

N395 Leadership Activities Inventory

Sara Levy

Long Island University

**LONG ISLAND UNIVERSITY/BROOKLYN CAMPUS
SCHOOL OF NURSING**

NURSING 395L/396L

LEADERSHIP ACTIVITIES INVENTORY

ACTIVITY	DATE COMPLETED
1. Identify the agency's organizational structure. (5 pts.)	7/24/13
2. Examine the job descriptions of various members of the nursing staff. (5 pts.)	7/31/13
3. Participate in group activity (Case conference, staff conference, grand rounds, discharge planning conference. (10 pts.)	7/24/13
4. Observe leadership behaviors demonstrated by nursing leaders. (10 pts.) <i>this is what you saw & the type of leadership style it represents.</i>	7/28/13
5. Ascertain how work assignments are made. Observe scheduling and/or payroll maintenance. (5 pts.)	7/17/13
6. Observe the delegation of client care. (10 pts.) <i>Getting bed w/meds moved. Delegation to another staff.</i>	7/28/13
7. Identify any conflict, legal or otherwise, observed in the clinical setting and how the nurse leader handled it. (10 pts.)	7/28/13
8. Observe one nursing quality assurance/improvement activity. (5 pts.)	7/31/13
? 9. Identify how continuing education is provided. (5 pts.)	7/28/13
10. Describe the unit's decision-making process. (5 pts.)	8/8/13
11. Identify one area in the clinical setting you feel need changing. (5 pts.)	8/8/13
? 12. Evaluate how information is communicated between shifts. i.e., change of shift report. (5 pts.)	7/17/13
13. Identify method of organizing care in clinical setting. (5 pts.)	7/24/13
? 14. Assess the methods by which staff performance is evaluated. (5 pts.)	8/8/13
15. Evaluate the learning experience with the mentor. (5 pts.)	8/8/13
16. Identify your mentor's leadership style. (5 pts.)	8/8/13

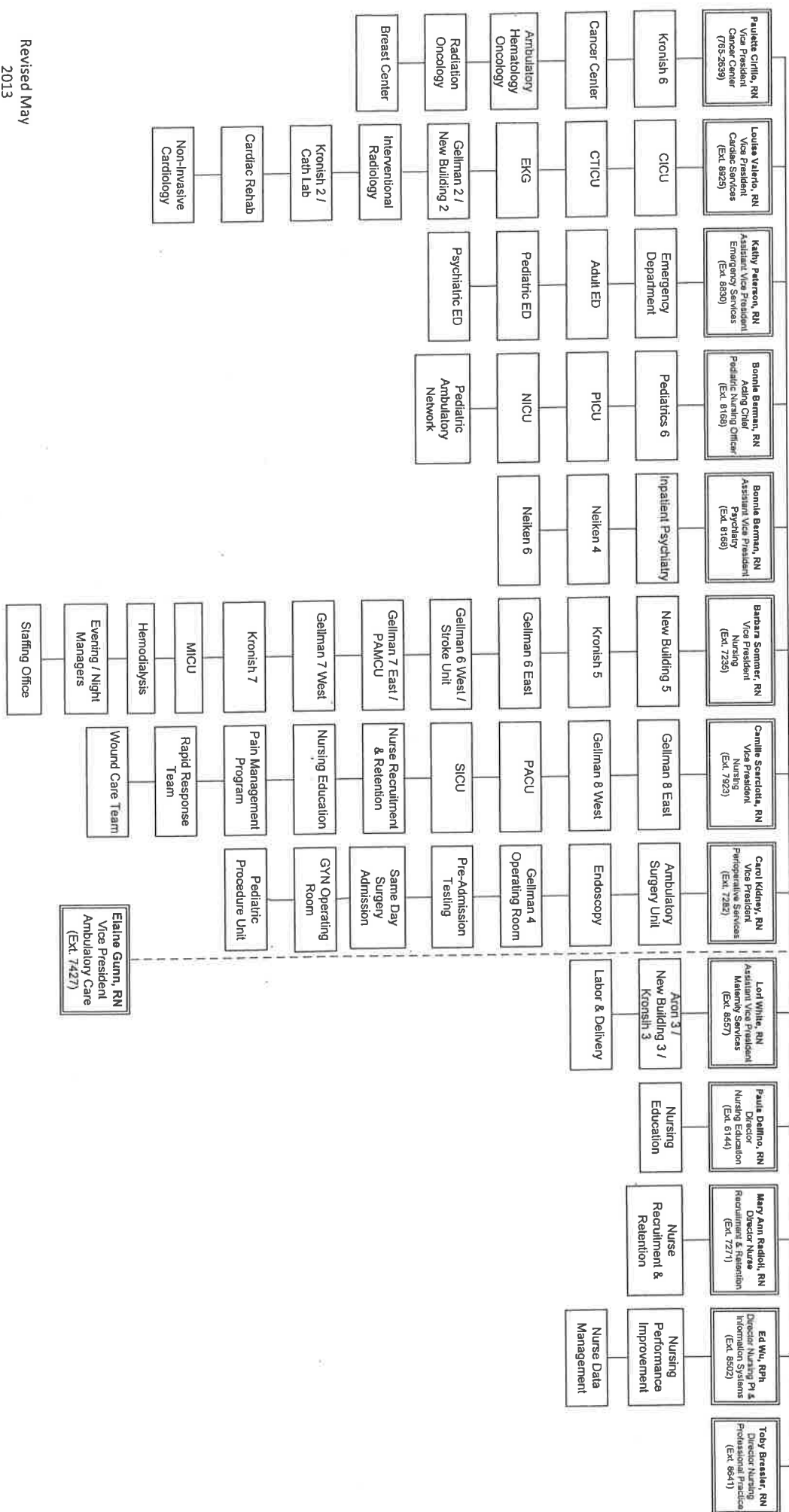
ask for a table of organization "TO"

(5) assignments - quality, census, pt volume

Journal 1

Please see attached TO on next page.

Department of Nursing Table of Organization



Journal 2

Please see attached job descriptions of patient care technician, staff nurse, nurse manager, and nurse manager evening/night (which is the alternate title of hospital supervisors). Please note that LPNs, CNAs, and UAPs are not employed at this hospital. All units are staffed only by RNs and PCTs. The evening/night nurse managers i.e. supervisors, like Mr. Tom Todaro, MS RN, are in charge of part, or all, hospital units during the evenings, weekends, and holidays when day managers are not working.

**MAIMONIDES MEDICAL CENTER
JOB DESCRIPTION**

Date revised: 9/1/09

JOB TITLE	Patient Care Technician
JOB CODE	22058
JOB DESIGNATION (check one)	Supervisory Non-Supervisory 1199 NYSNA ☐ ☐ ☒ ☐
DEPARTMENT	All Nursing Units and Emergency Department
REPORTS TO	Nurse Manager, Charge Nurse or Designee
POSITIONS SUPERVISED	None

JOB SUMMARY

Under the supervision of a Registered Nurse, performs basic, routine duties related directly and indirectly to patient care.

