurse)

CPON (Certified Pediatric Oncology Nurse)

AOCNP (Advanced Oncology Certified Nurse Practitioner)

AOCNS (Advanced Oncology Certified Clinical Nurse Specialist)

Currently, there are 996 certified oncology nurses in Illinois, which ONCC says is one of the highest states for oncology nurses in the country. The benefits of certification range from expanded skills and knowledge to increased salary and respect from patients and peers. While the average salary range for oncology nurses is \$40,000 - \$69,000, according to ONS, certification can help increase your salary. "Recent data tells us that certified nurses make, on average, \$10,000 more than non-certified nurses," says Cynthia Miller Murphy, executive director of the Oncology Nursing Certification Corporation (ONCC). "Certification is written into many career ladders within certain institutions. There are more privileges, nurses earn the respect of their colleagues and they also earn trust of their patients."

Certification also helps in the hiring process. "I like for nurses to be certified," says Jane Hawksley, Manager of Stem Cell Transplant/Hematology at Northwestern Memorial Hospital, part of the Robert H. Lurie Cancer Care Center, who is responsible for hiring oncology nurses. "We strongly encourage nurses to become certified. It represents your enthusiasm and professionalism toward your specialty. There's a certain prestige and esteem [associated with it]. To find out more about the certification process, visit www.oncc.org" www.oncc.org.

Most oncology nurses agree that professional networking is crucial to career advancement and support. Some organizations that are particularly resourceful include:

Oncology Nursing Society (ONS): www.ons.org

Association of Pediatric Oncology Nurses: www.apon.org

Hospice and Palliative Nurses Association (HPNA): www.hpna.org

Illinois Nursing Association: www.illinoisnurses.org

American Cancer Society: www.cancer.org

As Seen on TV

by Mary Lou Maher, RN, MA, OCN

THE SCENE

The ER is hopping with a variety of emergent and non-emergent problems. During an examination, Dr. Pratt notes a large unexplained laceration on a young boy's (Thomas) stomach. Suspicious of abuse, Pratt requests a consult from the social worker (Wendall) and leaves for the trauma room.

Thomas tells the social worker that he remembers how he got the injury – climbing a barbed wire fence at school. The social worker is concerned that this is not the truth and requests to speak to Thomas alone. The mother complains that she is late for work and the nurse (Sam) tells the Mom that they will have to wait for test results anyway. The social worker is then paged out of the room.

Dr. Pratt returns to Thomas and orders discharge based on normal test results. The social worker overhears him and protests the discharge because she had not completed her assessment. Thomas is discharged over her objections and goes to school.

Thomas is later found unconscious in the schoolyard and brought to the ER where resuscitation efforts fail, including those by Pratt. Thomas' parents are informed that he died from injuries after a beating in the schoolyard. Thomas' brother confirms that the beatings were ongoing but they were too afraid of the bullies to tell anyone.

The show ends with Dr. Carter trying to console the social worker—telling her that she did what she could.

MEDICAL TRUTH OR FICTION?

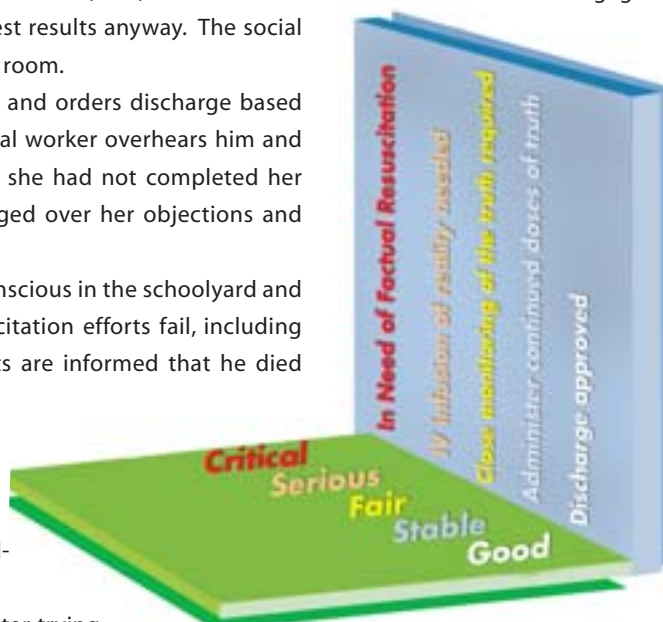
The accuracy pluses are:

- The physician called the social worker for a consult when there was evidence of a poorly explained and untreated injury in a child.

