

Career Cornerstones: Establishing a Foundation for a Career in Healthcare

Career Cornerstones: Establishing a Foundation for a Career in Healthcare

KATHERINE GREENE AND ANDREA NELSON

University of West Florida Pressbooks
Pensacola, FL



Career Cornerstones: Establishing a Foundation for a Career in Healthcare Copyright © 2023 by Katherine Greene and Andrea Nelson is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License, except where otherwise noted.

Contents

Introduction	1
Acknowledgements	2
Chapter 1: Scholarly Research Skills	5
Chapter 2: Academic Writing and Integrity	19
Chapter 3: Healthcare Careers	35
Chapter 4: Job Skills	45
Chapter 5: Ethics	65
Chapter 6: Professionalism	81
Chapter 7: Communication in Healthcare	105
Chapter 8: Life Management	121
Appendix A: Tables	137
Appendix B: Image Credits	149
Appendix C: Offline Copies of Test Yourself Quizzes	153

Introduction

Welcome to *Career Cornerstones: Establishing a Foundation for a Career in Healthcare*. This book was created for students entering their respective health profession's program. This book is designed to help students be successful not only in their health profession's educational program, but also as they start to intern or work in healthcare settings.

HOW OPEN EDUCATIONAL RESOURCES (OER) WORK

This book has been adapted from multiple OER resources. You can find out information regarding all of the resources utilized in this book at the end of every chapter in the "References and Attributions" sections.

Students: This OER book has interactive content is built into each chapter that is available only in the online format. If using a PDF copy or EPUB version of this book, you will be directed to a hyperlink to access the interactive content. At the end of each chapter is a vocabulary list of associated terms related to chapter's content. The interactive reinforcement activities may require you to click, drag and drop, and/or watch videos.

Faculty and teaching staff: While this OER book was curated and created for Healthcare Administration, Health Sciences, and Pre-Professional students, our hope is that you will take this OER and customize it for your program and share again.

Career Cornerstones: Establishing a Foundation for a Career in Healthcare citation:

Nelson, A., & Greene, K. (2023). *Career Cornerstones: Establishing a Foundation for a Career in Healthcare*. University of West Florida Pressbooks. <https://pressbooks.uwf.edu/healthcarecareerfoundations>

This OER book is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License, except where otherwise noted.

***Other formats available upon request

Acknowledgements

This is our second Open Educational Resource (OER) with *Pressbooks*. After seeing how greatly our previous OER book, *Medical Terminology for Healthcare Professions*, was received by our students along with the incredible textbook cost savings of having a free OER, we decided to make another OER for the cornerstone course in the University of West Florida's (UWF) Health Sciences and Administration Program. For this OER, we were pleased to receive an ACE (Adapt, Create, Engage) Award to develop this book sponsored by the UWF Library and the UWF Center for Teaching Learning and Technology. Once again we were lucky to have our Health Sciences librarian, Cindy Gruwell, serve as our mentor and advisor. We are so happy that the creation of this book will save our students here, and elsewhere, on textbook costs while also allowing them to have continued access to this book after their course ends.

Andrea M. Nelson, PT, DPT, CLT, GCS Emeritus, University of West Florida

anelson@uwf.edu

Katherine Greene, MPH, University of West Florida

kgreene2@uwf.edu

THANKS AND GRATITUDE

We give our biggest thanks and appreciation to all of the authors from which our OER book was adapted. Since this list is very long, we decided to include these attributions at the end of each corresponding chapter.

We very thankful for the support from the University of West Florida's Division of Academic Affairs for encouraging OER material creation and adoption on campus. We especially would like to thank our current Provost **Dr. Gary Liguori**, our former Provost **Dr. George Ellenberg**, and our current Vice-Provost **Dr. Michelle Williams**, for supporting OERs and allowing the ACE award to be established.

We wish to thank **Stephanie Clark**, Dean of Libraries at the University of West Florida, for encouraging faculty to create and use OER materials in their courses, for establishing a relationship with *Pressbooks* and for establishing the ACE award for OER development at UWF.

We also wish to thank **Michelle Horton**, Executive Director of the University of West Florida's Center for Teaching, Learning, and Technology, for partnering with the UWF Library in the development of the ACE award for OER development.

We extend our gratitude to **Cindy Gruwell**, Associate Librarian/Coordinator of Scholarly Communication and Health Sciences Librarian at the University of West Florida, for all of her support, assistance, and guidance through the process of revising, updating, and publishing our OER book.

We appreciate the support of **Angela Hahn**, Chair of the Health Sciences and Administration Department at the University of West Florida, in taking on this project to lessen textbook costs for students across campus taking our cornerstone course, Career Essentials for Healthcare.

We sincerely appreciate the talent of **Samantha Anderson**, Graduate Assistant in the Health Sciences and Administration Department at the University of West Florida, with the creation of H5P activities within the book and editing assistance.

We are very thankful for the peer review and editorial suggestions from **Amy DuncKel**, Physical Therapist and Adjunct Instructor in the Health Sciences and Administration Department at the University of West Florida.

We appreciate the assistance of **Sara Kent**, Director of Operations for the Center for Behavioral Analysis at the University of West Florida, with sharing her knowledge of the field of Applied Behavior Analysis.

We would also like to thank **Karen Valaitis**, Clinical Assistant Professor in the Health Sciences and Administration Department at the University of West Florida, for her continued advocacy and push in our department for adopting OER materials for our students.

Lastly, we would like to acknowledge **Denise Seabert**, Dean of the College of Health and Human Services at Fresno State University. Without her encouragement, we would not have been brought together. We truly appreciate all that you have done for both of us.