**AGE SPECIFIC
COMPETENCY**

Ages (check all that apply – specific to each area)

Infant	Child	Adolescent	Adult	Geriatric	Not applicable
☒	☒	☒	☒	☒	☐

As a direct patient care provider: Provides age appropriate care and intervention for ages of patients served according to job description.

RESPONSIBILITIES

A. DIRECT PATIENT CARE

- 1.* Obtains and records on Flow Sheet and electronic record, patient's temperature (oral, rectal, temporal) pulse, respirations, blood pressure, pulse oximetry reading, and reports deviations from age-appropriate norms to primary or charge nurse.
- 2.* Performs veinpunctures, EKG and blood glucose monitoring as needed.
- 3.* Assists patient with activities of daily living including skin care (e.g., bathes, oral care, dress, helps patient ambulate, assists/feeds patient).
- 4.* Applies antithrombic stockings under the directions of the RN.
- 5.* Assists with correctly positioning and turning patients in both bed and chair.
- 6.* Collects and sends specimens (e.g., urine, stool, sputum, blood).
- 7.* Performs foley catheter care and administers fleet enemas.
- 8.* Records intake (oral) and output (e.g., urinary, GI tubes and drains, vomitus and colostomy) accurately.
- 9.* Obtains and records height and weight of patient.
- 10.* Cares for patients in restraints as per Hospital Policy PROF #62.
- 11.* Assists RN with cardiac support and monitoring; applies cardiac monitor and reports basic observations regarding skin color and moisture to the RN.

- 12.* Assists physician/nurse with treatments, diagnostic procedures (e.g., positions and holds patient).
13. Communicates effectively with Primary and/or Charge Nurse and other members of the health care team regarding patient's needs, requests and/or changes in patient's condition.
14. Initiates age-appropriate skin care bundle for all patients at risk for pressure ulcers, incontinent patients and patients with stage I pressure ulcers.
- 15.* Assists RN with respiratory support: (not initial application), applies O₂ face mask, nasal cannula, pulse oximetry, oral suctioning, chest PT and incentive spirometer. Prepares equipment for trach care.
16. Answers all call lights and patients requests in a timely fashion.
- 17.* Downloads EKG's and retrieves EKG's from data base.
- 18.* Transports patients intra- and interdepartmentally across the same floor.
- B. PATIENT CARE-RELATED DUTIES**
19. Performs hand off communication at bedside.
- 20.* Prepares equipment and patient for treatments or invasive procedures (e.g., sets up rooms, gathers equipment and trays, applies simple non-sterile dressings).
- 21.* Prepares pre- and post-operative beds; moves beds/furniture as necessary.
- 22.* Keeps patient unit and non-patient unit clean (e.g., wipes tables, cleans area, clean-up after procedures, cleans equipment between patients).
- 23.* Prepares area/unit with proper equipment for admission, transfer or discharge of patient.
- 24.* Answers telephones, prepares admission/discharge charts as required.
- 25.* Stocks and maintains supplies and equipment in area as directed (par level); reports need to restock to manager and/or designee.
- 26.* Applies principles of infection control by following proper hand washing techniques, and isolation precautions.
- 27.* Makes patient rounds every two hours to ensure patient safety and comfort.
28. Provides IS coverage as assigned, answer phone and hold the teletracking beeper
29. Reports significant unit problems to charge nurse.
- 30.* Renders post mortem care (e.g., prepares body for morgue).
- 31.* Patient care responsibilities are delivered with a knowledge of patient growth and development and are appropriate to the ages of the patients served.
- 32* Maintains established departmental policies and procedures, objectives, quality improvement program, safety, environmental, and infection control standards. Promotes adherence to the Patient's Bill of Rights.
-

EMERGENCY DEPARTMENT

- 33.* Prepares dietary trays for patients.
- 34.* Reinforces instruction in cane use and crutch walking in collaboration with MD/RN.
- 35.* Cleans and prepares stretchers.

CATH LAB

- 36.* Transports patients within the laboratory areas and to other areas within MMC as required.
- 37.* Prepares patients for procedures in cooperation with other members of the Cath Lab team: places electrodes in correct anatomical position so as not to interfere with fluoroscopic field; attaches patients to cardiac monitors; shaves procedural access sites. Preprocedural prep for EPS, catheterization, cardioversion, TEE, etc.
- 38.* Cleans and disposes of supplies and equipment properly following invasive procedures; places garbage in proper receptacles; replaces full waste containers as necessary.

OBSTETRICS/INFANTS & CHILDREN'S HOSPITAL

- 39.* Prepares and processes instruments/devices for sterilization.
- 40.* Perform newborn hearing and blood screening tests.
- 41.* Apply fetal monitor.

TRANSITIONAL UNITS

- 42.* Cleans and prepares beds, stretchers.

* Indicates an Essential Job Function

OTHER JOB DUTIES

Orients patient and family to the environment, unit, and hospital procedures; develops rapport with family.
Performs errands and other related duties as required.
Assists co-workers as required.

BASIC COMPETENCIES**Education:**

High School Diploma or High School Equivalency required.
Successful completion of Certified Nursing Assistant Program, or New York State Certified Nursing Assistant Program, or EMS Training.
Pass Patient Care Technician (PCT) Test (75% or greater).

Experience:

Minimum of 1 year of experience in direct patient care.

Skills:

Technical skills required for patient care.
Good oral and written communication skills.
Good interpersonal skills.
Speaks, reads and writes English to the extent required by the position.

JOB SETTING/PHYSICAL DEMANDS

All patient care areas; contact with patients, visitors, staff.

Frequent prolonged standing/walking.

Lifts, positions, pushes, and/or transfers patients.

Protective clothing worn: face shield, gloves, impermeable gown, particulate respirator.

POTENTIAL EXPOSURES (Category I, II, III)

Blood	I	Formaldehyde	III
Body Fluid	II	Radiation	III
EthO	III	Glutaraldehyde	III

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all possibilities, duties and skills required of personnel so classified.

APPROVALS

Department Director	
Vice President	
Human Resources	

File name: 22058 Patient Care Tech (Nursing, ER., Card-Cath., Trans Unit, Obs/Infants/Childrens Hosp.)

CS Date revised: 9/1/09 (md - S:/Jobdescript-2007+/2009)

**MAIMONIDES MEDICAL CENTER
JOB DESCRIPTION**

Date revised:05/01/99

JOB TITLE:	Staff Nurse
JOB CODE	33004
JOB DESIGNATION (check one)	Supervisory Non-Supervisory 1199 NYSNA ☐ ☐ ☐ ☒
DEPARTMENT	Cardiology - Non-Invasive Cardiology
REPORTS TO	Nurse Manager and/or Director of Non-Invasive Cardiology
POSITIONS SUPERVISED	None

JOB SUMMARY

Under the general direction of the Nurse Manager, provides continuous direct nursing care for all patients undergoing procedures in the non-invasive stress and echo cardiology laboratories as a member of the health care team.

