## ANA Code of Ethics for Nurses at Vanderbilt Hospitals and Clinics

The ANA Code of Ethics outlines principles of professional nursing behavior. Policies, procedures and programs are in place to support and assure adherence to the Code of Ethics.

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<th>The ANA Code of Ethics</th>
<th>How the Code lives at Vanderbilt</th>
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<td><strong>The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.</strong></td>
<td>Respect for patients, families and colleagues, the cornerstone of the Code of Ethics, is one of the Credo behaviors at Vanderbilt. During the interview process nurses learn about our patient populations and are enabled to make a choice and a commitment to practice with respect for all. During annual performance appraisal nurses self-evaluate and provide examples of how they demonstrated adherence to the Credo behaviors. Respect for all coworkers in our diverse interdisciplinary teams is also part of our credo behaviors and annual evaluation.</td>
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<td><strong>The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.</strong></td>
<td>The first of our Credo behaviors states “I make those I serve my highest priority.” The essence of nursing focuses on their primary commitment to the patient and is a fundamental expectation of nurses in our organization. Each nurse is expected to resolve any problem that a patient or family may encounter. Resolution may require complex problem solving efforts or communication of concerns or needs along the appropriate chain of command. Nurses are enabled to communicate concerns without fear of recrimination. [Service Recovery Policy OP 10-10.25] Nurses answer questions posed by patients and families to promote learning, ensure understanding and facilitate decision making. Nurses share facts as appropriate or seek the help of other team members with expertise. During medical center orientation, nurses and other staff receive a copy of our conflict of interest policy and sign the agreement to disclose any real or potential conflict of interest. The conflict of interest agreement is reviewed and signed annually to assure other relationships or commitments don’t interfere with nurses’ obligation to the patient. Nursing managers and administrators are supported in making decisions based on what is right for patients and families.</td>
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<td><strong>The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.</strong></td>
<td>Our Credo establishes the promotion of health and well being of all patients who seek care at Vanderbilt as a primary service behavior. Nursing responsibility to promote, advocate and protect the health, safety and rights of the patient are based upon our philosophy of nursing and our bylaws. Our nursing job descriptions and performance standards support this accountability.</td>
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We have clear guidelines for the protection of patient information. These guidelines apply to all members of the health care team, including nurses. Due to the intimate nature of the nurse-patient-family relationship, nurses may be the recipient of confidential information. Nurses understand their obligation to protect patients’ confidentiality rights unless the information impacts their care or safety.

Research involving human subjects has IRB approval, which includes nurses. Nurses also participate in the Ethics Board for our medical center. Assisting to assure patients rights are protected, our compliance hotline allows nurses or other team members to anonymously report incompetent, unethical, illegal, or impaired practice behavior or situations.

Teams from many clinical areas have participated in Crew Management training over the past two years. When faced with an immediate threat to patient health, safety or rights, the expectation created by crew training supports each team member in bringing the team’s attention to a problem.

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<th>The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.</th>
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<td>Each nurse is accountable for individual practice in accordance with the Tennessee rules and regulations for registered and licensed practical nurses, professional standards and ethical codes. Competence to provide care for patients is established during a nurse’s orientation and evaluated continuously. On-going competency assessment is the responsibility of designated charge nurses, unit based educators, RN 3s and 4s and front-line nurse managers. Nurses also learn the roles of other team members during orientation, in order to appropriately delegate tasks to other care providers.</td>
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| | • Occupational Health/Employee Assistance  
| | • Nurse Wellness  
| | • Personal protective equipment  
| | • (Smooth Moves) Equipment to assist moving patients  
| | • HealthPlus  
| | • Dayani Center |

Organizational guidelines limit the number of hours nurses are permitted to work per day and per
Week. Nurses have a duty to practice consistently with their personal and professional values. Nurses may seek reassignment from patient care situations that conflict with their personal beliefs. Nurses at Vanderbilt are not required to work in an area that performs procedures to which they conscientiously object.

A key Credo behavior states “we continuously evaluate and improve our performance.” Our philosophy of nursing describes the accountability of nurses across the organization for practice in accordance with recognized professional standards and codes. Nurses who transfer to an area where patient care requires new or different skills complete a unit-specific orientation. Nurses demonstrate competency in performing specific skills and complete a formal self-evaluation annually. On a continuous basis, each nurse is expected to identify any shortfall in knowledge or skill and seek assistance.