Chapter 1: Scholarly Research Skills

Learning Objectives

- Ascertain the value of evidence-based research.
- Identify appropriate search skills to locate a peer-reviewed article.
- Determine what a keyword is and why it is a more effective way to search.

INTRODUCTION

No matter what academic subjects you study, at some point you will need to conduct research. Even if your coursework does not require formal, documented research, it will, at minimum, include regular research behaviors. Every day, whether deciding which movie to watch or choosing a new technology product, everyone participates in basic, informal research behaviors: a process of seeking information, testing it against other forms of collected information, and analyzing as much “data” as possible before making decisions or being persuaded. Although more formal, the same process applies to scholarly writing.

Chapter Resources

[Key Takeaways](#)[Vocabulary](#)[Test Yourself](#)

THE IMPORTANCE OF EVIDENCE

Most of the assignments you will complete as a college student will ask you to make an argument, take a stance, or prove a hypothesis. The best way to do this is to research the topic, develop a thesis statement, claim, or hypothesis, and then use evidence.

Evidence is the facts, examples, or sources used to support a claim. Depending on the assignment, this might be data retrieved from a scientific journal article, a quotation from a scholarly resource, or a theory in an academic text. In fact, if you make a claim or an argument without evidence, your paper could appear to be an unsupported opinion or not particularly well-researched. Even when the assignment elicits opinion, your writing will be more convincing if you provide evidence.

EVIDENCE IN HEALTHCARE

As you prepare for a healthcare career, it is also vital that you recognize the value of using evidence in a professional context. The goal of the healthcare system is to provide ideal care from a qualified provider in an appropriate setting for a particular patient. In other words, the patient is to receive the best possible care from a provider with the right expertise in a setting that maximizes efficiency and minimizes risk and abuse of resources—all the while treating the patient with respect and allowing involvement in the care plan as the patient desires.

Evidence-based medicine (EBM) uses the scientific method to organize and apply current data to improve healthcare decisions. The best available science is combined with the healthcare professional's clinical experience and the patient's values to arrive at the best medical decision for the patient. In short, the goal of evidence-based medicine is to improve medical outcomes based on the highest quality evidence available.



Image 1.1. Using the best available evidence increases the effectiveness, safety, and efficiency of health interventions. [Image description].

TYPES OF SCHOLARLY RESOURCES

You may need to draw on many different types of information, depending on what you are creating, and how you will use it. Your lecturers will expect you to find relevant information sources, but they will also expect you to be careful and discerning to avoid fake or invalid information in an academic context. It is important to be able to identify not only the different types of information sources but also which ones are most appropriate for your needs.

Popular resources communicate a broad range of information to the general public. The author is often not identified and may not be an expert. The language used is not technical, and these resources are more attractive than scholarly journals, with catchy titles, attractive artwork, and many advertisements but no footnotes or references. It is, therefore, difficult to assess whether a popular source is reliable. Popular resources are published by commercial publishers after approval from an editor. Examples include newspapers, magazines, news reports, social media posts, and websites.

Professional resources are written for professionals in a field. The author is most often identified; however, sources are not always documented by citations and a reference list. The language may or may not be technical. They are meant for people in a particular profession and contain information about trends and news from the targeted field, book reviews, and case studies. Professional resources are usually published by professional associations and commercial publishers after approval from an editor. A trade magazine is an example of a professional information source.

Scholarly resources are written by qualified experts (often academics) within a university setting for scholars in a particular field of study. The author is identified, and their credentials are available. Sources are documented, and technical language is often used. They are usually published in scientific journals by universities, professional

associations, and commercial publishers after approval by peer review or from the journal's editor. Scholarly material can be categorized as followed:

- **Primary sources** – Resources, such as population statistics or policy documents, that provide a first-hand account of an event or time period and are considered to be authoritative
- **Secondary sources** – Resources, such as scholarly books or journal articles, that involve analysis, synthesis, interpretation, or evaluation of primary sources.
- **Tertiary sources** – Primary or secondary information that has been condensed and rewritten in a simplified form, such as textbooks or fact sheets.

Grey literature is authoritative information, often published by government bodies and non-government organizations (NGOs). The authors may be individual experts, a panel, or a committee. The veracity of grey literature is generally not reviewed by experts prior to publishing; thus, you will need to evaluate the credibility and reliability of such material before referencing it in your work (see Evaluating Resources). Your library will likely have databases holding grey literature. However, grey literature is usually not published commercially and is often made available on an organization's website; you may have to use advanced Internet search techniques to locate these materials. Examples of grey literature include reports (including research reports and government reports), literature reviews (not published elsewhere in a journal), policy documents, standards, conference papers, and theses or dissertations.

PEER-REVIEWED ARTICLES

Some journals are categorized as peer-reviewed journals, meaning they contain articles that are viewed as credible and authoritative. They specifically publish articles that have been **peer-reviewed**. In order for an article to be published in a peer-reviewed journal, it has to go through a formal submission process which includes a peer review stage where experts ensure the accuracy, originality, significance, and other characteristics of the research before it is accepted for publication. These articles are highly regarded because the findings and results have been reviewed by experts in the field.

When researching a topic for your academic work, you may be asked to find “scholarly,” “academic,” “research,” or “peer-reviewed” journal articles. These terms are sometimes used interchangeably, but not all articles are peer-reviewed.