**AGE SPECIFIC
COMPETENCY**

Ages (check all that apply)

Infant	Child	Adolescent	Adult	Geriatric	Not applicable
☐	☐	☐	☐	☐	☐

As a direct patient care provider: Provides age appropriate care and intervention for ages of patients served according to job description.

RESPONSIBILITIES:

A. ASSESSMENT

- 1.* Patient care responsibilities are delivered with a knowledge of patient growth and development and are appropriate to the ages of the patients served.
- 2.* Identifies and documents initial observation and assessment of the patient's needs for immediate nursing action.
- 3.* Systematically and accurately assesses nursing needs of the critical patient in order to detect pertinent changes in the clinical picture.
- 4.* Identifies appropriate foci when indicated.
- 5.* Selects, plans, evaluates, and documents care based on this assessment.
- 6.* Assesses, intervenes, and documents appropriately to meet patient's educational, psychosocial, and discharge planning needs.

B. DIRECT PATIENT CARE

- 7.* Monitors and provides patient care in the stress lab(s) in cooperation with other team members.

- 8.* Educates and counsels ambulatory patients prior to admission for transesophageal echocardiograms (TEE); prepares patients for procedure (e.g., checks baseline vital signs and lab values, etc.); monitors patient during and after the procedure; follows up by telephone after discharge to make sure patient underwent no untoward reactions to procedure.
9. Consults with unit Nursing Leadership regarding significant changes in patient's condition.
- 10.* Collaborates with all members of the health care team.
- 11.* Utilizes patient care standards in clinical practice.
12. Transcribes physician's orders in patient chart accurately and timely.
- 13.* Seeks clarification of physician's orders that are unclear or inappropriate.
- 14.* Interprets clinical data and notifies the physician promptly if immediate changes in management are indicated.
15. Auscultates chest to assess the need for appropriate therapy, e.g., suctioning, chest physiotherapy and/or mechanical ventilation.

16. Titrates medicated infusions as per physician's prescriptives, protocols, and standard.

C. EMERGENCY MEASURES

- 17.* Recognizes arrhythmias and institutes appropriate measures.
- 18.* Recognizes the need for basic and advanced life support measures and utilizes appropriate strategies for the delivery of the same when necessary.
- 19.* Performs CPR and defibrillation/cardioversion.
- 20.* Responds appropriately in crisis situations by demonstrating knowledge of emergency procedures, remaining calm, and functioning properly in emergencies.

D. SAFETY

- 21.* Checks to ensure that emergency equipment is on hand and in good working order.
- 22.* Recognizes and reports malfunction or failure of equipment used in the Cardiac Catheterization Lab/Ambulatory Cardiac Unit to Biomedical Engineering or outside service company as appropriate; takes appropriate action to replace such equipment (e.g., ventilators, cardiac monitors, defibrillators, suction apparatus, pumps, doppler, O₂ tank, NIPP, and pacemaker).
- 23.* Checks that all monitoring equipment and ventilator alarms are set according to standards.

E. CRITICAL CARE SKILLS

- 24.* Assembles appropriate equipment, monitors arterial and pulmonary artery lines, draws specimens and records and interprets findings.

- 25.* Obtains cardiac output using thermodilution catheter.
- 26.* Initiates and maintains IV access. Adheres to standards of medication administration.
- 27.* Removes peripheral, central venous, and percutaneous arterial lines.
- 28.* Operates Intra-aortal Balloon Pump (IABP) when indicated.
- 29. Extubates patients when ordered by a physician.
- 30.* Administers blood and blood products.
- 31.* Inserts naso-gastro tubes.
- 32. Takes 12 lead electrocardiograms and interprets data; recognizes arrhythmias and/or ST segment changes on 12 lead EKG or rhythm strips.
- 33. Provides appropriate assessment and care for patient on left ventricular assist device.
- 34. Provides appropriate assessment and care for patients with pacemakers.
- F. INDIRECT PATIENT CARE ACTIVITIES**
- 36. Participates in patient care rounds by presenting findings on patients.
- 37. Applies principles of infection control and safety.
- 38. Assists in the orientation of new personnel.
- 39. Provides clinical supervision of LPNs, Patient Care Technicians, and orderlies.
- 40.* Maintains established departmental policies and procedures, objectives, quality assurance program, safety, environmental, and infection control standards .Promotes adherence to Patient Bill of Rights.

* Indicates an Essential Job Function

OTHER JOB DUTIES

Assists in data collection and analysis of quality assurance monitors; participates in problem identification and criteria development.

Participates in implementation of follow-up action for Q.A. monitors.

Relieves the Nurse Manager/Assistant Nurse Manager when necessary.

Obtains signatures on informed consent forms for appropriate procedures as required.

Assists in cleaning and maintaining equipment and supplies as needed; replenishes stock when indicated.

Participates in ongoing and retrospective research studies.

Keeps up-to-date with current trends in non-invasive cardiology, attending continuing education courses and reading current literature.

Provides liaison services between patients, their families, members of the health care team and other agents when necessary.

In collaboration with the CNS, assists in tailoring and redefining position as new technology enfolds and other patient care needs are identified.

Performs any direct or indirect duties related to patient care.

Performs other related technical and clinical functions as required.

BASIC COMPETENCIES

Education:

Graduation from an accredited school of Nursing required; BSN preferred.

Current NYS licensure as RN required.

Current BCLS/ACLS certification preferred.

IV Certification preferred.

Experience:

1-2 years critical care and/or telemetry experience required.

Skills:

EKG interpretation skills

Good oral and written communication skills.

Good interpersonal skills.

Works well with others in a team effort.

Speaks, reads and writes English to the extent required by the position; knowledge of a second language preferred.

JOB SETTING/PHYSICAL DEMANDS

Non-Invasive Cardiology lab and related areas; contact with staff, patients, families

Prolonged standing and walking

Stooping, bending, kneeling, crouching required for certain job functions.

Lifts, positions, pushes, transfers and transports patients

Protective clothing required for some procedures: gloves, gown.

POTENTIAL EXPOSURES (Category I, II, III)

Blood	II	Formaldehyde	III
Body Fluid	II	Radiation	III
EtOH	III	Glutaraldehyde	II

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all possibilities, duties and skills required of personnel so classified.

