CHAPTER 2

Legal Concepts, Risk Management, and Ethical Issues

OBJECTIVES

The chapter objectives for lesson plan and assignment development should enhance the student's ability to:

C

1. Analyze the legal concepts that pertain to surgical technology.
2. Interpret the legal responsibilities of the certified surgical technologist and other surgical team members.
3. Compare and contrast criminal and civil liabilities and the consequences of these acts.
4. Analyze the American Hospital Association's *Patient Care Partnership*.
5. Describe the need for professional liability insurance policies.

A

6. Analyze the key elements related to the development of a surgical conscience.

R

7. Assess the resources available to the certified surgical technologist to interpret and follow professional standards of conduct.
8. Develop an increased sensitivity to the influence of ethics in professional practice.
9. Analyze the role that morality plays during ethical decision making.
10. Cite examples of ethical situations and problems in the health professions.
11. Analyze scope of practice issues as they relate to surgical technology.
12. Interpret prevention, correction, and documentation techniques that may positively affect risk management issues.
13. Analyze the recommended practices and legal elements of proper documentation.

E

14. Apply principles of problem solving to ethical decision making.
15. Assess the errors that may occur in the operating room and devise a plan for investigation, correction, and notification.

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RESEARCH IDEAS

The following is a list of research ideas that can be incorporated into a formal referenced paper, simple one- page or two-page reports as preparation for field trips, oral reports, or a class presentation.

1. Assign students to research newspaper, journal, and Internet articles detailing medical errors leading to litigation. Discuss how to analyze and determine if a resource is reliable.
2. Assign topic: Informed consent—what does this mean?
3. Assign students to create their own advance directive or living will regarding end-of-life care, or they can create one for a patient that is very specific about the patient's wishes. Have them do Internet research for blank forms.
4. Assign students to identify their own wishes regarding organ donation or transplant issues. Have them research ways to communicate their wishes and complete those forms if they have made a decision, or write a summary of what they learned.
5. Develop three or four scenarios of sentinel events, never events, or near-miss events, and assign students individually or as a group to research and describe the process regarding root cause analysis that can lead to prevention of future events.

CLASSROOM DISCUSSION

1. Use the textbook questions and case studies: Divide the class into groups of three to five, and assign different textbook questions/case studies. Give the class 15–20 minutes to discuss and then have each group present its view; finish with open discussion of the answer, further clarification, and feedback to the group.
2. Discuss the importance of the American Hospital Association's Patient Care Partnership (formerly Patient's Bill of Rights) and how it applies to patients in the operating room (OR).
3. Discuss the various types of consent (general, surgical, anesthesia, transfusion, and sterilization), methods of obtaining consent (implied, verbal, and written), and policy for witnessing a consent. Demonstrate how to fill out a sample form on the overhead.
4. Discuss the type of cases or situations, if any, in which the health care workers may refuse to participate.
5. Discuss why the surgical technologist may need to carry malpractice insurance.
6. Discuss how the Association of Surgical Technologists (AST) Code of Ethics affects one's daily functioning in the OR.
7. Discuss the Health Insurance Portability and Accountability Act (HIPAA), and provide scenarios that may or may not violate it. Have students analyze the situation, describe if there is a violation, and tell how it could have been prevented.

ACTIVITIES

1. Complete one of the lab activities outlined in the Lab Activities section.
2. Ask students to prepare a skit or role-play interactions that demonstrate appropriate and inappropriate patient/staff interactions (*e.g.*, the correct method of obtaining consent versus obtaining consent by coercing the patient).
3. Simulate a legal situation in which a patient has filed a lawsuit. Take the students through the various steps of the legal process (simulate a deposition).
4. Have the students create a patient chart. Assign roles (anesthesia, scrub, and circulator) to individual students who are responsible for the relevant components of a patient's chart (examples: patient identification, history and physical examination [H&P], vital signs, medication record, consent form, and lab and radiology reports). The class can review the pertinent information together. This can be done as an assignment or in conjunction with a group project, a video project, and/or a mock surgery.
5. Assign students to research insurance companies that handle malpractice coverage for the surgical technologist; compare prices and type of coverage.
6. Possible activities for ethical issues:
   A. Set up a debate on ethical issues. One team could take the rule ethicist approach, and one team could present the situation ethicist approach.

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B. Divide the class into groups. Have each group select an ethical issue, conduct research, and present an analysis of the pros and cons regarding all sides of the issue.

7. Arrange for a guest speaker (attorney, paralegal, or risk manager) to address the class.

8. Class competition: Divide the class into two to four groups and set up the rules. Rotate students answering question so that every student is asked a random question at least once. If the student answers correctly unaided, award two points; if the student asks his or her group and then answers correctly, award one point. The team with the most points wins. Use terms, principles of legal liability, and other chapter core concepts and facts.

9. Assign students to complete a crossword puzzle that uses the legal terms and definitions.

10. Play "Swat the Fact": Place all the legal terms on a whiteboard in random arrangement. Divide the class into two groups. Have them line up with a flyswatter for the first person in each line. Read out the definition or an example of the tort. The first student to swat the correct word wins. Points can be kept for some type of group reward or an individual reward can be given for each question.

11. Possible activities related to risk management:

    A. Divide students into groups, assign each group a scenario of an incident; have the students fill out an incident report, outline the potential charges, and present what should have been done to prevent the incident, or do a root cause analysis based on the scenario to identify possible causes and solutions.

    B. Divide students into groups, and assign each group a scenario. Have each group act out the scenario as an incident and then demonstrate how it could have been prevented.

VARIATIONS

1. Vary any of the activities to be more specific to your facility or to meet the learning needs of your student population.

2. Complicate the case studies by varying patient information, such as age and condition, or expand on the case study by providing ongoing additional information or complications that simulate real-world situations that the student may experience that require on-the-spot analysis and adjustments.

Answers to Textbook Exercises

■ Case Studies

Case Study 1

Bret is a CST working with Dr. Jones on an open cholecystectomy procedure. Both of Dr. Jones' hands are occupied, so she asks Bret to inject contrast medium into the cystic duct under her direct supervision.

The following questions require analysis and conclusions. Instructor guidance is recommended. Textbook medication administration information does not specify what is outside the scope of practice.

1. What scope of practice issues can you identify?

   Administering medication is outside the scope of practice for the surgical technologist.

2. Is this act different from injecting medication into an IV line, and if so, how?

   No, the surgical technologist may not inject the medication in either situation.

3. What do you think that Bret should do in this situation?

   Bret should inform the surgeon that injecting medication is outside of his scope of practice and ask the surgeon or another qualified individual to inject the contrast medium.

4. How might Dr. Jones respond if Bret refuses to comply with her request?

   There are two possible answers to this question. The surgeon may understand and solve the problem or may insist that Bret inject the contrast medium.

5. How can Bret know what the best course of action would be in this situation?

   Bret should be aware of his scope of practice, the duties listed in his job description, and the applicable federal and state laws.

   A. Could the parents be charged if the child were to die?

      Yes, the parents could be charged if the child dies.

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B. How could the physician resolve this situation?