TYPES OF JOURNAL ARTICLES

Peer-reviewed journals may contain different types of articles, each with its own audience and purpose. As a health sciences student, you are likely to come across the following journal articles:

- **Clinical Trial:** A research study performed in people that is aimed at evaluating a medical, surgical, or behavioral intervention. It is the primary way that researchers find out if a new treatment, like a new drug, diet, or medical device (for example, a pacemaker) is safe and effective in people.
- **Randomized Controlled Trial:** A clinical trial or study where participants are randomly assigned to different groups.
- **Meta-Analysis:** A quantitative analysis that reviews data from previous research done on a particular topic to better draw conclusions about that research and topic.
- **Literature Review:** A compilation of the most significant previously published research on your topic. A

literature review outlines, evaluates, and synthesizes relevant research to organize what is known about a topic and identify gaps in the literature.

- **Systematic Review:** A literature review that not only compiles but also analyzes all the pertinent literature on a specific topic. The review attempts to answer a research question, and it can be a very valuable source of resources for your work.

FINDING SCHOLARLY ARTICLES

In this “information age” when so much information is available at our fingertips on the Internet, it is crucial to be able to critically search through the realms of information. Selecting credible sources provides reliable and useful data to support your ideas and convince your audience.

NARROWING YOUR TOPIC

For many students, having to start with a research question is the biggest difference between how they did research in high school and how they are required to carry out their college research projects. It is a process of working from the outside in. You start with the world of all possible topics (or your assigned topic) and narrow down until you’ve focused your interest enough to be able to tell precisely what you want to find out, instead of only what you want to “write about.”

Although finding a good topic may initially feel like looking for a needle in a haystack, choosing a general topic is the first step. To select a topic, start by thinking about aspects of your field or discipline that might be interesting to pursue, such as “health education” or “diabetes treatment.” Do some background reading to understand more about the topic.

Strategies for Narrowing a Topic

The following strategies can help you choose a topic:

- **Start with the assignment.** Does it provide you with topic options, or can you select your own?
- **Look at topics that are relevant to you.** For example, pick an area of interest, an area of experience, or an area where you know there is a need for more research.
- **Start with “what” and “why questions and expand.** For example, what is the current research on eating disorders, and why is it significant to health sciences?
- **Think about a current problem in the workplace.** Consider a current issue in a clinical or hospital setting, such as hand washing or patient falls.
- **Ask for help.** Consult your professor or a librarian about possible topics for your assignment.
- **Don’t go too broad or too narrow.** Do some background searching and identify a topic angle. Keep in mind, if you are getting too many results, your topic may be too broad. If you are not getting enough results, your topic may be too narrow.

DEVELOPING YOUR QUESTION

You can't tell whether an information source is relevant to your research until you know exactly what you're trying to find out. The research question defines that and divides all information sources into two groups: those that are relevant to your research and those that are not—all based on whether each source can help you find out what you want to find out and/or report the answer.

The steps for developing a research question, listed below, can help you organize your thoughts.

- Step 1: Pick a topic (or consider the one assigned to you).
- Step 2: Write a narrower/smaller topic that is related to the first.
- Step 3: List some potential questions that could logically be asked in relation to the narrow topic.
- Step 4: Pick the question that you are most interested in.
- Step 5: Change the question you're interested in so that it is more focused.

Developing Research Questions for Quantitative Clinical Topics

PICO stands for (P) Patient, population, or problem, (I) Intervention or exposure, (C) Comparison, and (O) Outcome. To use PICO, answer questions about each of these elements. Formulating an answerable question using the PICO model could look something like this:

- **Patient, Population, or Problem:** What are the characteristics of the patient or population (for example, gender, age, and other demographics)? What is the situation or disease you are interested in (e.g., diabetes management)?
- **Intervention or Exposure:** What do you want to do with the patient, person, or population (e.g., treat, diagnose, observe)? For example, reaction to a specific type of treatment.
- **Comparison:** What is the alternative to the intervention (e.g., placebo, different drug, surgery)? For example, how does a sample group that receives a drug compare to a similar group that is given a placebo?
- **Outcome:** What are the relevant outcomes (e.g., morbidity, death, complications)? For example, how do lower cholesterol numbers impact the target population?

Not all topics will work with all PICO categories, so don't worry if you can't match the model exactly.

SEARCHING FOR RESOURCES

Once you know what you want to search for, you must then filter through the hundreds, if not thousands, of resources that may be relevant to your research. For the best results, choose your search tool and search strategy thoughtfully.

Common Search Tools

Google Scholar is a tool for finding books and journal articles that you might normally get from a library. Where possible, it provides links to online versions and library copies to help you locate an item. Use Google Scholar to find scholarly articles and books, verify citations, and explore related resources. When books are available through Google Books, some of their content may be available online.

If you want to conduct a broad search that covers various subject areas, Google Scholar may be a good choice; however, it has significant limitations. First of all, it covers a broad range of subjects, so your search results will likely include materials not related to the health sciences. Second, it does not have as many advanced search options as specialized databases like PubMed, CINAHL, and Cochrane, so you may not be able to focus your search as well. This is particularly challenging when you consider that a Google Scholar search may return millions of results.



Image 1.2. Information can be found in many different formats and mediums, such as popular magazines, academic books, or digital journal articles. [Image description].

A specialized database—often called a research or **library database**—allows targeted searching on one or more specific subject areas, for a specific format, such as books, articles, conference proceedings, video, images, or for information published with a specific date range. Most of what specialized databases contain can not be found by Google or Bing.