APPROVALS

Department Director	<i>Camille Scarlotta</i>	9-8-02
Vice President/Chairman	<i>Sandra Olsen</i>	10/3/02
Human Resources	<i>Sandra Isades</i>	10/4/02

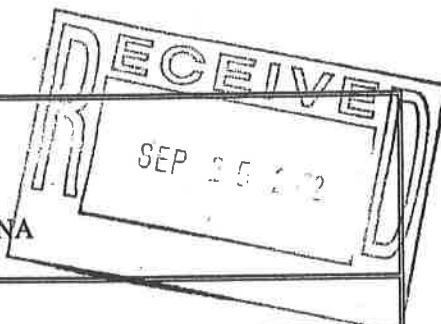
File name: 33004 Staff Nurse (Non Invasive Cardiology)

Date

revised:05/01/99

**MAIMONIDES MEDICAL CENTER
JOB DESCRIPTION**

JOB TITLE	Nurse Manager
JOB CODE	13013
JOB DESIGNATION (check one)	Supervisory ☒ Non-Supervisory ☐ 1199 ☐ NYSNA ☐
DEPARTMENT	Patient Care Division
REPORTS TO	Director of Nursing
POSITIONS SUPERVISED	Assistant Nurse Manager, Staff Nurse, LPN, Nursing Attendants, Patient Care Technicians, Clerical Staff



JOB SUMMARY

Under the Director of Nursing, is responsible for the clinical and operational management of assigned Nursing unit(s), ensuring that standards of practice for nursing and patient care are maintained; participates in developing and implementing departmental plans and programs; supervises activities of assigned unit(s); provides data and/or prepares reports on activities, QA, etc. as required.

REQUIRED LEADERSHIP COMPETENCIES

1. *Communication:* Strong written and verbal skills are demonstrated in reports, correspondence and presentations. Ensures staff are kept informed of Medical Center and departmental priorities. Communicates vision statement and medical center strategic priorities and demonstrates commitment toward their achievement.
2. *Professional Development:* Participates in conferences, workshops, and other professional development activities to maintain licensure and/or remain professionally current with advances in field of expertise.
3. *Staff Development:* Ensures staff receive mandated inservice in Safety, Quality Assurance, Risk Management, Customer Service, Infection Control and any other inservice that may apply.
4. *Problem Solving:* Recommendations and decision making reflect strong analytical skills and focus on quality, cost containment, and impact of change on other departments.
5. *Customer Service Management:* Incorporates the Medical Center's Customer Service goals in developing and/or revising departmental policies and systems. Continually reviews the service delivery process to exceed customer expectations. Is perceived as a role model by staff, peers in customer service leadership.
6. *Project Management:* Participates in multidisciplinary task forces, committees and projects, demonstrating team spirit and ability to work with different internal customers. When leading a project team demonstrates the ability to bring together different views and skills toward timely and effective completion of project objectives.
7. *Clinical Leadership:* Clinical management staff provide clinical supervision. Leads clinical (treatment) planning meetings. Provide inservice training and maintenance of clinical standards. May provide leadership for hospital-wide clinically oriented committees.

AGE SPECIFIC COMPETENCY

Ages (check all that apply)

Infant	Child	Adolescent	Adult	Geriatric	Not Applicable
☒	☒	☒	☒	☒	☐

As an in direct care provider: Provides age appropriate care and intervention for ages of patients served according to job description (e.g. assessments, treatment plans, assists with assessments).

RESPONSIBILITIES

- 1.* Works with Director of Nursing to develop and implement goals of assigned units and to evaluate progress toward attainment of goals; acts as liaison between Nursing administration and medical staff.
- 2.* Using available utilization data, works with other Nurse Managers and DON to developing staffing plan and schedules for units to maintain appropriate staffing levels and staffing mix;

- communicates staffing plan to Assistant Nurse Manager; ensures adequate staff coverage by reviewing vacation and holiday schedules; approves overtime as necessary and authorizes coverage for absent staff.
- 3.* Selects, hires and supervises staff in area of responsibility; initiates disciplinary action, including terminations; carries out annual performance appraisal of employees recommending promotions, raises, etc.
 - 4.* Ensures safe and professional patient care by enforcing and monitoring compliance to professional standards, identifying clinical and educational needs of staff; recommends methods for improving staff competence and patient care and assists in developing, implementing and evaluating programs.
 - 5.* Through meetings, inservices or other established means of communication, provides information to departmental staff for therapeutic and effective patient care management; identifies and puts into place appropriate monitors of patient care delivery.
 6. Periodically reviews admission and patient management protocols, discharge criteria and related policies and procedures for compliance with requirements of regulatory agencies; recommends and implements changes as required, making sure information is available to staff in area of responsibility; monitors compliance and reviews with DON and other Nurse Managers.
 - 7.* Oversees the performance improvement programs in area of responsibility, identifying patient care issues, developing performance improvement monitors and ensuring that follow-up actions are implemented.
 - 8.* Provides information required for reports on utilization, monitors budget performance throughout the year to ensure units operate within budget guidelines; works with administration to ensure most efficient and cost-effective allocation and use of resources.
 - 9.* Assists DON in developing annual budget; monitors budget performance throughout the year to ensure units operate within budget guidelines; works with administration to ensure most efficient and cost-effective allocation and use of resources.
 - 10.* Maintains established departmental policies and procedures, objectives, quality assurance program, safety, environmental and infection control standards.
 11. Adheres to the Medical Center's policy on Conflict of Interest, which includes completion of a Conflict of Interest Certificate on an annual basis.

* Indicates an Essential Job Function.

OTHER JOB DUTIES

Assists management in developing cost accounting methodology and model to enable MMC to determine costs of nursing care and other direct costs and to provide information for MMC planning and decisions (e.g., pertinent elements of patient care, labor, non-labor, and indirect allocation).
Serves as resource to staff in clinical management matters.
Performs other related duties as required.

BASIC COMPETENCIES

Education:

Bachelor of Science in Nursing or Allied Health Field preferred; Masters degree in a relevant field preferred.

Experience:

Minimum of 5 years of clinical experience including 2 years of supervisory experience required.

Skills:

Clinical nursing skills and expertise.

Good organizational skills.

Good oral and written communication skills.

Good interpersonal skills.

Speaks, reads and writes English to the extent required by the position.

JOB SETTING/PHYSICAL DEMANDS

Nursing offices and patient care areas; contact with staff, patients, families.

Somewhat sedentary, but mobility required.

May handle emergency or crisis situations.

May lift, position, push, and/or transfer patients.

Protective clothing may be required: mask or face shield, gloves, impermeable gown, particulate filter respirator.

POTENTIAL EXPOSURES (Category I, II, III)

Blood	I	Formaldehyde	III
Body Fluid	I	Radiation	II
ETO	III	Glutaraldehyde	II (depending on area of assignment)

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all possibilities, duties and skills required of personnel so classified.

APPROVALS

Department Director	<i>Camille Searcotta AVP Neg Adm</i>
Vice President/Chairman	<i>Sandra Searcotta</i>
Human Resources	<i>Sandra Searcotta</i>

File name: 13013.NSG Date revised: 6/3/02

**MAIMONIDES MEDICAL CENTER
JOB DESCRIPTION**

Date revised: 08/22/02

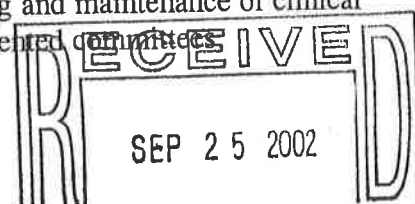
JOB TITLE	Nurse Manager Evening/Night			
JOB CODE	13120			
JOB DESIGNATION (check one)	Supervisory [XX]	Non-Supervisory []	1199 []	NYSNA []
DEPARTMENT	Nursing			
REPORTS TO	Assistant Vice President for Nursing, Director of Nursing			
POSITIONS SUPERVISED	Staff Nurse, LPN, Patient Care Techs, Nursing Attendants, Clerical Staff.			