The physician may attempt to obtain an order from the court mandating the procedure.

Case Study 2

A 19-year-old female patient is scheduled to have an elective abortion in the OR. It is legal in your state for this procedure to be performed on this patient.

1. How does AST's motto of "Aeger Primo" apply in this case?
2. How does AST's *Code of Ethics for Surgical Technologists* apply to this case?
3. What are the differences between morals and ethics?
4. Would you treat this patient any differently than you treat other patients?

■ Questions for Further Study

1. Discuss how the two concepts of *intraoperative counts* and *res ipsa loquitor* intersect. *Res ipsa loquitur – "The thing speaks for itself;* harm obviously came from a given act or thing of which the defendant had sole control. Foreign bodies left in patients secondary to incorrect sponge, sharps, and instrument counts – the circulator and the certified surgical technologist must count all items specified by hospital policy for counting before the procedure begins, at the time that wound closure begins and again during skin closure. If an item is left within the patient, an x-ray or surgical removal of the item is proof that the item was left during surgery.

2. Explain the fundamental changes that the *Patient Care Partnership* introduced as related to the patient.

   Patient Care Partnership informs the patient about what he or she should expect and that the patient must be involved in his or her health care and ask questions. There are six expectations, including high-quality, clean, and safe environment; involvement in own care; help when leaving the hospital; and help with bill and insurance claims. The patient has the right to make decisions about and be involved in his or her care.

3. Discuss the differences between morals and ethics. Give as many examples of each as you can think of.

   Ethics is the system of moral principles and rules that become standards for professional conduct and should not be confused with morals. Morals dictate codes of conduct, which are put forward by a society and used as a guide to behavior by the members of that society. Moral principles are guides for ethical decision-making and include the principles of benevolence, trustworthiness, honest, basic justice prevention of harm, and the refusal to take unfair advantage, Ethics includes rules of conduct and standards of behavior principles such as impartiality, objectivity, duty of care, confidentiality, and full disclosure. Ethical principles include being trustworthy and honest. In simplest terms, it has been identified as the moral obligations that one person owes another. TJC defines ethics as "the branch of philosophy that deals with systematic approaches to moral issues, such as the distinction between right and wrong and the moral consequences of human actions. Ethics involves a system of behaviors, expectations and morals composing of standards of conduct for the profession.

4. In a conversation with a CST fellow-worker, he relates a story about a recent case. You soon realize that the patient in question was one of your close family members. What do you do?

   The fellow-worker has committed an invasion of privacy. The Health Insurance Portability and Accountability Act (HIPAA) has been violated. Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. You can also discuss the importance of this act with your fellow-worker. This is an ethical plight. Do you report them, do you discuss it with your fellow coworker, or do you do nothing? HIPAA laws are to protect the privacy of the individual. Our ultimate responsibility is to the patient. Answers may vary, but classroom discussion should emphasize the need to protect the patient.

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Key Terms Defined

Select Key Terms

1. abandonment *To leave a patient alone who is still in need of care or observation.*
2. accreditation *Process whereby businesses, educational institutions and programs, and health care organizations are determined to meet standards and performance criteria as established by an accrediting agency.*
3. advance directive *Written instructions expressing the patient's wishes concerning the types and amount of medical treatment to be rendered in the event the patient can no longer make those types of decisions.*
4. affidavit *Voluntary statement of facts sworn before an authority to be true.*
5. Code of Ethics *Guidelines, usually expressed in a series of statements, that provide ethical standards of conduct for a profession.*
6. credentialing *Process by which an agency or organization establishes a minimum knowledge base for a given health care profession and awards a credential to individuals who meet the minimum knowledge level.*
7. ethics *Branch of philosophy dealing with good conduct and moral values.*
8. incident report *Mechanism for reporting an incident, usually by completing a document describing what happened, related to any adverse patient occurrence.*
9. informed consent *A situation in which a patient gives voluntary permission to another party (i.e., surgeon or anesthesia provider) to perform the procedures that have been explained; includes the risks, benefits, possible complications, and alternative treatment options*
10. liability *(1) An obligation to do or not do something; (2) An obligation potentially or actually incurred as a result of a negligent act.*
11. malpractice *Professional misconduct that results in harm to another; negligence of a health care professional.*
12. moral principles *Guides for ethical decision making that include the concern individuals have for the well-being of others, respect for individual autonomy, basic justice, prevention of harm to others, and refusal to take unfair advantage.*
13. negligence *Omission or commission of an act that a reasonable or prudent person would not do under the same conditions.*
14. Patient Care Partnership *Replacing the AHA's Patients' Bill of Rights, this informs patients about what they should expect during their hospital stay with regard to their rights and responsibilities.*
15. risk management *The efforts of a health care provider organization to collect and utilize data to decrease the chance of harm to patients or staff or damage to property.*
16. Safe Medical Device Act *Established in 1990, this act requires medical device users to report to the manufacturer and/or FDA incidents that reasonably suggest there is a probability that a medical device has caused or contributed to the death, serious injury, or illness of a patient.*
17. scope of practice *Professional duty limits based on state and federal law and on an individual's education and experience.*
18. surgical conscience *The basis for the practice of strict adherence to sterile technique by all surgical team members; involves a level of honesty and moral integrity that must be upheld.*
19. tort law *Describes any civil wrong independent of a contract; allows for a remedy in the form of an action for damages.*

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Lab Activities

Lab 2: Standards of Conduct

Introduction

The Standards of Conduct portion of this manual will give the student a better understanding of the moral and ethical expectations of being a surgical technologist and a health care worker. When students know the expectations and rules before starting a task, they will have a better chance for success in the end. There is very little in the way of practical work here, but when students start the practical portion, they will understand more fully the expectations placed on them as far as patient care, surgical conscience, and moral, ethical, and legal issues.

Game 1: Legal Term Jeopardy®
Time involved: One week for setup.
Supplies: Paper and pencil, note cards, and a display (whiteboard, blackboard, or computer).

Instructors: Legal Term Jeopardy® can be played several different ways. You can download a PowerPoint presentation–style game from the Internet. It can be used on a whiteboard or blackboard, or you can work from note cards. Here are a few ways that may work for you. Your categories may include what surgical technologists do, how surgical technologists are used in the OR, or whom they protect; then decide how many answers you will place in each category. Make a list of legal terms that fall into the different categories; then you can use the terms or their meanings for your questions. The what, where, when, why, and how of the legal terms are used to pose the questions; students will give you the "What is ___" answers. You may use either teams or individuals. This will help build critical thinking skills.

Students: Study the legal terms, their meanings, and their uses. Making note cards can be a big help. Make as many note cards as you are able and study them each chance you get. If you carry the cards around with you, each time you have a few minutes of free time, pull them out and work on them. This will greatly enhance learning.

Game 2: Moral vs. Ethical
Time involved: One week for setup.
Supplies: Your mind.

Instructors: Make a listing of ethical and moral situations. Give the students a situation that fits into either or both categories of ethical or moral. Ask the students if the situation fits into a moral or ethical category or both. You should also be prepared to ask the students why they think their answers are correct in order to reveal the thinking behind their answers. Give points for correct answers and correct thinking.