The show loses points for the following reasons:

- Despite asking for a social service consult, the physician discharged the patient prior to completion of the social service assessment. Would this really happen in any emergency room today and would a social worker just pout and say not to call her anymore, "just call a candy striper." Please! We know the regulations and laws for reporting possible child abuse and we have not seen a "candy striper" in 40 years – get with the times.
- Hospitals serve as front-line protectors. Would staff negligence resulting in death be treated in such a cavalier fashion in your institution? Could you cuddle up to your ER Chief for comfort? And would he tell you that you did everything you could after you broke the law relative to assessment and reporting of child abuse? Not anyplace we practice.

• Do you wonder where Sam was through all of this? Nurses have critical roles in identifying and treating the physically abused, yet she seems to be in the background only. Nurses we know would have stepped up to the plate to make things happen. Let's have nurses with a real role on ER, not just the ones who are Dr. Wannabes.



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Off Hours Calendar of Events

Polish Film Festival

November 5 – 20
Various Chicagoland Locations
773-486-9612
Admission: varies
http://www.pffamerica.com/index_en.htm

Ice Skating at Millennium Park

November 12 – March 12
Millennium Park
Randolph and Michigan, Chicago
Admission: free
312-742-1168
www.millenniumpark.org

Magnificent Mile Lights Festival and Procession

November 19
Michigan Ave, from Oak St to the River
Admission: free
312-409-5560
www.cityofchicago.org

Chriskindlmarket Chicago

November 24 – December 22
Daley Plaza
Washington/Clark/Dearborn, Chicago
Admission: free
312-744-3315
www.cityofchicago.org

Naperville 5K Turkey Trot

November 24
Naperville Central High School
440 Aurora Avenue, Naperville
Admission: \$20 early; \$25 race day
630-302-3283
www.napervilleturkeytrot.com

Goose Island 8K Run/Walk for Chicago Food Repository

November 24
Lincoln Park
2600 N. Cannon Drive, Chicago
Admission: \$28 early; \$33 race day
773-404-2372
www.caprievents.com/turkey/welcome.htm

State Street Thanksgiving Parade

November 24
State Street, from Congress to Randolph
Admission: free
312-781-5681
www.chicagofestivals.org

Poi Dog Pondering XRT Holiday Concert

November 25 – 26
Double Door
1572 N. Milwaukee, Chicago
Admission: \$20 - \$25
773-489-3160
www.doubledoor.com

City Hall Holiday Concerts

December 1 – 22
Chicago City Hall
LaSalle Street entrance
Admission: free
312-744-3315
www.cityofchicago.org

Toys for Tots Motorcycle Parade

December 4
Dan Ryan Woods
8300 S. Western Ave, Chicago
773-866-TOYS
www.chicagolandtft.org

Tribute to John Lennon

December 9
Old Town School of Folk Music
4544 N. Lincoln Ave., Chicago
Admission: \$10 - \$12
773-728-6000
<http://www.oldtownschool.org/concerts/>

Breakfast with Santa

December 10 – 17
The Café
800 Shermer Road, Glenview
Admission: \$13
847-657-3200
www.glenviewparkdist.org

Rudolph Ramble 8K Run/Walk for Children's Memorial Hospital

December 11
Lincoln Park
2600 N. Cannon Drive, Chicago
Admission: \$28 early; \$33 race day
773-404-2372
www.caprievents.com/rudolph/welcome.htm

Mayor Daley's Holiday Sports Festival

December 28 – 30
McCormick Place Halls A-B
2301 Martin Luther Drive, Chicago
Admission: free
312-744-3315
www.cityofchicago.org

Passing On The Left

By Zachary Brennan

It's a crisp, sunny Fall Saturday morning and you want to get outside, but a stroll in the neighborhood just doesn't seem appealing. An alternative option is always the Illinois Prairie Path, where you can walk, cycle, or horseback ride any portion of the 61-mile trail.