JOB SUMMARY

Ensures that nursing standards for specific clinical areas are adhered to; accountable to the DON for decisions made, continuity of care programs, maintenance of care standards and maximizing care rendered. The main focus of responsibilities is the assurance of safe, therapeutic practice of nursing by personnel under his/her direct supervision, and maintenance of quality patient care. Through practice, role modeling, patient-nursing education and therapeutic interventions, exerts a positively valent force on patient, family and community.

REQUIRED LEADERSHIP COMPETENCIES

1. *Communication:* Strong written and verbal skills are demonstrated in reports, correspondence and presentations. Ensures staff is kept informed of Medical Center and departmental priorities. Communicates vision statement and medical center strategic priorities and demonstrates commitment toward their achievement.
2. *Professional Development:* Participates in conferences, workshops, and other professional development activities to maintain licensure and/or remain professionally current with advances in field of expertise.
3. *Staff Development:* Ensures staff receive mandated in-servicing in Safety, Quality Assurance, Risk Management, Customer Service, Infection Control and any other in-service that may apply.
4. *Problem Solving:* Recommendations and decision making reflect strong analytical skills and focus on quality, cost containment, and impact of change on other departments.
5. *Customer Service Management:* Incorporates the Medical Center's Customer Service goals in developing and/or revising departmental policies and systems. Continually reviews the service delivery process to exceed customer expectations. Is perceived as a role model by staff, peers in customer service leadership.
6. *Project Management:* Participates in multidisciplinary task forces, committees and projects, demonstrating team spirit and ability to work with different internal customers. When leading a project team, demonstrates the ability to bring together different views and skills toward timely and effective completion of project objectives.
7. *Clinical Leadership:* Provides clinical supervision to clinical management staff. Leads clinical (treatment) planning meetings. Provides in-service training and maintenance of clinical standards. May provide leadership for hospital-wide clinically oriented committees.



AGE SPECIFIC COMPETENCY

Ages (check all that apply)

Infant	Child	Adolescent	Adult	Geriatric	Not applicable
☒	☒	☒	☒	☒	☐

As an direct care provider: Provides age appropriate care and intervention for ages of patients served according to job description (e.g. assessments, treatment plans, assists with assessments).

RESPONSIBILITIES

I Management

A. Supports the divisional goals by implementing goals in collaboration with the Manager and Director of Nursing.

B. * Ensures appropriate staffing levels by scheduling staff appropriate to census and acuity in collaboration Staffing Coordinator and Manager.

C. Manages staff within Hospital policies and contractual guidelines by:

1. * Responsible for evening/night float RNs, PCTs, ISs - ie: schedules, appraisals, and disciplinary action.
2. * Interpreting policies and procedures for staff and other members of Health Team
3. * Enforcing compliance to Hospital policies and procedures
4. Referring to union contracts in order to validate decisions and disciplinary actions.
5. Consulting with RNs as necessary.

D. Participates in disciplinary action by:

1. Initiating counseling and verbal warnings
2. Initiating warning notices in collaboration with DON
3. Making effective recommendations for suspension and termination
4. Terminating or suspending employees when necessary.

E. Participates in meetings of Hospital and Nursing management when indicated.

F. Investigates complaints from visitors and significant others.

G. Participates in pertinent administrative activities by:

1. Communicating needs of the department to the administrator on call
2. Signing selected documents as indicated.

H. Effectively utilizes the hospital computer system as it pertains to job responsibilities and in accordance with hospital policy.

II Clinical

A. Ensures safe quality nursing care by:

1. * Enforcing staff compliance with standards of practice, policies and procedures
2. * Assisting in monitoring application of the Nursing process
3. Initiating or recommending methods to improve staff competence
4. * Ensuring appropriate staffing levels to meet patient needs on each patient care unit
5. * Acting as a resource person for the Health Care Team
6. * Conducting regular rounds on units especially where new employees are off orientation
7. * Responding to and supervising emergency calls on any unit

B. * Provides advocacy for patients, their significant others and staff members by intervening appropriately in complex situations.

III Communication

A. Facilitates multidirectional flow of information within the department by:

1. Attending staff meetings conducted by Manager on assigned shift as indicated
2. Participating in Hospital and Nursing committee meetings as indicated
3. Collaborating with peers as necessary
4. * Relaying pertinent information to Manager/Director of Nursing verbally and/or memos in a timely manner.

IV Performance Improvement

A. Facilitates the divisional or unit Performance :Improvement program by:

1. Investigating employee, patient and visitor incidents
2. Maintaining established departmental policies and procedures, objectives, quality improvement program, safety, environmental, and infection control standards.
3. Ensuring professional growth by attending conferences, workshops, classes, etc., pertinent to area of expertise/management; and by participating in informal educational activities.

* Indicates Essential Job Function.

OTHER JOB DUTIES

Performs other related duties as required.

BASIC COMPETENCIES**Education:**

Bachelor of Science in Nursing required; Master's degree preferred.
Current NYS license as RN required.

Experience:

Minimum of 5 years of clinical experience required and 2 years in a leadership position preferred.

Skills:

Clinical nursing skills.
Good oral and written communication skills.
Good interpersonal skills.
Speaks, reads and writes English to the extent required by the position.

JOB SETTING/PHYSICAL DEMANDS

Nursing offices and patient care areas; contact with staff, patient and families.
Mobility required.
Manual dexterity.
Handles emergency or crisis situations.
Protective clothing may be required: face shield, laser mask, gloves, impermeable gown.

POTENTIAL EXPOSURES (Category I, II, III)

Blood	I	Formaldehyde	III
Body Fluid	I	Radiation	III
EtOH	III	Glutaraldehyde	III

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all possibilities, duties and skills required of personnel so classified.

APPROVALS

Department Director	<i>Carmen Scarantia</i>	<i>AVP</i>	<i>9-18-02</i>
Vice President/Chairman	<i>Forrest Denney</i>		<i>9/24/02</i>
Human Resources	<i>Linda Isaacs</i>		<i>10/21/02</i>

File name: 13120 Nurse Manager Eve/Night

Date revised: 08/22/02

Journal 3

On 7/25/13 we attended a new nurses meeting where the nurse recruiter and all three night supervisors met with new nurses on the unit (their experience ranged from 3 months to 8 months on the oncology unit). Topics discussed included transition to nursing practice and how to handle difficult patient interactions. The discussion was particularly interesting because the nurse supervisors, one of which has been a nurse for 50 years!, gave feedback to the nurses and actively participated in the discussion.

One new nurse was relating an experience where after weeks of high quality and involved care, one of her patients decided that they no longer wanted her as their nurse. The nurse was very hurt by the patient's rejection however the nurse supervisors explained that when a patient wants a new nurse for no explicable reason, there are a myriad of factors which might have precipitated the situation and it does not mean the nurse is at fault. What is more, the nurse should not take this rejection personally, but rather should feel proud of the services rendered and move on to the next assignment without a heavy heart.