Students: This game involves a lot more thinking than memorizing. Understanding the difference between morals and ethics can be difficult. Study the definitions of both and then think about what may fall into either category or both. Understanding the difference between the two will greatly enhance patient care. Make as many note cards as you are able and study them each chance you get. If you carry the cards around with you, each time you have a few minutes of free time, pull them out and work on them. This will greatly enhance learning.

Game 3: Name That Acronym/Abbreviation
Time involved: One week for setup.
Supplies: Paper and pencil, note cards.

Instructors: Make a list of all acronyms and acceptable abbreviations that you expect the students to know. Review The Joint Commission Do Not Use abbreviation list. Have students write each acronym/abbreviation on one side of a note card, and on the other side list what each means. Ask the students questions from either side of the note cards. You should also be prepared to ask the students why they think their answers are correct in order to reveal the thinking behind their answers. Give points for correct answers. You can place students in teams or work as individuals.

Students: Write acronyms and acceptable abbreviations on one side of each note card, and on the other side list the definitions for each one.

Alternate Versions—Active Games: Allow students to divide into teams. Provide small whiteboards for each student or have students verbalize the answers.

1. Charades or drawings similar to the game Pictionary® can be used. Items needed: Terms, either a list or cards, and if drawing, a whiteboard with markers for Pictionary. For drawings: Have one student draw an abbreviation or a legal term. If after a clearly identified time, such as one minute, the student's own team is unable to identify the term, the other team is given the opportunity. For charades: The student acts out the word or word parts, and the team identifies the term; again if unable, the other team is given the opportunity to answer. At the end of the game, the team with the most points wins.
2. Slap the Facts. Items needed: two flyswatters, dry erase markers, and a whiteboard. Write the

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abbreviations or terms on a whiteboard in random order. Divide students into two teams, which line up. Provide the leader of each group with a flyswatter. Describe what the term is used for or ask a relevant question about the term/abbreviation. The first team leader who swats the answer receives the point for their team. The team with the most points wins.

Answers to Study Guide Exercises

Matching I: Definitions

Match each term with the correct definition.

A. 4
B. 8
C. 6
D. 1
E. 10
F. 3
G. 9
H. 2
I. 7
J. 5

Matching II: Definitions

Match each term with the correct definition.

A. 13
B. 19
C. 11
D. 16
E. 18
F. 15
G. 20
H. 17
I. 14
J. 12

Identification: Potentially Harmful or Safe

Identify the following as either a hazardous (H) condition that needs to be changed or a safety (S) measure that should be followed.

1. H *Should use hand-to-hand passing technique when using a microscope or loupes.*
2. S
3. S
4. S
5. H *Instruments should be utilized for their intended use.*
6. H *Wet towels outline the site to prevent accidental fires during laser surgery.*
7. H *The safety strap is applied first to prevent falls.*
8. H *Medications must be labeled "from a labeled container to a labeled container."*
9. H *Employers have a responsibility to ensure staff has sufficient rest time to prevent fatigue.*
10. S

Fill in-the-Blank: Legal Principles

1. A(n) *assault* is an act that causes another person to fear that he or she will be touched in an offensive, insulting, or physically injurious manner without consent or authority to do so.
2. In a court of law, the reasonably *prudent* person acts as any other person would behave in the same circumstances as judged by the community regarding how the person should behave. This is called a standard of conduct.
3. If a person makes disparaging remarks about a patient, the individual could be charged with an intentional tort known as *slander.*
4. If a surgical technologist provides surgical care and then goes to the unit the next day to see a patient and reviews the chart to check on the patient's progress, it could be considered an intentional tort called *invasion of privacy.*
5. If a specimen is accidently lost, thrown away, or improperly prepared, the surgical technologist could be found guilty of *negligence.*

Short Answer: Legal and Ethical Concepts

1. Describe the four major components required to establish that a case of negligence has occurred. Describe how each relates to the surgical technologist in the scrub role.

   Duty *The defendant must have a duty to the patient. In the scrub role, the surgical technologist has a duty to the patient to perform the job according to the standard of care established for the scrub role.*

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Deviation *The defendant breached the duty by failing to conform to the required standard of conduct. In the scrub role, the surgical technologist breached that duty by not following accepted standards of practice or the policies of the facility.*

Direct Cause *The breach or negligent conduct was the direct cause of the harm to the patient. In the scrub role, the deviation from the standard of care by the surgical technologist must have caused harm.*

Damage *There must be harm or damage. Just because there was a deviation, if the patient was not harmed or damaged, there is no case for negligence.*

2. Analyze the four types of consent: general, informed, expressed, and implied. Explain the difference between general consent and special (informed) consent processes.

   General consent provides permission to treat the patient. Specific invasive procedures such as surgery require an informed consent process. Informed consent includes the patient being made aware of the risks and the benefits of the procedure, which must be done in understandable language, and the alternative therapies.

3. Review the AST Code of Ethics for Surgical Technologists. In the course of your career, describe the behaviors and actions that should be practiced by an ethical surgical technologist. Which code, behavior, or action is the most important to you ?

   The surgical technologist should maintain a high standard for professional conduct and patient care, maintain confidentiality, respect and protect the patient's rights, do no harm, work with others to promote better patient care, follow the principles of asepsis, maintain efficiency through continuing education, practice surgical technology with pride and dignity, report unethical conduct or practice to the proper authority, and to adhere to this Code of Ethics at all times with all members of the health care team. Answers may vary according to values and morals regarding the most important aspects.

4. If a surgeon or staff member requests that you perform a particular skill during a surgical procedure, how do you determine if it is within your scope of practice? Which document supersedes all others (must be followed)?

   Review hospital policy (example: job description) and state law; review the accepted standards (AST, AORN, AAMI, and AHA) that are utilized by organizations and the law to determine what actions are reasonable and prudent for a person who has similar education, training, and experience. Review the AST professional standards of practice. Finally, determine if you are willing to accept the responsibility and the accountability for the act performed along with the potential consequences if it is performed incorrectly or unintentionally causes harm. The most important document is your job description and facility policy and procedures that outline what you are allowed to perform in the facility, which may limit or expand functions. Other questions you should ask include, "Do I have the training and education," "Am I or should I be competent," and, "Is it within my job description?"

5. What is *time out*, and how is it important to the quality patient care provided by the surgical team? List three errors or incidents that could potentially occur if the time out was not performed.

   Time-out protects a patient as well as staff by serving as a last-minute, double-checking process prior to surgery. Potential errors include wrong patient surgery, wrong site surgery, and wrong side surgery.

Interactive Learning

1. While working with a partner, complete the sample surgical consent as if you were having elective surgery. Have one person sign as the surgical patient and role-play while your partner presents the consent as a hospital employee.

   Answers will vary.

2. Research a bioethical topic and write a summary that includes the pro-argument and the con-argument, and close your paper with your own feelings regarding the topic you've chosen. Share this research with your class and/or your instructor.

   Answers will vary.