The trail's shape is an inverted Y, and begins at First Avenue, Maywood, then extends to Wheaton, and finally branches off to Elgin and Aurora. The path follows the former Chicago, Aurora, and Elgin Railway, which carried freight and commuters between Chicago and western suburbs until 1961. The path is one of the first to be converted from an abandoned railroad, and was named the "Trail of the Month" in June 2005 by the Rails-To-Trails Conservancy, a national non-profit organization based in Washington, D.C.

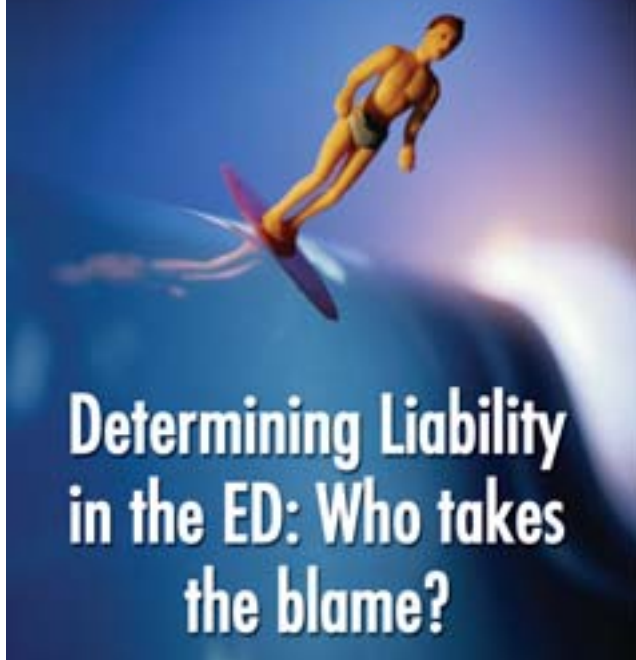
The path's surface is crushed limestone, which is easy on the feet and bike wheels alike. Leashed pets are allowed on the free trail, which includes recreated native prairie restorations. The Illinois Prairie Path also connects with the Fox River Trail and the Great Western Trail, which can offer more rural landscapes.

The best place to park your car along the path is at the intersection of Liberty and Carlton in Wheaton. This is the center of the path and the trail extends in three different directions from this point, so you have more of a choice in scenery than any other point on the trail. If you don't feel like hauling your bike to Wheaton, rent a bike from nearby Midwest Cyclery, (630) 668-2424.

In the winter months the path can be used for cross country skiing, but no motorized vehicles are allowed so the snowmobiles should stay at home. Bird watching is common in the spring and summer months, but regardless of your activity on the path, there are a number of amenities such as bathrooms and water fountains to make your experience more enjoyable.

The Illinois Prairie Path gives everyone in the Chicago area an opportunity to enjoy the outdoors beyond your backyard. To learn more about the Illinois Prairie Path, go to www.ipp.org or call (630) 752-0120. ♦





Continuing Education

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Subjects:

- **DETERMINING LIABILITY IN THE ED: WHO TAKES THE BLAME?**

Objectives:

- **Identify high-risk patients and use tips from the program to minimize the risk of patient injury and medical malpractice exposure**
- **Identify a "standard of care" for treating particular conditions covered in the newsletter**
- **Identify cases in which informed consent is required**
- **Identify cases which include reporting requirements**
- **Discuss ways in which to minimize risk in the ED setting**

will lead to increased personal exposure and liability when errors occur.

Vicarious Liability

Everyone should be expected to be held accountable for his/her own actions. Vicarious liability extends this farther and makes one accountable for the actions of someone else who commits a wrong on the first person's behalf. "It is a legal fiction by which a court can hold a party legally responsible for the negligence of another, not because the party did anything wrong, but rather because of the party's relationship to the wrongdoer."¹ Most typically, this is found in an employer-employee relationship. It is a critical concept regarding financial recovery, allowing for a plaintiff to go up the ladder and pursue the "deep pocket." Employers also are more likely to be insured and are easier targets for a sympathetic jury. The central idea is that "a master is vicariously liable for the torts (negligent harm) of his servants committed while the latter are acting within the scope of their employment."² This concept arose in Greek and Roman law as respondeat superior ("let the master answer"). The master-servant relationship is a consensual one in which a servant performs service on behalf of the master, and the master has the ability to control the actions of the servant. This concept of respondeat superior

A pharmacist correctly fills a prescription from an emergency department (ED) physician, which then causes harm to a patient. A resident does harm to a patient while his attending physician is elsewhere. A nurse makes a mistake in the presence of a physician. Who should answer for these medical errors?