After the new nurses were done sharing their stories, the nurse recruiter gave us, the LIU student nurses, the opportunity to ask the new nurses questions. I took the opportunity to learn about their job search strategies and what to expect at the job interview. It was a wonderful experience and I came away from the meeting energized and feeling as though I learned a lot of really valuable information.

Journal 4

I observed Tom's leadership behaviors during a RRT intubation and the transport of a patient who had arrived onto the step-down cardiac unit, became unstable, and needed to be transferred to the Open Heart ICU STAT. Tom acted as an intense autocratic leader who immediately took control of the situation and made sure that things happened in order to ensure patient safety and a positive outcome.

For instance, when the unstable patient arrived on one unit and clearly needed a bed in the open heart ICU, Tom made sure that the room became available, despite the fact that he had to physically run from one unit to the other to ensure proper communication between units and ensure that a bed was made available to the patient. Tom arranged for a 1:1 patient transfer since the ICU was full.

Next, Tom called a fellow manager and asked that he come immediately to help with the intubation and patient transfer. Tom also gave orders to the nurses on the unit to get supplies and get the paperwork done in order to facilitate the intubation and transfer of the patient to the ICU. Once the patient was intubated, Tom then personally participated in the patient transfer by helping wheel the bed. In the process he ordered us to run ahead and press the elevator buttons as well as open doors as needed in order to bring the patient to the ICU. Tom then personally wheeled the patient from the ICU down to the step down unit and told me to put on gloves and carry the patient's belongings down.

Journal 5

As a hospital supervisor Tom is very close to the top of the staffing pyramid. Throughout the shift Tom monitors each individual unit's acuity considering the census, particularly the number of patients, nurses, and PCTs on each unit. He must also take into account the unit's union contract and the mandated nurse to patient ratio. Generally within the first 30 minutes of the shift Tom knows which units are understaffed and either floats nurses to the understaffed unit or makes the decision of whether or not to get personnel from an agency, or sometimes he even approves overtime on an as needed basis. (This is generally discouraged as the hospital is trying to save money.) These basic numbers/staffing are the basis of all assignments on individual units. The nurse to patient assignment is determined by the charge nurse of each individual unit and is rarely changed. Traditional units, such as surgery, are staffed at a 1:6 nurse to patient ratio, with step-down units staffed at a 1:4 and ICUs at no more than a 1:2 nurse to patient ratio. Also, generally each nurse is given a special assignment each shift, such as being responsible for checking the crash cart.

At a supervisory level, Tom and the other seven supervisors are responsible for their own scheduling and assignment to unit supervision, which they arrange amongst themselves ensuring that the hospital always has adequate coverage. Tom showed me the office calendar that is used for scheduling work hours. Each supervisor then pencils in the days and shifts that they wish to work. Generally there are 2-3 supervisors working each night during the week, and each works 3 shifts a week. For weekends, one supervisor works two 12.5 hours shifts one time a month.

Journal 6

I observed the delegation of client care and safety when Tom asked a unit manager to take care of a bed that was parked in the hallway next to the main elevator. The bed was covered in debris, unopened needles, and old medicines. Being a safety hazard Tom immediately asked the unit manager to take responsibility for having the bed, debris, medical equipment, and medications removed. Tom followed up with the unit later in the evening to ensure that the task was completed.

Journal 7

One conflict I observed was between a staff nurse and a diabetic patient on the cardio step-down unit. Tom got a call to come down to the unit due to reports of a nurse raising her voice at a patient. Upon arriving at the unit the first thing Tom did was find the charge nurse. When he asked her what was going on, the charge nurse explained that she was making rounds with the PCP of the unit and they entered the patient's room to find the nurse and patient arguing. At that point the staff nurse had elevated her voice, which was inappropriate.

Next Tom went to the patient to hear his side of the story. The patient explained that the nurse had come to administer his metformin but didn't have his insulin. The nurse explained that he was not prescribed insulin and the patient asked to speak to the doctor right away because he wanted to eat his hot breakfast and therefore needed to resolve his lack of insulin immediately. The nurse explained that the doctor was making rounds and would be there shortly, but the patient insisted on speaking to the doctor now and that in response the nurse raised her voice at him and said that his personal problems were not her concern. Tom then asked the patient if the matter had been resolved. The patient confirmed that the doctor had entered the room while the nurse was yelling at him and once discerning the situation, the doctor ordered the insulin and complained to the charge nurse about the staff nurse's behavior. Tom then apologized to the patient for the situation and gave the patient his personal phone number, telling the patient to call if he had any problem whatsoever, even though Tom wasn't expecting any further issues.

After speaking to the patient, Tom then went to speak to the nurse. The nurse was very upset and became tearful during the conversation. She explained that the patient had started yelling at her as she tried to pacify him. She lost her patience with the patient and admits that she might have raised her voice at the patient due to her aggravation at being yelled at. Tom then

explained to her that she is not permitted under any circumstances to raise her voice at the patient. If a similar situation arises she needs to calmly leave the room and Tom will see that she is reassigned if need be. The nurse apologized and it was clear that she was remorseful. Tom told her that he was not going to report her to the daytime manager since they had spoken and resolved this matter.

After concluding his discussion with the staff nurse Tom then went back to the patient and explained that the nurse had apologized and that he didn't expect any further problems. The patient said it wasn't a problem, thanked Tom, and then we left the unit. Tom then called back later during the shift to check that all was tranquil on the unit. No further problems were reported.

Journal 8

On a management level, Tom fulfills quality assurance and improvement activities through the completion of occurrence reports quality improvement investigation forms which are in turn forwarded to risk management. For example, when a patient fell on a unit, we went to the unit to perform an investigation. In general, procedure dictates that the manager/supervisor picks up the occurrence report and completes a fall prevention investigation report (please see attached fall investigation form). Copies of these forms are given to risk management who use this data to prevent and reduce harm to patients and hospital staff.

The supervisor always follows up with individuals involved in the incident, particularly on the patient, to see if any injury occurred due to the fall and what their current status is. Generally an MRI or x-ray is ordered depending on the physician's assessment of the patient and the nature of injuries incurred. These reports are eventually compiled into reports and are utilized as a part of the PDCA cycle with the goal of meeting the IOM safety regulations as mandated by the IHI.