3. Discuss scope of practice as a class and research whether there is a scope of practice specific to surgical technologists in your state. Review examples of AST *Recommended Standards of Practice* and various Guideline Statements and discuss how they could protect you as a professional.

   Answers will vary.

4. Reflect on your own life and past experiences and write about an ethical dilemma that you have encountered. Describe the event, how you felt about it, and how you resolved the issue. This paper can be written for submission or as a journal-style entry for personal use.

   Answers will vary.

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■ Case Studies

Case Study 1

Mollie is a 9-year-old girl admitted to the hospital following a seizure on the playground at school. She has been diagnosed with a cerebral arteriovenous malformation (AVM). A craniotomy with attendant clipping and removal of the AVM has been proposed. Mollie is in a foster home with a guardian. Her biological parents are both dead.

1. Who can give consent in this case? Describe how emergency circumstances are handled if the proper individual cannot be reached? If it is determined that consent was not properly obtained, what is the possible charge (tort)?

   The foster parents can give consent because the state granted guardianship as a condition of placement in the home. If the state retains guardianship for any reason, the appropriate state authority will be required to act. If they cannot be reached by telephone or electronic means, then, according to the state policy, two surgeons or per state policy, administrative consent can document that it is an emergency with the potential of death or loss of limb. The possible intentional tort is assault and battery.

2. Review the consent form sample. Who is ultimately responsible for obtaining the informed consent? To meet criteria for informed consent, what are the essential elements that must be discussed?

   The surgeon is ultimately responsible for discussing the condition, proposed treatment, risks, and alternatives. State law and facility policy will dictate the requirements for securing the consent, witness requirements, and documentation requirements.

3. Who may or may not witness the signing of the consent? Which type of consent is this; implied or express?

   State law and facility policy will dictate how many people are needed for securing consent, who may witness, and how the consent is documented. Expressed is either verbal or written permission to perform the surgery.

4. Review the American Hospital Association's Patient Care Partnership (2003) and the Patient Self-Determination Act of 1990 and summarize the requirements of those documents as related to Mollie's consent form. Even though she is 9 years old, what rights does she have?

   According to the AHA Patient Care Partnership, she has the right to expect involvement in her care. According to the Patient Self-Determination Act, she also has the right to make decisions regarding her care as appropriate for her age. She should be involved in the process of obtaining the consent with her guardian by being informed of her care as appropriate to her age. She has a guardian who is appointed to provide the consent, but it does not lessen the responsibility of the team to keep her informed of her care as it is provided.

5. During the procedure, the power equipment called a craniotome was used. During the case, the craniotome malfunctioned, causing harm to Mollie. Describe why this may be considered negligence and what you should do to prevent harm or damage during the use of any type of equipment or instrumentation.

   This could be harm secondary to the use of defective equipment or instrumentation. If the equipment malfunctions, it could cause harm. To prevent harm or damage, you would make sure that the manufacturer's recommendations for service and operation are always followed. Electrical equipment must be tested and maintained on a regular schedule. According to the Safe Medical Device Act of 1990, the FDA requires device tracking, which requires that hospitals provide information about patients with implanted devices and life-sustaining/life-supporting devices. The institution must report to the manufacturer and the FDA incidents that reasonably suggest the probability that a medical device has caused or contributed to the death, serious injury, illness, or other adverse experience of a patient.

Case Study 2

Harold is still a relatively new surgical technologist. Since passing the national certification examination, he has been working in a large teaching hospital. He loves the work and being at a hospital "on the cutting edge." He is surprised to find out that several of the staff members do not think they should be performing some of the procedures they do. They feel that it is experimenting on human beings.

Instructor note: There are no right/wrong answers to the following questions. Students should be able to make cogent and rational explanations for their opinions.

1. Do you believe health care professionals are required to do everything necessary to save and prolong human life?

   Answers will vary.

2. What is more important: quality or quantity of life? How do you know what quality is?

   Answers will vary.

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3. Is there such a thing as a "right to die"?

   Answers will vary.

4. Does a health care professional have the right to refuse to participate in facility-approved procedures?

   Instructor note: Answer is not found in the textbook; question requires analysis and critical thinking. Answers will vary according to the circumstances. Care must be taken that any objections are voiced immediately upon hire and do not constitute abandonment of your duty, such as when on emergency call. Yes, if the assignment is not within the scope of practice. Otherwise, answer depends on whether this was a newly approved procedure or a procedure approved when the person was hired. Objections must be voiced when hired or first approved; otherwise, the employer's expectations are that all approved procedures at the facility that fall within the job description for the health care professional would be completed as assigned.

5. Describe the purpose of an advance directive. Who should have one made?

   It is a set of written instructions that address the right of an incapacitated patient to self-determination. This directive carries the weight of state law and expresses a patient's wishes about the kinds and the amount of medical treatment provided in the event that the patient can no longer make those types of decisions.

Analyze the Situation

Read each description, then, using the descriptions of errors and incidents that occur in the OR from your textbook, compare and analyze the situation described. Write in the possible error or incident that can occur under the circumstances described.

1. The circulator is busy and is unable to visualize the initial instrument count, so the scrub completes the count alone with the circulator listening. What error can occur?

   Due to an initial miscount, a foreign body can be left in patient secondary to incorrect instrument count. Both must visualize all counts to ensure that all items are there and recorded correctly, both initially and final counts.

2. The scrub prepared his or her setup using the OR schedule, which read "right below-the-knee amputation." During the time out, the circulator states that the consent form indicates that the patient consented to a right above-the-knee amputation. If the scrub does not voice his or her concern about the right or left discrepancy, what error or harm could occur?

   Performance of an incorrect procedure. Any discrepancy between the OR schedule, consent form, or preoperative paper should be resolved during time-out.

3. The surgeon is waiting impatiently for the dropped self-retaining retractor to be retrieved from the autoclave after the "buzzer" indicated a finished run. As the scrub nears the field, the surgeon reaches into the basket and places the instrument in the wound immediately. What harm can occur if the scrub has not immersed the instrument?

   The retractor is hot and could cause a patient burn. The instrument should be cooled prior to use.

4. The scrub forgot to open the marker. When the medications are poured, he or she places a blank sticker on the local anesthetic and the cup lid under the Renografin to mark it. What harm can occur?

   Incorrect drug or incorrect administration. It should be labeled. Medications should be transferred from a labeled container to a labeled container.

5. As the surgeon reaches for the light handle, the scrub notices that it looks like his hand may have touched the unsterile light surface. The scrub is not sure. What harm can occur if nothing is done?

   A postoperative infection can cause harm, including debilitation or death, which can occur secondary to a major break in sterile technique.

Scenarios for Critical Analysis and Review

1. A 45-year-old white male is having a laparoscopic cholecystectomy. The surgeon is unable to control the bleeding on the liver bed, and the abdomen is opened. As the surgical procedure is completed, the circulator notifies the surgeon that the count was correct. On completion of the case, the patient is transported to the post anesthesia care unit (PACU), and the instruments are transported to the sterile processing department. After approximately 15 minutes, the charge nurse, surgical technologist, and circulator for the room are notified that a Rochester-Pean (Kelly) forceps is missing from the tray. After discussion with the team, it is discovered that no initial instrument count was completed. The sponge and needle count was completed. An X-ray is completed showing the Rochester-Pean (Kelly) forceps in the abdomen. He later sues and is awarded damages.