Search specialized databases to uncover scholarly information that is not available through a regular web search. Specialized databases are especially helpful if you require a specific format or up-to-date, scholarly information on a specific topic. However, you may want to use fewer search terms since the optimal number of terms is related to database size. Internet search engines like Google and Bing work best with several terms since they index billions of web pages and additional terms help narrow the results. Each scholarly database indexes a fraction of that number, so you are less likely to be overwhelmed by results even with one or two keywords than you would be with a search engine. Phrase searching (putting multiple words in quotes so Google or Bing will know to search them as a phrase) is also less helpful in specialized databases because they are smaller and more focused. Databases are better searched by beginning with only a few general search terms, reviewing your results, and, if necessary, limiting them in some logical way.

Effective Search Strategies

Effective searching takes precision. You've probably been searching in a more casual way for years and may wonder: Is going to the trouble of precision searching actually worth it? When you are searching for the best evidence to support your work, the answer is yes, precision searching is worth it.

An important thing to remember is that searching is an iterative process: we try search statements, take a look at what we found and, if the results weren't good enough, edit our search statements and search again—often multiple times. Most of the time, the first statements we try are not the best, even though Google or another search tool we're using may give us many results. It pays to search further for the sources that will help you the most. Be picky.

Keywords

Keywords are words that hold the essence, or the key idea, of what you are trying to find. Keywords are usually nouns, e.g., people, places, or things. Using relevant keywords in your search will lead you to better information.

You can identify the first keywords from the topic itself. Try to think of two to four keywords. If you have too few, your search results won't be specific enough, and if you have too many, you may get too few results. Identify the main concepts in your research question by selecting nouns important to the meaning of your question. Leave out words that don't help the search, such as adjectives, adverbs, prepositions, and, usually, verbs.

Be alert to words that may have connotations other than the concept you are interested in. For instance, if you identify depression as a main idea, be aware that the search engine won't automatically know whether you mean depression as a psychological state, as a condition of the economy, or as a weather characteristic.

Synonyms can be used to broaden your search to retrieve more results. Synonyms are words that have the same, or similar meaning as the main keywords. Synonyms of keywords are interchangeable, which means that the meaning of your search will remain the same.

Phrase searching

You can use **phrase searching** to make sure the words you are searching for are found together. When you enter search terms into a search box, most databases treat the words separately. Your search results will include articles and books in which the words appear somewhere, not necessarily together. You end up with a large number of search results – many of which may be irrelevant to your search. To improve the relevance of your results, you may want the database to retrieve results that only contain certain groups of words together. When searching for an exact phrase, (i.e., exactly the same words in the same exact order), most library databases support the use of “quotation marks” (“ ”) around the phrase, which could be two or more words.

Boolean operators

Boolean operators, including AND, OR, and NOT, are words that make it easy for you to customize the results of your search.

- Using the AND operator tells the database that all words, or terms, that you have connected with AND must be found in any results returned.
- The NOT operator will narrow your search results by excluding or removing a specific word or words from the search results.
 - Be careful when using NOT, as it can remove results that would actually have been relevant.
- For a broader search, to find articles that discuss marketing with Facebook or Twitter, you could use the OR operator.

When you are using more than one operator in a search (e.g., AND and OR), you will need to group your keywords and operator words using brackets so that the database knows which action to perform first. For example, [healthy NOT healthcare] AND [food OR diet].

Wildcards

A **wildcard** is a special character that replaces one or more letters in a word (e.g., color) in order to search for multiple variations of the word. When keyword searching, you may miss relevant and useful results if the term you have searched for does not appear in that exact form in an article or book. Wildcard symbols can help you to find word variations so that you don't miss anything.

To use a wildcard, insert the wildcard symbol used by that database to replace the letter that may change. However, keep in mind that different databases use different symbols for their wildcard. If you want or need to use a wildcard in your search, check the help section of the database you're using to find the wildcard options.

Truncation

To "truncate" a word simply means to shorten it by removing one or more letters to go back to the root word. **Truncating** a word allows you to search for multiple variations of a word at once. You can do this by adding a truncation symbol (e.g., *) to the end of the root of the words. Like wildcards, different databases use different symbols for truncation. Check the database's help section to find out which one to use.

Subject headings

Many databases provide the option of searching using **subject headings**. A subject heading is a word or phrase that is assigned to an article or other resource and describes the topic of the resource. It is a bit like a social media hashtag but without the # symbol.

Searching by subject heading is more powerful than other search strategies. When you search by keyword, that word might show up in a number of places in relation to the article, such as the abstract, the author's name, or the journal title, even if it is not specifically what the article is about. This means your search results may include many articles that are not relevant to you. Conversely, when you search by subject heading, you are limiting your results to articles that are actually about that topic.

Not every concept has a subject heading, so in some cases, you won't be able to find a subject heading that means exactly what you're looking for. Rather than trying to convert every keyword into a subject heading, it is often best to use a combination of keywords and subject headings.

EVALUATING RESOURCES

It is important to realize that looking for quality, evidence-based resources is more than just finding resources; it is about finding credible resources. When evaluating your resources consider the following:

Studies

- **Accuracy/Bias:** Does the information presented appear truthful/impartial or incorrect/biased?
- **Funding:** Who funded this study? Was it through the government, private donations, or a private company?
- **Leadership:** Who was in charge of the study, or who runs the entity that funded it? What information can you find on them through a web search?
- **Mission:** What is the stated purpose of the study and the mission of the entity that funded it?

- **Reputation:** What is the reputation of the authors and the funders? Are they well-known, and well-regarded? Have you heard of them before? What information can you find on them?

Websites of Organizations

- **Accuracy/Bias:** Does the information presented on the website appear truthful/impartial, or incorrect/biased?
- **Funding:** How is the organization funded?
- **Leadership:** Who runs or founded the organization? What can you find out about them through a web search?
- **Mission:** What is the stated or implied mission of the organization? (Look at the “About” page.)
- **Reputation:** Is this a well-known, well-regarded organization? Have you heard of it before?
- **Web Address:** Does the URL end in .edu, .gov, or .org? (Note: This is not always foolproof. URLs of all types can be bought.)