Fall Prevention Investigation Form

Investigator: _____

Date of Occurrence: _____

Time: _____

Unit & Room No. _____

----- Addressograph Stamp -----

Investigation of Findings [to include interview with patient, primary RN and PCT]: _____

Vital Signs: Before Fall (last) [BP] _____ [HR] _____ [RR] _____ After Fall [BP] _____ [HR] _____ [RR] _____

Acute Confusion "Delirium" for the past 24 hours prior to the fall? ☐ Yes ☐ No Hx. Dementia ☐ Yes ☐ No

Medications (prior to fall): ☐ Benz ☐ Antiepileptics ☐ Pain ☐ Sleeping

Elimination: ☐ Continent (independent) ☐ Continent with assistance (last toileting) _____ am / pm ☐ Incontinent ☐ Foley

Restraints ☐ Yes ☐ No Siderails utilized? None [] 1 [] 2 [] 3 [] 4 []

Was patient on Hourly Rounding Program prior to fall? ☐ Yes (last rounding) _____ am / pm ☐ No ☐ N/A

Patient Outcome: _____

Staffing: RN _____ LPN _____ PCT _____ Number of staff on unit at time of incident: RN _____ LPN _____ PCT _____

Name of Primary RN and PCT: RN _____ PCT _____

Location of same at time of incident: RN _____ PCT _____

Comments _____

Was patient on Fall Prevention Program prior to fall? [] Yes [] No	Was occurrence report completed? [] Yes [] No Classification of Injury: ☐ None
Was the initial HENDRICH fall risk assessment completed? [] Yes [] No	☐ Minor - Application of a dressing, ice, limb elevation, pain, topical medication, bruise or abrasion, cleaning of a wound.
Was the HENDRICH fall assessment on daily database completed? [] Yes [] No	☐ Moderate - Resulting in suturing, steri-strips, splinting, strain.
Risk Score Prior to Fall _____	☐ Major - Resulted in surgery, casting, traction, internal injury: rib fracture, coagulopathy receiving blood products as a result of fall.
	☐ Death - As a result of injuries sustained from fall.

If HENDRICH Risk Score was ≥ 5 , answer the following questions:

1. Entered into SCM [] Yes [] No	4. Was there a focus note on falls or safety? [] Yes [] No
2. Yellow sticker on door? [] Yes [] No	5. Was Fall Prevention education documentation on Interdisciplinary Teaching Tool? [] Yes [] No
3. Yellow armband? [] Yes [] No	

Type of Intervention utilized? _____

Comments _____

Standard of Care Met:

- ☐ Met
- ☐ Met with room for improvement
- ☐ Not met attributable to system/process
- ☐ Not met attributable to practitioner(s)

Action Taken:

- ☐ None
- ☐ Disciplinary action [Complete in "Comments" section below].
- ☐ Implement or modify Policy, Procedure, Protocol, or Standard of Practice.
- ☐ Training and education of staff. Names of staff members _____
- ☐ Refer to other clinical department or service for information/action.

Comments: _____

REMINDER Please send a copy of this form and Occurrence Report to:

★ Barbara Sommer, RN, Vice President, Nursing

★ Unit Nurse Manager

If fall results in a negative outcome, a review will follow by the Department of Nursing Peer Review Committee.

Senior Level Review - 10% per month [] Yes [] No

Signature

Revised: 07.12.2012

White Copy to: Barbara Sommer, RN, Vice President, Nursing

Yellow Copy to: Unit Mgr.

Journal 9

The hospital utilizes various forms of continuing education. Within the hospital, units prepare presentations to facilitate learning about specific topics. For example, the cardiac unit will create a presentation about CABG, stents, and post-op care. The case is then presented to nurses from other floors/units. For traditional academic learning in college coursework, the hospital offers 100% reimbursement for classes taken and passed within the health science fields up to a maximum of \$9,500 per annum provided that the school attended is NLN or CCNE accredited.

Journal 10

When I asked Tom about the decision making process on the units, he explained that the process varies by unit. As a supervisor he is not in charge of any one unit, but whole sections of the hospital at a time and as such he makes more global decisions.

For example, if Tom is taking report or is called on to a unit where a patient is decompensating, Tom has the authority to call the RRT if he deems it necessary. Similarly, if a patient is for example intubated and on a drip, Tom may push a Fellow to get involved and push to have the patient admitted to the MICU so that the patient can get more individualized care as he has more clout than a staff nurse or charge nurse.

Furthermore, Tom has the final decision making power regarding staffing. If a patient is on suicide watch and a 1:1 PCT is necessary, Tom is the one to authorize the overtime or agency PCT. Similarly, Tom decides what to do about staffing in the event of sick or emergency calls. Using his professional clinical judgment, he then takes the census, mix, and unit acuity into consideration when deciding whether or not to float or authorize overtime for a nurse or PCT on an as needed basis.

Journal 12

I think that sinks and soap should be located on the unit outside of the patient bathrooms for easy access enabling nurses to wash their hands easily without a need to enter the patient or staff bathroom. These sinks should be available every few rooms or at a couple of central locations for easy access. While most health professional in the hospital wear a badge that says, "Ask me if I washed my hands," compliance with hand washing is still a struggle on busy units with limited access to sinks.

Journal 12

All communications between shifts are verbal and involve a face to face handoff. This is the practice on units between staff. Whether or not the hand off shift report is performed at the bedside varies by unit and the nurse's preference with no set policy on the matter. When the hospital supervisor reports to the Associate Vice President (AVP) after the night shift the report is verbal and includes any important events which took place during the shift, and an overview of the most acute ICU patients. Furthermore, at the time report is given the supervisor provides the AVP with a written Bed/Patient status chart (see attached page).

Date: _____

Managers

CENSUS BED LIST													
VENTS	Sick Calls	Staffing	Bed Capacity	Census	Ext	Medicine	Ext	Critical Care	Bed Capacity	Census	Staffing	Sick Calls	Vents
		/ /	25		6410	NB2	8216	MICU	20		/ /		
		/ /	29		7720	G2							
		/ /	30		7537	K5	7910	CICU	10		/ /		
		/ /	23		8223	NB5	7151	SICU	12		/ /		
		/ /	30		7900	6 West		SICU - SD	12		/ /		
		/ /	32		7530	6 East							
		/ /	30		7560	K6	7545	CTICU	11		/ /		
		/ /	29		7570	K7 Transitional		CTICU (old SICU)	4				
		/ /	8		7581	7E-PAMCU							
		/ /	24		7581	G7E		# of Transfers _____					
		/ /	30		7387	G7W		# of Cases _____					
					6446	K2	7420	PACU:			/ /		
		# of Discharges ("d") _____						# Overnights _____					
								Transfer time of last case _____					
							7358	HEMO					

VENTS	Sick Calls	Staffing	Bed Capacity	Census	Ext	Surgery/ Medicine	Ext	Women's and Children's	Bed Capacity	Census	Staffing	Sick Calls	Vents
		/ /	30		7408	G8W	8218	L&D			/ /		
		/ /	32		8211	G8E	7640	NICU	31		/ /		
		/ /	20		7021	A5T (Adult)	7237	NICU Annex	8-10		/ /		
		/ /	12		4585	KRB1	7330	A3/NB3	45		/ /		
							7335	A3/NB3 (Nur)			/ /		
							8219	K3	24				
							7334	K3 Nursery					
							7330	A 4 (Ante-Partum)	16		/ /		
							8224	PEDS A6	25				
							8332	Peds Trans	8-10		/ /		
							7263	PICU	11		/ /		