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A. Who is responsible for this situation?

The surgical scrub and the circulator are responsible for notifying the surgeon of the results of the surgical counts. In this case, the surgeon was notified of a correct count. The surgeon relies on the staff to follow policy.

B. What legal principle(s) apply in this situation?

Under the doctrine of the borrowed servant rule, the surgeon is not responsible because the ST and the circulator are completing a routine procedure for which they were properly trained. The doctrine of personal liability would make each person responsible for his or her own actions. Res ipsa loquitur (the thing speaks for itself) applies because the presence of a Rochester-Pean (Kelly) on X-ray is evident. According to the doctrine of the reasonably prudent person, the count should have been performed initially, at closure of the body cavity, and at closure of the skin.

C. What could have been done to prevent this situation?

An initial count for instruments should have been completed. If an additional tray was opened when the laparoscopic case was opened, it should have been counted, or if deemed an emergency, an X-ray taken at the conclusion of the procedure before closure of the abdomen. At the conclusion of the procedure, the instruments should have been counted at closure of the body cavity (peritoneum) and closure of the skin.

2. It is a routine cesarean section. During the surgical procedure, there is a smell of burning flesh. On investigation, the electrosurgical active electrode (Bovie pencil) was accidently activated by the retractor as it lay on the patient's upper thigh, causing a 2-inch burn in the thigh tissue. The patient sues and is awarded damages.

A. Who is responsible for this situation?

The surgical technologist scrub and the surgeon are responsible for the safe usage of the electrosurgical equipment.

B. What legal principle(s) apply to this situation?

The doctrine of foreseeability is the ability to see or know in advance that harm or injury could occur if the electrosurgical unit is accidently activated. The doctrine of personal liability and doctrine of the reasonably prudent person are also applicable. Last, primum non nocere (above all do no harm) and res ipsa loquitur (the thing speaks for itself) apply because harm occurred as a result of the accidental activation of the unit.

C. What could have happened to prevent this situation?

The electrosurgical unit active electrode should be placed in the protective holder when not in use. It is the responsibility of the surgical scrub to remove instruments from the field to prevent accidental injury.

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Chapter 2 Pop Quiz

Name _____ Date _____ Score _____/20

Fill-in-the-Blank (5)

1. The doctrine of _____ indicates that each person is responsible for his or her own actions, even though others may also be liable.
2. When an instrument is seen on X-ray within the abdominal cavity after a surgical procedure, we say that the doctrine of res ipsa loquitur applies, which means _____.
3. The motto of the Association of Surgical Technologists is _____, which means _____.
4. The code by which we try to live is primum non nocere, which means _____.
5. HIPAA is a federal act that protects _____.

Matching (8)

Analyze the action and match the correct potential charge.

_____ a. Abandonment
_____ b. Assault and battery
_____ c. Iatrogenic
_____ d. Invasion of privacy and HIPAA violation
_____ e. Libel
_____ f. Malpractice
_____ g. Negligence
_____ h. Slander

1. As the scrub, you along with the circulator omitted the final count as she was on the phone with the surgeon's answering service. Circumstances rushed you into the next case. The patient later returned in septic shock to have a sponge removed from the wound. What are you and the circulator charged with?
2. The physician asked for the wrong dosage of medication during the procedure. You mentally note that it is an unusual dose, but give it to him anyway, and the patient expires. The medical error resulted in harm to the patient. What type of negligence is this?
3. You are scrubbed in on a case, and during the case, the surgeon insulted you, and you left the room immediately. A bleeder occurred just after you left, and there was a delay in care because there wasn't a scrub person in place. What are you charged with?
4. You made some written notes on the back of the chart when helping the circulator. In the notes, you made the statement that the patient was drunk. This later went to court. Written untrue statements may result in which charges?
5. You were talking in the elevator about the emergency patient who caused the wreck and stated that he was a redneck drug addict. The patient was actually a diabetic, and he was not drunk. You were overheard by a family member; what is the charge?
6. A friend is admitted to the ER. You go online and check his chart to see what happened. Of what charges are you guilty?
7. The time-out was omitted. The consent form was incorrectly completed for the surgical procedure. The patient did not want the surgery performed. The patient made a mark with only one witness. What charges can be filed if an informed consent is not appropriately obtained, even though no harm was done?
8. The electrosurgical unit (ESU) active electrode (pencil) is left on the patient's lap and not returned to the ESU holder. You notice it, but the surgeon clips a bleeder, and you immediately pass a hemostat and then suture. As the surgeon is working to find and clip the bleeder, you place lap sponges, and he packs them away. The assistant is using suction. While you watch, the surgeon asks for a Balfour, and you pass it to him. He then asks for more laps. When you turn back to the field, you find smoke and immediately place a wet towel over the source. Upon exam, there is a 2-inch burn on the patient's leg, which is excised and six stitches placed. What type of injury is this?

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Discussion (7)

1. It is accepted that we are measured by the courts of law to the standard of care that a reasonably prudent person would do under similar circumstances. Describe how you would know what the standard of care is for a reasonably prudent surgical technologist who works in a surgical department in a hospital. What resources are available to you to guide your practice of surgical technology and ensure that you are practicing within your training? (Note: These are the same resources that the court will use.) (3)

2. Discuss the implementation of a neutral zone. What is the primary purpose? Describe at least three characteristics of a neutral zone. (4)

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Answers to Chapter 2 Pop Quiz

Fill-in-the-Blank (5)

1. *Personal liability*
2. *The thing speaks for itself*
3. *Aeger primo—the patient first*
4. *To do no harm*
5. *Personal information, or patient information, or patient confidentiality*

Matching (8)

1. *g*
2. *f*
3. *a*
4. *h*
5. *e*
6. *d*
7. *b*
8. *c*

Discussion (7)

1. It is accepted that we are measured by the courts of law to the standard of care that a reasonably prudent person would do under similar circumstances. Describe how you would know what the standard of care is for a reasonably prudent surgical technologist who works in a surgical department in a hospital. What resources are available to you to guide your practice of surgical technology and ensure that you are practicing within your training? (Note: These are the same resources that the court will use.) (3)

   Answers may vary but should include resources that guide your practice, such as federal law, state law, federal agencies, state agencies, legal precedent (previous court rulings), job description, hospital policies and procedures, professional organizations (Association of Surgical Technologists standards of care and The Joint Commission standards), and expert witnesses in the practice of surgical technology.

2. Discuss the implementation of a neutral zone. What is the primary purpose? Describe at least three characteristics of a neutral zone. (4)

   Answers may vary but should include that the primary purpose of a neutral zone is to reduce sharps and percutaneous injury through the prevention of person-to-person passing/transfer of sharps. Specific strategies include the establishment of a neutral zone, do not hold a neutral zone device if used, place/orient the instrument in the zone in a manner that it is ready to be picked up, move the neutral zone as needed to accommodate the individual surgeon, do not handle sharp ends of a suture needle after use by keeping the sharp end of a suture needle in the jaws of the needle holder, any sharp trocar for drains should be grasped with an instrument, and surgeon returns the sharp to the neutral zone.