CRAAP Test

The CRAAP Test is another method for quickly evaluating sources for quality. It stands for Currency, Relevancy, Authority, Accuracy, and Purpose.



An interactive HSP element has been excluded from this version of the text. You can view it online here:

<https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=5#h5p-1>

How to Read a Peer-Reviewed Article

Knowing how to evaluate the quality of a journal article requires you to understand its structure and the purpose of each section.

- The **Abstract** provides a big-picture overview of what the article is about, synthesizing the most important information. It should also identify both the purpose of the research, as well as its conclusions.
- The **Introduction** should give you an understanding of what is being researched, how, and why the research is of importance.
- The **Literature Review** is a comprehensive scan of previously published research on a specific topic. Authors use the literature review to provide readers with a current understanding of the topic and identify existing research gaps.
- In the **Methods** section, you should be able to find information about the authors’ research process, such as whether the research was qualitative or quantitative and the sample size. This section might also

feature tables, statistical analyses, calculations, and questions asked as part of the research.

- The **Results** section is where you find information (both analyzed results and raw statistical data) about the final results of the authors' research.
- The **Conclusion** section contains a discussion of the results and the authors' overall observations.
- The **References** section provides you with a full scope of research consulted as part of the authors' project. References are an excellent way to find additional journal articles on a specific topic.

Key Takeaways

- The use of *evidence* in academic writing strengthens your claim. In the healthcare setting, evidence improves the safety, efficiency, and effectiveness of healthcare decisions.
- Evidence can be found in *popular*, *professional*, and *scholarly resources* or *grey literature*. Each type of source has unique characteristics that may make it more, or less, appropriate for your research needs.
- To find relevant information, you will first need to narrow your topic and develop a research question. Then use *keywords*, *phrase searching*, *boolean operators*, *wildcards*, *truncation*, or *subject headings* with search tools like Google Scholar or a library database to find resources that apply to your research question.
- Evaluate your search results, such as with the *CRAAP test*, to ensure that you are using quality evidence from reliable sources.

Vocabulary

- **Boolean operators** – words that make it easy for you to customize the results of your search (e.g., AND, OR, and NOT)
- **Evidence** – facts, examples, or sources used to support a claim
- **Google Scholar** – a tool for finding books and journal articles that you might normally get from a library
- **Grey literature** – authoritative information that is not usually published commercially; the credibility and reliability of the material may not undergo peer-review prior to publishing
- **Keywords** – words that hold the key idea of what you are trying to find; usually nouns
- **Library database** – a specialized database that allows targeted searching on one or more specific subject areas, for a specific format, or for information published with a specific date range
- **Peer-reviewed article** – an article that has undergone a formal submission process where experts ensure characteristics of the research before it is accepted for publication
- **Phrase searching** – searching with an exact phrase to improve the relevance of your search results
- **Popular resources** – meant for a large general audience; may not be credible or reliable information
- **Professional resources** – meant for people in a particular profession
- **Scholarly resources** – written by qualified experts for scholars; may be categorized as primary, secondary, or tertiary
- **Subject headings** – a word or phrase that is assigned to an article or other resource and describes the topic of the resource
- **Truncation** – shortening a word by removing one or more letters to search for multiple variations of a word at once

- **Wildcards** – a special character that replaces one or more letters in a word to search for multiple variations of the word

CHAPTER 1 TEST YOURSELF

Please see Appendix C for an offline copy of the Chapter 1 Test Yourself activity. To view interactive H5P elements that have been excluded from this version of the text, please visit it online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=5#h5p-17>

REFERENCES AND ATTRIBUTIONS

Introduction

“Chapter 12 Introduction” in *Writing Guide with Handbook* by Robinson, M. B., Jerskey, M., & Fulwiler, T. Published by OpenStax under a CC BY 4.0 license. Lightly edited for brevity. Access for free at <https://openstax.org/books/writing-guide/pages/1-unit-introduction>

The Importance of Evidence

“Write Clearly: Using Evidence Effectively” by the University of Guelph. Published under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and clarity.

Evidence in Healthcare

“Evidence Based Medicine” by Tenny, S., & Varacallo, M. Published by StatsPearls Publishing under a CC BY 4.0 license. Lightly edited for brevity and clarity.

Types of Scholarly Resources

The following resources were combined:

- “Working with Information” by Rowena McGregor, Robyn Tweedale, Lyndelle Gunton, Emma Peters, Yvonne Rose, Susanne Schultz, and Karanpal Singh Sachdeva in *Academic Success*. Published by the University of Southern Queensland under a CC BY-NC-SA 4.0 license. Edited for brevity, flow, clarity, and to change to American spelling conventions. Material on categories of scholarly resources condensed and transformed into bullet list. Added original content on credibility and reliability considerations.
- “Popular, Professional, & Scholarly” in *Choosing & Using Sources: A Guide to Academic Research* by Teaching & Learning, Ohio State University Libraries. Published under a CC BY-NC 4.0 license. Transformed bullet points into paragraph format and edited for brevity, clarity, and flow.

Peer-Reviewed Articles

“Know Your Resources” by The Learning Portal. Published by the College Libraries Ontario (CLO) under a CC BY-NC 4.0 license. Lightly edited for grammar and flow.

Types of Journal Articles

"What Are Clinical Trials and Studies?" by the National Institute on Aging. Published by the National Institutes of Health under the public domain. Lightly edited for consistency with its new context.