Nurses have many opportunities for personal and professional development within and externally to our organization. Tuition support is available for nurses completing their BSN or pursuing a Master’s degree. Flexible schedules allow staff to pursue professional development. Internal continuing education is available through the Learning Center, the VUSN Center for Life Long Learning and through attendance at conferences and grand rounds offered by many departments, including the School of Medicine. Patient Care Centers budget for external continuing education. Nurses are encouraged and supported to submit paper/poster applications in order to present at external conferences.

The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

Our shared governance structure provides the mechanism for nurses to participate in decision making regarding patient care and work life issues. It is also the mechanism which supports nurses in providing input to administrative leadership with regard to improvements in either the health care environment or employment conditions. Shared governance is practiced across the organization and at all levels of nursing.

The Staff Nurse Council brings together direct care nurses from across the organization. They provide vital feedback on new programs and existing issues. In addition, the group is a rich source of new ideas for consideration. An example of the collective wisdom of the Staff Council led to safer walkways for nurses leading to parking areas.

Our model for planning and completing renovation and new construction includes nurses as key members of the interdisciplinary team. Nurses are involved in all facets of the process to assure an environment conducive to the provision of high quality care.

Feedback from staff satisfaction surveys led to the development of four strategic committees focused on conditions of employment. They are the Quality of Work Life, Total Compensation, Diversity and Recruitment Committees. Nurses participate on each of these committees.
The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

Direct care nurses and front-line nursing leaders participate on the interdisciplinary Clinical Practice Committee. The committee uses evidence for the practice of professional nursing to review or develop our clinical practice guidelines. Nurses at all levels participate in local, national and international organizations to advance professional practice, as is evidenced throughout this document.

Nursing students from programs throughout middle Tennessee work with Vanderbilt nurses in clinical practicums. In addition, nurse externs (students between their junior and senior years of nursing school) work with professional nurses for eight weeks in the summer. New nurses work with preceptors, who are expert clinical care givers and coaches. Nurses in educator and preceptor roles assure that those they work with possess the knowledge and skills essential for professional practice.

The Staff Nurse Council provides input on administrative practices and policies. For example, the nursing tuition support policy was revised to decrease the wait time for eligibility, based on the recommendations of the council.

The Research Internship is available to direct care nurses who seek to advance professional practice through the generation of new knowledge. In addition, nurses across the organization present papers and posters at professional conferences and write for publication.

The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

Vanderbilt is a prosperous organization with rich intellectual, physical and financial resources that enable us to play a key role in promoting community, national and international health. Our nurses are empowered and supported to be active in their communities, our country and the world to address health concerns. For example, nurses have staffed school health clinics and provided training for parent volunteers in the clinics. Efforts described in greater detail throughout this narrative which illustrate community care include seat belt safety and motorcycle helmet legislation. Our nurses participate with churches and national organizations such as the American Heart Association, the American Kidney Foundation and many others to raise funds, provide screening exams and provide leadership.

During both regional and national disasters, our nurses have responded to the health needs of affected populations. Burn Center nurses traveled to New York City in response to the terrorist attacks of September 2001 and to Rhode Island following the night club fire that killed 98 people in February 2003. After both the tsunami disaster of late 2004 and Hurricane Katrina in 2005, nurses participated in fund raising activities. The primary care needs of impoverished Hondurans are attended to annually by a group of our nurses. Vanderbilt staff, including nurses, participates in
The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Through participation in professional associations, our nurses articulate nursing values, maintain the integrity of our profession and shape social policy. For example, at the Tennessee Hospital Association, our nurse members were able to submit the names of two Vanderbilt nurses as participants in the Johnson & Johnson campaign for nurses – speaking on nursing values. The Tennessee Nurses’ Association regularly deals with issues of professional integrity and scope of practice such as blood product administration by licensed practical nurses and moderate sedation. Our nurses impact the discussion of such issues as active members of the TNA. The Tennessee Organization of Nurse Executives (TONE) also helps us to communicate nursing’s values and maintain professional standards within organizations across the state.

When the state legislature debated the reform of TennCare and the revocation of the motorcycle helmet law, two social policy issues with significant public health implications, Vanderbilt nurses were active in influencing legislators. Emergency department nurses testified in support of sustaining the existing helmet law. Our healthcare lobbyist regularly seeks input of nurses to confirm and articulate nursing values related to healthcare legislation impacting accessibility, quality and the cost of healthcare.