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Sample Syllabus Components Related to Chapter 2

Name of Module

Module 2 Standards of Conduct (Note: Module may cover more than one chapter or may cover only a portion of a chapter. A module should be bite-size groups of similar information that achieve three to five course outcomes.)

Student Outcomes

This section should indicate the measurable outcomes for this module. Example: *For satisfactory completion of the course, the student will have completed all assignments of the course and achieve 74 percent or greater on the final exam. Upon satisfactory completion of this module, the student will be able to:*

1. *Analyze the legal concepts that pertain to surgical technology.*
2. *Interpret the legal responsibilities of the certified surgical technologist,*
3. *Compare and contrast criminal and civil liabilities and the consequences of these acts.*
4. *Analyze the American Hospital Association's Patient Care Partnership.*
5. *Describe the need for professional liability insurance policies.*
6. *Analyze the key elements related to the development of a surgical conscience.*

Objectives

This information should outline what key information is necessary for the student to complete the outcomes successfully. It can also be used for the student to identify what information he or she will be tested on. For accreditation or your state/institution purposes: This section may not be required in the syllabus but must be available in the lesson plans or outlines/modules for the course, to indicate in more detail what is covered in the course.

Example

Upon completion of the module the learner will:

1. *Analyze major concepts inherent in professional practice law.*
2. *Analyze the informed consent process and describe the procedure for obtaining the consent for surgery.*
3. *Describe the process of documentation in surgery and the relationship to patient care.*
4. *Interpret the legal responsibilities of the surgical technologist and other surgical team members.*
5. *Analyze the role of morality during ethical decision-making.*
6. *Analyze the American Hospital Association's Patient Care Partnership (formerly Patient Bill of Rights).*
7. *Cite examples of ethical situations and problems in the health profession.*
8. *Apply principles of problem solving in ethical decision-making.*
9. *Analyze the surgical technologist's Code of Ethics developed by the AST. Develop an increased sensitivity to the influence of ethics in professional practice.*
10. *Analyze the key elements related to developing a surgical conscience.*
11. *Analyze scope of practice issues as they relate to surgical technology.*
12. *Assess the resources that aid the surgical technologist in interpreting and following professional standards of conduct.*
13. *Describe the credentialing and accreditation process and the importance to public health.*
14. *Analyze the HIPAA requirements and describe the implications for practice.*
15. *Evaluate the role of the risk management department in health care facilities.*
16. *Assess errors that may occur in the operating room and devise a plan for investigation, correction, and notification.*
17. *Describe the need for professional liability insurance policies.*

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References (List all required references that will help students complete the module.)

Example

1. *Surgical Technology for the Surgical Technologist, 4th ed.; Cengage Learning; Chapter 2*
2. *Study Guide to Accompany Surgical Technology for the Surgical Technologist,4th ed.; Chapter 2*
3. *Any other source to complete assignments such as Internet and handouts.*

Assignments (List assignments that will prepare the student to meet the outcomes.)

Example

1. *Read Chapter 2 of the textbook.*
2. *Complete Chapter 2 of the Study Guide and submit _____.*
3. *Complete research assignment on page ____ at the end of this module and submit _____.*
4. *Attend lecture and complete in-class assignment. If absent, view the PowerPoint presentation, view _____ video, and complete a one-page report on _____ topics emphasized in class assignment or guest speaker. Due within three days of returning to class.*
5. *Attend field trip visit to _____ and complete the field trip assignment located on page _____ and submit _____.*

Outline Optional (Topical Outline): You may include a broad outline with space for taking lecture notes denoting areas of emphasis or a detailed outline highlighting specific information emphasized in lecture. Other means include a PowerPoint presentation outline or a PowerPoint handout of the slides.

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Sample Lesson Plan

Major Topics to Cover

1. Analyze major concepts inherent in professional practice law.
2. Interpret the legal responsibilities of the surgical technologist and other surgical team members.
3. Analyze the American Hospital Association's Patient Care Partnership.
4. Analyze the role of morality during ethical decision-making.
5. Cite examples of ethical situations and problems in the health professions.
6. Apply principles of problem solving in ethical decision-making.
7. Develop an increased sensitivity to the influence of ethics in professional practice.
8. Assess errors that may occur in the operating room and devise a plan for investigation, correction, and notification.
9. Analyze scope of practice issues as they relate to surgical technology.
10. Assess the resources that aid the surgical technologist in interpreting and following professional standards of conduct.
11. Evaluate the role of the risk management department in the health care facility.
12. Describe the need for professional liability insurance policies.

Materials and Resources

- Textbook: *AST's Surgical Technology for the Surgical Technologist*, 4th edition.
- Chapter 2 Study Guide/Lab Book (SG).
- Instructor's Manual (IM) Chapter 2 Research Ideas, Classroom Discussion, or Activities; copies of blank incident reports and/or consent forms.
- Computer and projecting equipment for PowerPoint slides.
- Internet access (standards of practice: www.ast.org or ethics U.S. Department of Health and Human Services: www.dhhs.gov)
- Handouts: Standards of Practice and Ethics for Surgical Technology (may order from professional organization).
- Whiteboard or other mechanism to write on during lecture.
- Syllabus and/or module outline.
- Accompanying available audiovisuals and player: DVD The Profession of Surgical Technology by AST if not already viewed.

Other: _____

_____

Lesson Preparations

1. Assign chapter reading in advance.
2. Choose and assign homework assignments such as Study Guide, textbook questions, or individual/group research (IM) project.
3. Arrange guest speakers(s) (risk manager or lawyer).
4. Prepare lecture outline.
5. Prepare class discussion or activities (IM) such as games, case study discussion, and skit/role- playing.
6. Prepare method(s) of presentation: PowerPoint and AV.
7. Prepare a pretest and/or post-test.

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Web and Textbook Resources

1. AST Standards of Practice: *http://www.ast.org/educators/standards.aspx*.
2. Bureau of Labor Statistics, U.S. Department of Labor: *http://www.bls.gov/oco/ocos106.htm*.
3. AST Association Information and Code of Ethics: *http://www.ast.org/aboutus/about_ast.aspx*.
4. Ethics Resource Center: *http://www.ethics.org/resource/plus-decision-making-model*.
5. *Ethics, Legal Issues and Professionalism in Surgical Technology* by Julia A. Jackson and Ellen Jackson
6. *Risk Management in Health Care Institutions: A Strategic Approach* by Florence Kavaler and Allen D. Spiegel
7. The Joint Commission, Sentinel Event Statistics: *http://www.jointcommission.org/SentinelEvents/Statistics/*

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Ethics for the Surgical Technologist Handout

Aeger primo – The patient first.
Primum non nocere – Above all, do no harm
Surgical conscience can be summarized in seven pictograms: The ST performing the scrub role is primarily responsible for maintaining the sterile field.