<u>Med.Total Holding</u>	M	F	<u>Tele Total Holding</u>	<u>ICU Total Holding</u>	<u>Surgery Total Holding</u>
6 W Purple			G2 _____	CTICU _____	Service Male Female
K6 Brown			6W _____	MICU _____	
NB5 Black (PA)			PAMCU _____	CICU _____	
7E Orange				SICU _____	
K7 Yellow					
7 West (PA)					
6E All colors					
K 7 T				<u>Peds_____</u>	
A 5 T			<u>Psych_____</u>	<u>PICU_____</u>	12-11-12 BS

Journal 13

Tom's hospital utilizes a modified primary model of patient care. Nurses work three 12.5 hours shifts weekly, and are assigned to patients until the patient is discharged or the nurse finishes her week's rotations and the patient is no longer on the unit once the nurse returns. The majority of units in Tom's hospital are circular in shape creating a district with a central nursing station surrounded by patient rooms. Due to this user friendly layout, nurse assignments are not always clustered by rooms that are next to each other. Assignment can vary by census, acuity, and nurse experience and assignment is determined by the charge nurse in each district.

Acuity is determined by the number of ventilated patients on a unit in addition to the number of patients on drips. Tom monitors each district's census, mix, and acuity using the Bed/Patient Status chart/form which he fills out at the beginning of the shift, and continually updates throughout the shift, by hand. (Please see previous page for a sample Bed/Patient Status sample chart)

Journal 14

Staff performance is reviewed on an annual basis. Tom, as supervisor, is responsible for reviewing a number of floating nurses and per-diem staff. Daytime managers review the staff nurses, sometimes with the help of assistant managers. While the review is logged electronically, the supervisor or manager meets with each employee individually to review their performance as per the job description for the position in question. The review is recorded electronically and added to the employee's record in HR.

Journal 15

This clinical rotation has been an unbelievable learning experience. I feel very fortunate to have had the chance to shadow Tom. All in all I gained valuable skills and exposure which include but are not limited to participation in a group meeting for new nurses with three hospital supervisors and the nurse recruiter Sharon Markowitz to discuss their transition to nursing practice, observed the RRT intubate a patient and assisted in patient transport, observed conflict resolution between Mr. Todaro, patients, and staff, and learned how to complete occurrence reports in addition to learning how to monitor hospital staffing based on unit census and acuity. I was also able to assist in transferring a patient to the ICU and subsequently transferring an ICU patient to the step down unit. Most exciting was the opportunity to shadow Tom as he took report and reviewed patient charts in the CICU, MICU, SIUC. Thank you very much for this wonderful opportunity!

Please see the attached Evaluation For Leadership Clinical Practicum Form.

LEADERSHIP AND MANAGEMENT IN NURSING

EVALUATION FOR LEADERSHIP CLINICAL PRACTICUM

NAME: SARA LEVYSEMESTER: Summer 2013

CRITERION	E	M	NI	NM	NA
* 1. Accepts responsibility for own action.	✓				
2. Identifies own learning needs.	✓				
3. Shares learning needs with mentor.	✓				
4. Establishes leadership priorities.	✓				
* 5. Keeps regularly scheduled appointments.	✓				
A. Is punctual	✓				
B. Gives appropriate notice for absences.	✓				
* 6. Comes to scheduled sessions prepared.	✓				
7. Establishes an organized daily schedule for activities.	✓				
8. Utilizes effective communication skills.	✓				
9. Integrates teaching/learning strategies into leadership experience.	✓				
10. Independently seeks out own learning experience.	✓				
11. Evaluates own actions.	✓				
*12. Performs in a professional manner.	✓				

KEYS: E = Exceeds M = Meets NI = Needs Improvement NM = Does not meet

NA = Not applicable or not observed

* Rating of E or M required

NAME: SARA LEVY
AGENCY: Maimonides Medical Center

STUDENT'S COMMENTS: This clinical rotation has been an unbelievable learning experience. I feel very fortunate to have had the chance to shadow Tom. All in all I gained valuable skills and exposure which include but are not limited to participation in a group meeting for new nurses with three hospital supervisors and the nurse recruiter Sharon Markowitz to discuss their transition to nursing practice, observed the RRT intubate a patient and assisted with patient transport, observed conflict resolution between Mr. Todaro, patients, and staff, and learned how to complete occurrence reports in addition to learning how to monitor hospital staffing based on unit census and activity. The most exciting opportunity was the opportunity to shadow Tom as he took report and reviewed charts in the CICU, MICU, and SICU.

Thank you very much for this wonderful opportunity!

SIGNATURE: Sara E Levy DATE: 8/8/2013

MENTOR/INSTRUCTOR'S COMMENTS:

It has been a pleasure to mentor SARA. SHE is VERY PROFESSIONAL in her demeanor. SARA has EXCELLENT inter-personal skills & her CLINICAL knowledge base EXCEEDS EXPECTATIONS OF BEING A student. SHE ASKS EXCELLENT questions & is VERY ENTHUSIASTIC. SHE WILL BE A GREAT NURSE one day & A FUTURE NURSING leader. I wish her luck in her FUTURE ENDEAVORS.

SIGNATURE: Ann Palan MA, MS, NM DATE: August 8, 2013

**LIU School of Nursing-Brooklyn Campus
Clinical Experience Attendance**

STUDENT NAME: SARA LEVY

FACILITY: Maimonides Medical Center

MENTOR: Tom Todaro

CLINICAL DATE	TIME START	TIME ENDS	TOTAL HOURS	SIGNATURE OF MENTOR/designee
7/17/13	7:00 PM	2:00 AM	7 hrs	<i>Tom Todaro MA, MS, NIA</i>
7/24/13	7:00 PM	2:00 AM	7 hrs	<i>Tom Todaro MA, MS, NIA</i>
7/28/13	7:00 AM	7:00 PM	12 hrs	<i>Tom Todaro MA, MS, NIA</i>
7/31/13	7:00 PM	2:00 AM	7 hrs	<i>Tom Todaro MA, MS, NIA</i>
8/8/13	12:00 AM	7:30 AM	7.5 hrs	<i>Tom Todaro MA, MS, NIA</i>

Please submit with your log.

Journal 16

Tom is an excellent example of a situational leader. In general, his laid back demeanor and laize-faire approach to general management expresses itself in his relaxed manner of allowing the hospital to run with minimal intervention. A night generally starts with Tom saying hello to all the units and asking if anyone needs anything.

If there is a disagreement, he is democratic in resolving the issue, particularly when it comes to patient satisfaction and conflict resolution. For example, Tom makes certain to hear both sides in an argument and then counsels each side as needed until a positive outcome is achieved.

On the other hand, if there is a code, then Tom becomes an autocratic leader in control and making things happen in order to ensure patient safety and a positive outcome. For instance, when an unstable patient arrived on one unit and clearly needed a bed in open heart ICU, Tom made sure that a room in the ICU was made available to the patient. In order to achieve this goal Tom participated in the intubation of the patient and then personally escorted/transferred the patient to the ICU.