"Some Common Types of Scientific / Health Sciences Articles" by the University of New Mexico Health Sciences Library and Informatics Center. Published under a CC BY-NC-SA 4.0 license.

"What is a Literature Review?" in *Scientific Inquiry in Social Work* by DeCarlo, M. Published by Open Social Work Education under a CC BY-NC-SA 4.0 license. Lightly edited for consistency with its new context.

Finding Scholarly Articles

"Finding and Evaluating Research Sources" in *Technical Writing Essentials* by Last, S. Published by the University of Victoria under a CC BY 4.0 license. Lightly edited for flow.

Narrowing Your Topic

"Narrowing a Topic" in *Choosing & Using Sources: A Guide to Academic Research by Teaching & Learning*, Ohio State University Libraries. Published under a CC BY-NC 4.0 license. Lightly edited for clarity.

"Develop Your Topic" by The Learning Portal. Published by the College Libraries Ontario (CLO) under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and consistency with its new context.

Developing Your Question

"Influence of a Research Question" and "Developing Your Research Topic" in *Choosing & Using Sources: A Guide to Academic Research* by Teaching & Learning, Ohio State University Libraries. Published under a CC BY-NC 4.0 license. Lightly edited for flow.

"Develop Your Topic" by The Learning Portal. Published by the College Libraries Ontario (CLO) under a CC BY-NC-SA 4.0 license. Lightly edited for flow.

Common Search Tools

"Google Scholar" in *Choosing & Using Sources: A Guide to Academic Research* by Teaching & Learning, Ohio State University Libraries. Published under a CC BY-NC 4.0 license. Lightly edited for brevity.

"Choose Your Search Interface" by The Learning Portal. Published by the College Libraries Ontario (CLO) under a CC BY-NC 4.0 license. Lightly edited for brevity and consistency with its new context.

"Specialized Databases" in *Choosing & Using Sources: A Guide to Academic Research* by Teaching & Learning, Ohio State University Libraries. Published under a CC BY-NC 4.0 license. Lightly edited for brevity and clarity.

Effective Search Strategies

"Why Precision Searching?" in *Choosing & Using Sources: A Guide to Academic Research* by Teaching & Learning, Ohio State University Libraries. Published under a CC BY-NC 4.0 license. Edited for brevity and tone.

The following sources were combined to form the section on keywords:

- "Conduct Your Search" by The Learning Portal. Published by the College Libraries Ontario (CLO) under a

CC BY-NC 4.0 license. Lightly edited for brevity and flow. Content on synonyms was reorganized to improve flow.

- “Main Concepts” in *Choosing & Using Sources: A Guide to Academic Research* by Teaching & Learning, Ohio State University Libraries. Published under a CC BY-NC 4.0 license. Edited for brevity.

The following sources were combined to form the section on phrases:

- “Searching with Phrases” (transcript) by The Learning Portal. Published by the College Libraries Ontario (CLO) under a CC BY 3.0 license. Edited for brevity.
- “Conduct Your Search” by The Learning Portal. Published by the College Libraries Ontario (CLO) under a CC BY-NC 4.0 license.

The sections on boolean operators, wildcards, truncation, and subject headings are from “Conduct Your Search” by The Learning Portal. Published by the College Libraries Ontario (CLO) under a CC BY-NC 4.0 license. Lightly edited for flow.

Evaluating Resources

“Evaluating Resources” by the University of New Mexico Health Sciences Library and Informatics Center. Published under a CC BY-NC-SA 4.0 license. Edited for flow, brevity, and grammar.

“True or CRAAP?” by The Learning Portal. Published by the College Libraries Ontario (CLO) under a CC BY-NC-SA 4.0 license. The question on evaluating for authority was edited to be relevant to an American audience.

“Evaluate Your Audience” by The Learning Portal. Published by the College Libraries Ontario (CLO) under a CC BY-NC-SA 4.0 license. Lightly edited for flow.

IMAGE DESCRIPTIONS

Image 1.1: This photograph shows two individuals sitting at a table. The person in the foreground is listening to a community health worker, who is using a flip chart to discuss the traffic light method to label foods for the management of diabetes. [Return to Image 1.1].

Image 1.2: This photograph, shot from an overhead perspective, shows a person sitting at a desk and typing on a computer. To the person’s left are several notebooks. [Return to Image 1.2].

Chapter 2: Academic Writing and Integrity

Learning Objectives

- Understand the importance of maintaining high integrity standards in academia.
- Differentiate between paraphrasing and summarizing in academic writing.
- Develop skills for avoiding plagiarism such as citing sources, note-taking, quoting, and paraphrasing.

INTRODUCTION

Writing is one of the key skills all successful students must acquire. You might think the most important thing in a class is to learn facts or memorize key terms. You read your textbook and take notes on important dates, names, causes, and so on. However, no matter how important these details are to your instructor, they don't mean much if you can't explain them in writing. While the grade in some courses may be based mostly on class participation, oral reports, or multiple-choice exams, writing is by far the single most important form of instruction and assessment. In college courses, writing is how ideas are exchanged, from scholars to students and from students back to scholars. This chapter will also explore what it means to write with academic integrity; that is, clearly acknowledging both your contributions and the scholars from whom you obtained the evidence used in your writing.

Chapter Resources

[Key Takeaways](#)[Vocabulary](#)[Test Yourself](#)

COMPONENTS OF ACADEMIC WRITING

Academic writing has certain characteristics, regardless of the course you are writing for:

- It follows expected rules for spelling, capitalization, punctuation, and grammar.
- It should be factual and objective, free from personal opinions, bias, and value judgments. On rare occasions, you may be asked to state your point of view on a particular concept or issue. You should only do so if explicitly instructed to do so.
- It is formal, yet not overly complicated. It is unlike standard conversational language.
- It should be clear, not vague. Writing should be concise and arranged in a way that makes logical sense.
- It is often informed by other scholars' work; thus, you must indicate where and from whom you obtained your facts, concepts, or quotes through in-text citations and references.

