Professional Caring and Ethical Practice

AACN Synergy Model, ethics and moral distress, consent and capacity, team communication, delegation, safety culture, evidence-based practice, teaching and response to diversity

SYNERGY MODEL: PATIENT CHARACTERISTICS

AACN core idea: the patient's needs decide which nurse competencies are required. When the nurse's competencies match the patient's characteristics, synergy occurs and outcomes are best. Each characteristic is scored at level 1, 3 or 5; level 1 is the end that needs the most nursing (Swickard 2014).

CHARACTERISTIC	MEANS
Resiliency	Bouncing back after an insult with compensatory and coping reserves
Vulnerability	Susceptibility to actual or potential stressors
Stability	Keeping a steady-state equilibrium
Complexity	Entanglement of two or more systems
Resource availability	Technical, fiscal, personal, psychological and social resources brought
Participation in care	How much patient and family do care
Participation in decision-making	How much patient and family engage in decisions
Predictability	How well the course can be anticipated

SYNERGY MODEL: NURSE COMPETENCIES

COMPETENCY	MEANS
Clinical judgment	Clinical reasoning, decision-making, critical thinking
Advocacy and moral agency	Acting on the patient's, family's and staff's behalf; resolving ethical concerns
Caring practices	Compassionate, therapeutic environment; vigilance and engagement
Collaboration	Working with patients, families and the team toward realistic goals
Systems thinking	Managing resources within and across systems
Response to diversity	Recognizing, appreciating and incorporating differences
Facilitation of learning	Helping patients, families and staff learn
Clinical inquiry	Questioning and evaluating practice; using research

EXAM TIP Level 1 follows protocols; level 3 questions them and tailors care; level 5 individualizes, anticipates and works across systems.

ETHICAL PRINCIPLES

PRINCIPLE	MEANING
Autonomy	Self-determination by a person with capacity
Beneficence	Act for the patient's good
Nonmaleficence	Avoid or minimize harm
Justice	Fair allocation of resources and care
Veracity	Truth-telling, including about errors
Fidelity	Keeping promises
Paternalism (avoid)	Overriding a choice for the patient's supposed good

ANA Code of Ethics 2025: ten provisions; the nurse's primary commitment is to the patient.

ADVOCACY AND MORAL DISTRESS

- Unsafe order: hold it, state the data (SBAR), involve the pharmacist, go up the chain of command.
- Provider will not come: restate, then charge nurse, supervisor, attending, rapid response. Staff worry alone is a trigger.
- No time-out before a bedside procedure: stop until it is done.
- Moral distress: you know the right action but outside constraints block it. Burnout and compassion fatigue: cumulative exhaustion, no specific ethical conflict.
- Conscience-based objection: about an act, never the patient; tell the appropriate authority in advance so other care is arranged.

CONSENT, CAPACITY AND REFUSAL

SITUATION	NURSE ACTION
Capacity?	Understands, appreciates, reasons, states a consistent choice; decision-specific
Signed but did not understand	Hold; ask the provider to return and explain
Witness signature	Patient's own signature, given freely, apparently with capacity
No surrogate, life threat	Implied emergency consent unless a valid refusal is known
Capable refusal	Explore, explain risks, notify, document; never treat once sedated
Family asks to hide a diagnosis	Ask the patient how much they want to know
Research, sedated patient	IRB approval plus a legally authorized representative's consent

Malpractice needs duty, breach, causation and harm; legal terms are on Legal and Ethical Terms (RN Basics).

TEAM COMMUNICATION (TEAMSTEPPS)

TOOL	USE
SBAR	Situation, Background, Assessment, Recommendation: say what you need
I-PASS	Structured handoff ending in synthesis by the receiver
Closed loop	Repeat the order back, then report it done
Call-out	Critical data to the whole team at once
CUS, two-challenge	Concerned, Uncomfortable, Safety issue; say it twice, then escalate
DESC	Private conflict talk: Describe, Express, Suggest, Consequences
Brief, huddle, debrief	Plan at start; re-plan on change; review after

DELEGATION

- Five rights: task, circumstance (stable patient), person, directions and communication, supervision and evaluation.
- Give patient-specific directions: what to measure, when, and values to report at once.
- Assessment, teaching, planning, evaluation and clinical judgment stay with the RN.
- Patient changes mid-task: the RN goes to assess before the task continues.

EVIDENCE-BASED PRACTICE

CONCEPT	WHAT TO KNOW
EBP	Evidence plus clinical expertise plus patient preferences
PICOT	Population, Intervention, Comparison, Outcome, Time
Research vs QI	Research is generalizable and needs IRB review; QI improves local processes
AACN levels	A meta-analysis; B controlled studies; C qualitative, descriptive or inconsistent RCTs; D standards; E case reports or opinion; M manufacturer
p value	Under 0.05 is significant but says nothing about effect size
95% CI	Includes 1 for a ratio: the effect may be none
NNT	1 divided by ARR (control rate minus treated rate)

Sources (32) are listed with links at icubasics.com/sheets/professional-caring-ethics.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. ICU Basics is an independent study aid not affiliated with any certifying body.