1. The Golden Rule: Treat every patient as you would your best loved one. Respect, kindness, patiently.

2. Questionable? If in doubt, throw it out. Practice strict aseptic technique.

3. No matter who is or is not watching, always do the right thing immediately.

4. Critical thinking requires knowledge and focused observation.

5. Guard your patient's sterile field assertively and quickly.

6. It is a team effort. Know the goal: to keep microbes at their absolute irreducible minimum. Therefore, transfer with care.

7. Sterile technique requires black-and-white decisions that are made instantaneously. Either it is sterile, or it isn't. The appropriate corrective action must be initiated immediately in an assertive manner. Seconds count to control the amount of contamination.

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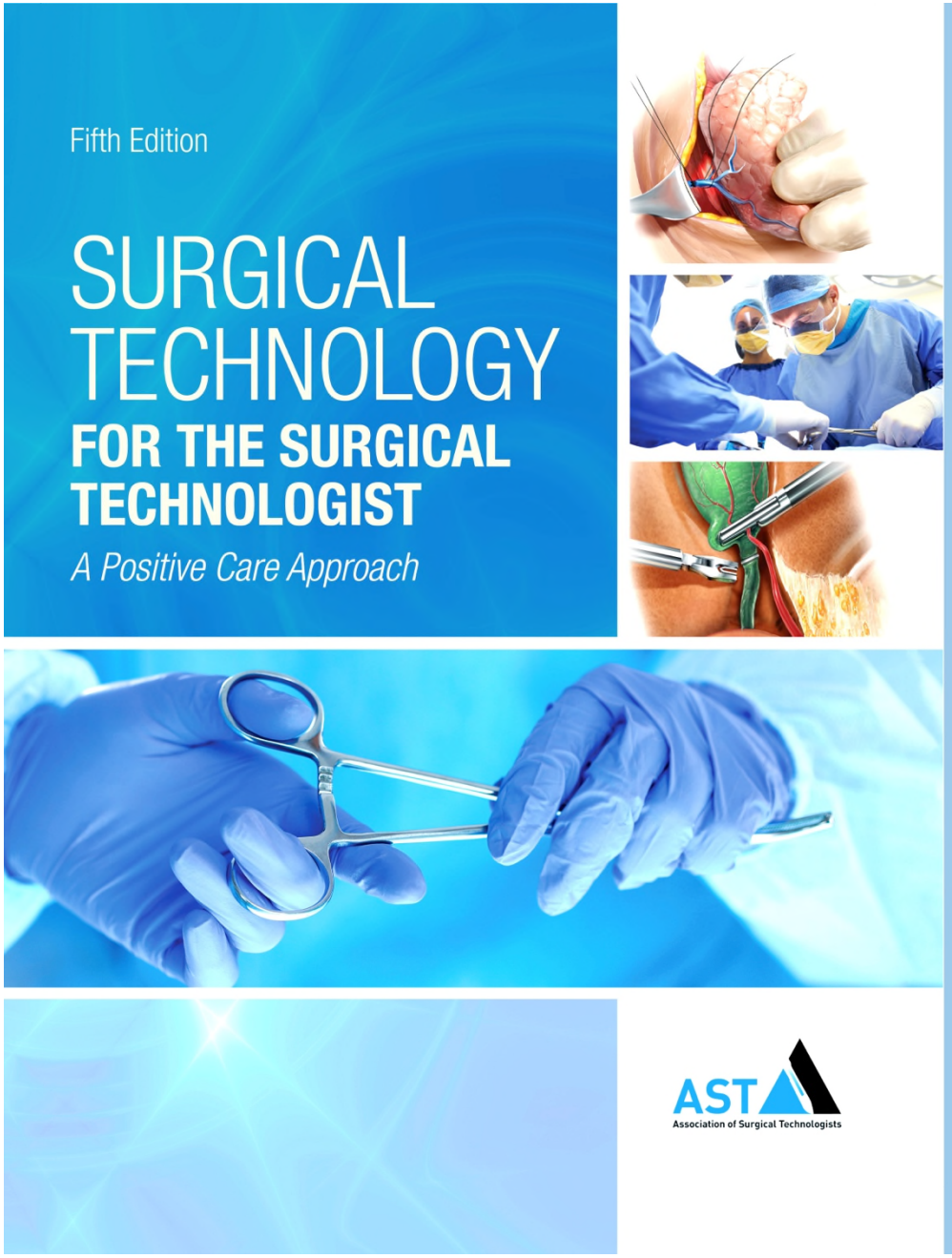

CHAPTER 2

Legal Concepts, Risk Management, and Ethical Issues

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Objectives (Slide1 of 4)

- After studying this chapter, you will be able to:
  - Analyze the concepts of law
  - Interpret the legal responsibilities of the surgical technologist and other surgical team members
  - Compare and contrast criminal and civil liabilities and the consequences for these acts

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Objectives (Slide 2 of 4)

- Analyze the American Hospital Association's Patient Care Partnership
- Describe the need for professional liability insurance policies
- Analyze the key elements related to developing a surgical conscience
- Assess the resources that aid the surgical technologist in interpreting and following professional standards of conduct

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Objectives (Slide 3 of 4)

- Develop an increased sensitivity to the influence of ethics in professional practice
- Analyze the role of morality during ethical decision making
- Cite examples of ethical situations and problems in the health professions
- Analyze scope of practice issues as they relate to surgical technology

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Objectives (Slide 4 of 4)

- Interpret prevention, correction, and documentation techniques that may positively affect risk management issues
- Analyze the recommended practices and legal elements of proper documentation
- Apply principles of problem solving in ethical decision making
- Assess errors that may occur in the operating room and devise a plan for investigation, correction, and notification

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Legal Issues

- Health care environment
- Considerable agreement over basic values
- Reflected in laws, standards, and guidelines
- Reflected in the AHA Patient Care Partnership
- Definitions of legal terms, doctrines, and traditional principles

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Torts (Slide 1 of 3)

- Describes any civil wrong independent of a contract and provides a remedy in the form of an action for damages
- Intentional torts
  - Willful and violate the civil rights of a patient
  - Assault and battery
  - Defamation
  - False imprisonment
  - Intentional infliction of emotional distress
  - Invasion of privacy

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Torts (Slide 2 of 3)

- Unintentional torts
  - Most common types of patient care errors
  - Include negligence and malpractice
  - Negligence:
    - Must prove the defendant had a duty to the plaintiff
    - Defendant breached that duty
    - Defendant conduct was the cause of the harm to the plaintiff
    - Plaintiff was actually harmed

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Torts (Slide 3 of 3)

- Unintentional torts (con't)
  - Examples of negligence
    - Patient misidentification
    - Performing an incorrect procedure
    - Foreign bodies left in patients
    - Patient burns
    - Falls or positioning errors
    - Improper handling, identification, or loss of specimens

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Consent for Surgery (Slide 1 of 9)

- *Consent*
  - Refers to permission being given for an action
- Proper consent
  - Requires the party granting permission has the capability and authority to do so
  - Presumes at least two individuals are involved: recipient and person performing the action
  - Expressed or implied