SPELLING

One essential aspect of good writing is accurate spelling. With computer spell checkers, spelling may seem simple, but these programs fail to catch every error. Spell checkers identify some errors, but writers still have to consider the flagged words and suggested replacements. Writers are still responsible for the errors that remain. For example, if the spell checker highlights a word that is misspelled and gives you a list of alternative words, you may choose a word that you never intended even though it is spelled correctly. This can change the meaning of your sentence. It can also confuse readers, making them lose interest. Computer spell checkers are useful editing tools, but they can never replace human knowledge of spelling rules, homonyms, and commonly misspelled words.

The best way to master new words is to understand the key spelling rules. Keep in mind, however, that some spelling rules carry exceptions. A spell checker may catch these exceptions, but knowing them yourself will prepare you to spell accurately on the first try. Take note of the following exceptions:

- Write *i* before *e* except after *c*, or when pronounced as if like “neighbor” or “weigh.”
- When words end in a consonant plus *y*, drop the *y* and add an *i* before adding another ending.
- Homonyms are words that sound like one another but have different meanings.

CAPITALIZATION

Text messages, casual e-mails, and instant messages often ignore the rules of capitalization. In fact, it can seem unnecessary to capitalize in these contexts. In other, more formal forms of communication, however, knowing the basic rules of capitalization and using capitalization correctly gives the reader the impression that you choose your words carefully and care about the ideas you are conveying.

When writing, you should always capitalize:

- the first word of a sentence
- proper nouns—these include the names of specific people, places, objects, streets, buildings, events, or titles of individuals
- days of the week, months of the year, and holidays

Be aware that other rules of capitalization may apply to your academic work. For example, the APA style guide stipulates when words should, or should not, be capitalized.

PUNCTUATION

As the little marks between words, punctuation is like a system of traffic signs: it guides the reader toward the intended meaning of the words just as road signs guide drivers to their destination. They tell the reader when to go, when to pause, when to stop, when to go again, when to pay close attention, and when to turn (Truss, 2003, p. 7). They're also crucial for avoiding accidents. A paragraph without punctuation—no periods, commas, apostrophes, et cetera—quickly spins out into utter nonsense and kills the reader's understanding of the writer's meaning.

GRAMMAR

Grammar organizes the relationships between words in a sentence, especially between the doer and action, so that the reader can understand in detail who's doing what. When you botch those connections with grammar errors, however, you risk confusing the reader. Severe errors force the reader to interpret what you meant. If the reader then acts on an interpretation different from the meaning you intended, major consequences can ensue, including expensive damage control. You can avoid causing confusion by following some simple rules for how to structure your sentences grammatically. By following these rules habitually, especially when you apply them at the proofreading stage, not only will your writing be clearer to the reader and better organized, but your thought process may become more organized as well.

Subject-Verb Agreement

Perhaps the most common grammatical error is subject-verb disagreement, which is when you pair a singular subject noun with a plural verb (usually ending without an s) instead of a singular one (usually ending with an s), or vice versa. Look for subject nouns (the main doers of the action) and the main verbs that the subject noun takes and make sure that they are in agreement according to expected grammar rules.

Incorrect: The patient are coming to the clinic for her appointment at 2:30.

Correct: The patient is coming to the clinic for her appointment at 2:30.

Comma-Splices

A comma splice is simply two independent clauses separated by only a comma. Fixing a comma splice is as easy as swapping out the comma for the correct punctuation or adding a conjunction (e.g., for, and, nor, but, or, yet, so), depending on the relationship you want to express between the two clauses.

Incorrect: The new medication is expected to be effective, more testing is required.

Correct: The new medication is expected to be effective. More testing is required.

Correct: The new medication is expected to be effective, but more testing is required.

Run-On Sentences

Whereas a comma splice places the wrong punctuation between independent clauses, a run-on (a.k.a. fused) sentence simply omits punctuation between them. Once you've found that missing link, fixing a run-on is just a simple matter of adding the correct punctuation and perhaps a conjunction, depending on the relationship between the clauses.

Incorrect: Making lifestyle changes can reduce your risk of cardiovascular disease and regular exercise can lower your blood pressure it is best to exercise at least five days a week for 30 minutes each day.

Correct: Making lifestyle changes can reduce your risk of cardiovascular disease. Regular exercise can lower your blood pressure; it is best to exercise at least five days a week for 30 minutes each day.

Sentence Fragments

A sentence fragment is one that's incomplete usually because either the main-clause subject or predicate (or both) is missing. The fix is to join the fragment subordinate clause with its main clause nearby so they're in the same sentence. You can do this in one of two ways, either of which is perfectly correct: 1) delete the period between the sentences and make the subordinating conjunction lowercase if the subordinate clause follows the main clause, or; 2) move the subordinate clause so that it precedes the main clause, separate the two with a comma, and make the first letter of the main clause lowercase.

Incorrect: Health insurance in the United States can be a complicated subject. Because there are many types of plans and different reasons for out-of-pocket costs.

Correct: Health insurance in the United States can be a complicated subject because there are many types of plans and different reasons for out-of-pocket costs.

Correct: Because there are many types of plans and different reasons for out-of-pocket costs, health insurance in the United States can be a complicated subject.