In most cases of medical litigation, there will be multiple parties involved in the care of a patient, and an inevitable discussion of who ultimately is liable will ensue. This article will review the most common relationships found in emergency medicine and how a court would determine which party is responsible for the outcome.

Courts typically look at which party has control over the other(s) and if a relationship with a patient was established – an obvious fact when there's an employer-employee contract that specifically states who is the boss and that party is responsible for the other parties. However, in emergency medicine, a variety of parties often care for a patient without such a defined relationship, and the court must decide the issue. All parties usually will declare, "It was not my responsibility;" then courts must look to the totality of the situation and try to establish where the control lies to assign blame. Sometimes, courts will assign fault when no one has erred. After a review of legal basics in the area of liability, multiple cases involving specific ED relationships will be reviewed. It is important for ED physicians to understand which situations

carries over even if the employee disobeys direction. For example, if the owner of a truck company tells his employees to drive safely, and they drive recklessly in disobedience, the company owner still may be vicariously liable under the concept of respondeat superior.

Another situation involves an employer of an independent contractor. In general, courts assume that an independent contractor performs on the behalf of an employer, and that the employer does not exert control over the independent contractor's actions. So courts rule, in general, that a mistake made by an independent contractor does not result in liability on the employer's part. The general rule that courts follow in determining vicarious liability is that the plaintiff must prove that the employee was a servant rather than an independent contractor, and that the harmful behavior fell within the scope of employment. Some exceptions to this rule are:

- Negligence of the employer in selecting, instructing, or supervising an independent contractor;
- An employer delegating a designated public responsibility to an independent contractor;
- Work that is inherently dangerous.

Vicarious liability is an area that is legally very controversial and at times seems unfair. The underlying legal policy and theory of vicarious liability is that when someone is hurt, he/she should be compensated. The employer has the greatest ability to afford to compensate and the greatest ability to prevent mistakes from happening. Thus, the employer must accept the liability, although it did not specifically make a mistake.

To continue this article and receive 1.5 hours of CE credit, go to www.nurseslounge.com and click on the CE link. The cost for registration & the test is \$15.00.

Here are the CE/CME questions associated with this article:

An ED physician has a duty to warn when caring for which of the following patients?

- A. A man who escapes the ED claiming he will kill his mother
- B. A woman who is diagnosed with gonorrhea
- C. A man who presents with a new onset seizure
- D. A woman prescribed a narcotic
- E. All of the above

A physician assistant employed by an ED group discharges a patient who dies on the drive home. He did discuss the case with his supervisor before discharge. A successful suit is brought against the supervisor. This is an example of the legal concept of:

- A. Strict liability.
- B. Vicarious liability.
- C. Captain of the ship.
- D. Borrowed servant.
- E. Duty to warn.

Sometimes, a physician will be sued and lose when everyone agrees he has done nothing wrong in providing care. This is an example of which legal theory?

- A. Strict liability
- B. Vicarious liability
- C. Captain of the ship
- D. Borrowed servant
- E. Duty to warn

In general, which of the following statements is true?

- A. Pharmacists are liable for side effects of prescriptions they fill.
- B. Physicians are liable for nurse's mistakes.
- C. Supervising attending physicians are not liable for resident's mistakes.
- D. Consultants who give phone advice often are not liable to the patient discussed.
- E. Hospitals and contract groups are never liable for mistakes of physicians who practice in the ED.

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- 4 Presbyterian Hospital of Plano
- 5 Arlington Memorial Hospital
- 6 Harris Methodist Erath County Hospital
- 7 Harris Methodist Northwest Hospital
- 8 Harris Methodist Southwest Hospital
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