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Consent for Surgery (Slide 2 of 9)

- Informed Consent
  - "An agreement or permission accompanied by full notice about what is being consented to"
  - Guarantees the patient is aware of his or her condition, the proposed intervention, risks, and variables
  - Surgeon is responsible for securing written informed consent

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Consent for Surgery (Slide 3 of 9)

- Informed consent (con't)
  - Required conditions
    - Information must be understandable
    - There can be no coercion or intimidation
    - Proposed surgical procedure or treatment must be explained
    - Potential risks, benefits, and complications must be explained
    - Alternative therapies and their risks and benefits must be explained

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Consent for Surgery (Slide 4 of 9)

- Informed consent (con't)
  - Provisions
    - Patient's legal name and surgeon's name
    - Procedure to be performed, including side if applicable
    - Risks of anesthesia and procedure including complications
    - Patient's legal signature
    - Signature of witness(es)
    - Date and time of signatures

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Consent for Surgery (Slide 5 of 9)

- Informed Consent (con't)
  - Required patient conditions
    - Of legal age or a legally emancipated minor
    - Mentally alert
    - Legally competent
    - Not under the influence of alcohol or drugs
  - Must be singed prior to entry into surgery or the treatment area

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Consent for Surgery (Slide 6 of 9)

- Informed consent (con't)
  - Methods for securing consent
    - Telephone
    - Electronic
    - Administrative
    - Agreement of two consenting physicians
  - Implied consent is never the preferred option, only in emergency situation
  - Patients have the right to change their mind and withdraw at any time

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Consent for Surgery (Slide 7 of 9)

- Documentation
  - Placing of information into a patient's medical record or chart
  - Medical record components
    - Identification of the patient, physician(s), nurse(s), and other health care providers
    - Medical history and physical examination
    - Diagnosis, treatment plan, details, and results
    - Physical findings during the hospital stay

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Consent for Surgery (Slide 8 of 9)

- Sentinel Event/Incident Report
  - Risk management: effort to collect and use data to decrease the chance of harm to patients and staff or damage to property
  - Events that would require reporting: falls, medication errors, intraoperative burns, and loss of specimens
- Advance Directive
  - Set of written instructions that address the right of an incapacitated patient to self-determination

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Consent for Surgery (Slide 9 of 9)

- AHA Patient Care Partnership
  - Patient's Bill of Rights
  - Patient Care Partnership
    - Replaced Patient's Bill of Rights
    - Contains plainer language
    - Six expectations, rights and responsibilities
    - Reinforced in *The Patient Self-Determination Act of 1990*

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Risk Management and Liability (Slide 1 of 7)

- Risk management
  - Minimize risks
  - Avoid or control financial loss
  - Identify causes of accidents
  - Implement programs, policies, and procedures
  - Collect and use data to decrease harm
- Issues that impact management policies: staffing and employee rights

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Risk Management and Liability (Slide 2 of 7)

- Medical Errors
  - More people die annually from medical errors then from car accidents
  - Technology: best weapon
    - Examples: bar-coded medications, identification strips, and computer drug order-entry systems
    - Written policies and procedures, standard precautions

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Risk Management and Liability (Slide 3 of 7)

- The Safe Medical Device Act
  - Expanded U.S. Food and Drug Administration's authority to regulate medical devices
  - Requires hospitals and distributors and manufacturers of devices to cooperate in implementing methods of device tracking
  - Requires medical device users to report incidents that suggest probability of adverse reactions

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Risk Management and Liability (Slide 4 of 7)

- Managing Patient and Employee Injuries
  - Injury is immediately reported
  - Individual is rendered medical treatment if necessary
  - Reports and documentation
    - Contributes to implementation of controls
    - Serves as legal documentation

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Risk Management and Liability (Slide 5 of 7)

- Malpractice Insurance
  - Hospital employees who commit negligent acts
    - Typically covered by facility insurance polices
  - Professional liability insurance
    - Should be carried by all practicing surgical technologists and surgical assistants

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Risk Management and Liability (Slide 6 of 7)

- Health Insurance Portability and Accountability Act (HIPAA)
  - First federal act to establish privacy standards to protect patients' medical records and other health-related information
  - Standards developed by the Department of Health and Human Services
  - Provides patients with easy access to their medical records and more control over how personal health information is disclosed

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Risk Management and Liability (Slide 7 of 7)

- HIPAA (con't)
  - Key provisions of the standards
    - Access to medical records
    - Notice of privacy practices
    - Limits on use of personal medical information
    - Prohibition on marketing
    - Confidential communications
    - Complaints

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Ethical and Moral Issues (Slide 1 of 5)

- Ethics
  - What is good for the individual and for society
  - Establishes the nature of duties that people owe themselves and one another
  - System of moral principles and rules
- Morality
  - Dictates codes of conduct
  - Guide to behavior

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Ethical and Moral Issues (Slide 2 of 5)

- Moral Principles
  - Guides for ethical decision making
    - Include concern that we have for the well-being of others and respect for their autonomy
    - Include basic justice, prevention of harm, and refusal to take unfair advantage
    - Impartiality, objectivity, duty of care, confidentiality and full disclosure

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Ethical and Moral Issues (Slide 3 of 5)

- Elements of ethical decision making
  - What makes a “right act” right?
  - To whom is moral duty owed?
  - What “kinds” of acts are right?
  - What is the relationship between specific situations and ethical principles or guidelines?
  - What action is to be taken in the situation at hand?

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Ethical and Moral Issues (Slide 4 of 5)

- Elements of ethical decision making (con't)
  - Factors:
    - Personal values
    - Accountability for one's actions
    - Religious beliefs
    - Cultural beliefs
    - Corporate integrity
    - Method(s) of problem solving

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Ethical and Moral Issues (Slide 5 of 5)

- Professional Codes of Conduct
  - Most professions have adopted highly detailed codes of conduct and methods for enforcement of breaches of those codes
    - Known as professional ethics or legal ethics
  - AST has established a Code of Ethics
    - Provides guidelines for the surgical technologist

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Scope of Practice (Slide 1 of 3)

- Identifies knowledge and skills to provide effective and reliable services
  - For health care providers, this refers to those services for which the provider is accountable
- Sources
  - Federal law and federal agencies
  - State law and regulations
  - Hospital policy and professional organizations

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Scope of Practice (Slide 2 of 3)

- Credentialing
  - Establishes a minimum knowledge base for a given health care profession
  - Many types
    - Registration
    - Certification
    - Licensure

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Scope of Practice (Slide 3 of 3)

- Accreditation and Core Curriculum
  - Contributes to protection of the public by assessing educational programs for their quality and effectiveness in educating and training students
  - Important indicator for employers who are evaluating credentials of a potential employee
  - Programs base their curriculum on the *Core Curriculum for Surgical Technology*

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Summary

- This chapter reviewed:
  - Concepts of law
  - Legal responsibilities
  - Criminal and civil liabilities
  - Insurance policies
  - Ethics in professional practice
  - Scope of practice issues
  - Principles of problem solving in ethical decision making

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