Point of View and Tone

Point of view refers to the vantage point from which a story, event, report, or other written work is told. The point of view in which you write depends on your purpose for writing. For most academic writing, you will use the third person (e.g., he, she, it, they.). The third-person point of view emphasizes the information instead of the writer.

Tone is the general character or attitude of a piece of writing, and it is highly dependent on word choice and structure. It should match the intended purpose and audience of the text. Table 2.1 describes how you can achieve an academic tone in your writing.

Table 2.1: How to Achieve an Academic Tone

Exclude	Include
First-person pronouns (e.g., I, my, me) and second-person pronouns (e.g., you, your, yours).	Third-person pronouns (e.g., he, she, it, they).
Contractions; instead, use the full words.	Excellent spelling, grammar, and punctuation. Follow expected capitalization rules. Use correct subject-verb agreement.
Poor connectives. <i>But</i> , in particular, is a very poor connective. Also, avoid the overuse of <i>and</i> .	Instead of <i>but</i> , use words like <i>however</i> , <i>although</i> , <i>nevertheless</i> , <i>yet</i> , or <i>though</i> . Try alternatives to <i>and</i> , such as <i>plus</i> , <i>in addition</i> , <i>along with</i> , <i>also</i> , <i>as well as</i> , <i>moreover</i> , or <i>together with</i> .
Colloquial language.	Academic vocabulary (sometimes this is discipline-specific, such as technical or medical terms).
Hyperbolic language or emotive language.	Clear and succinct writing. Appeal to the readers' minds, not feelings.
	Accurate citations, both in-text and the reference list.

Word Choice and Organization

Effective writing involves making conscious choices with words. When you prepare to sit down to write your first draft, you likely have already completed some freewriting exercises, chosen your topic, developed your thesis statement, written an outline, and even selected your sources. When it is time to write your first draft, start to consider which words to use to best convey your ideas to the reader.

Specific words and images make your writing more interesting to read. Whenever possible, avoid overly general words in your writing; instead, try to replace general language with particular nouns, verbs, and modifiers that convey details and that bring your words to life. Add words that provide color, texture, sound, and even smell to your writing.

However, as you edit your work to incorporate specific words, avoid using language that your readers are unlikely to understand. **Jargon** is a type of shorthand communication often used in the workplace. Experts in many professional fields use specialized and technical expressions that allow them to communicate efficiently and clearly with each other. Such language is often incomprehensible for nonexperts and should be avoided in writing for general readers.

Slang describes informal words that are considered nonstandard English. Slang often changes with passing fads. Groups of people with similar skills and interests often develop slang that allows them to express ideas quickly and

vividly. Slang is generally considered too casual for most academic writing, but it may be appropriate for personal essays.

The order in which you place your ideas will also enhance, or detract from, the clarity of your writing. Paragraphs are guides for readers. Each new paragraph signals either a new idea, further development of an existing idea, or a new direction. An effective paragraph has a main point supported by evidence, is organized in a sensible way, and is neither too short nor too long. When a paragraph is too short, it often lacks enough evidence and examples to back up your claims. When a paragraph is too long, readers can lose the point you are making. Paragraphs help readers make their way through prose writing by presenting it in manageable chunks. Transitions (Table 2.2) link sentences and paragraphs so that readers can clearly understand how the points you are making relate to one another.

Table 2.2: Types of Transitional Words and Phrases

Type of Transition	Words and Phrases
To compare or show similarity	Likewise, similarly, in like manner
To contrast or change direction	But, yet, however, nevertheless, still, at the same time, on the other hand, conversely
To add to	Also, and, furthermore, next, then, in addition
To give examples	For example, for instance, to illustrate, specifically, thus
To agree or concede	Certainly, of course, to be sure, granted
To summarize or conclude	Finally, in conclusion, in short, in other words, thus, in summary
To show time	First, second, third, next, then, soon, meanwhile, later, currently, concurrently, at the same time, eventually, at last, finally
To show a spatial relationship	Here, there, in the background, in the foreground, in the distance, to the left, to the right, near, above, below

Evidence (References)

Citing is the practice of giving credit to the sources that inform your work. As a student, citing is important because it shows your reader (or professor) that you have invested time in learning what has already been learned and thought about the topic before offering your own perspective (see Academic Integrity). As a scholarly writer, providing accurate citations puts your work and ideas into an academic context. They tell your reader that you’ve done your research and know what others have said about your topic. Not only do citations provide context for your work but they also lend credibility and authority to your claims.

ACADEMIC INTEGRITY

Academic research leads us to the insight that comes from gaining perspectives and understandings from other people through what we read, watch, and hear. In academic work, we must tell our readers who and what led us to our conclusions. Documenting our research is important because people rely on academic research to be authoritative, so it is essential for academic conversations to be as clear as possible. Documentation for clarity is a shared and respected practice, and it represents a core value of the academy called **academic integrity**.

In other words, you must take full responsibility for your work, acknowledge your own efforts, and acknowledge the contributions of others' efforts. Writing with integrity requires accurately representing what you contributed, as well as acknowledging how others have influenced your work. When you are a student, an accurate representation of your knowledge is important because it will allow both you and your professors to know the extent to which you have developed as a scholar. Part of that development is evidenced by how you apply the rules for acknowledging the work of others.

Academic integrity is important because it ensures fairness in the education that students pursue, in the academic work that students complete, and in the grades that students earn. If students expect their work to be marked and to receive grades for the work that they do, then they need to prepare, complete, and submit work that is their own – work that reflects their own understanding of the course content and work that demonstrates that they're developing a mastery of the skill set that they'll need to progress through the course and program and to succeed in their workplace after graduation. Cheating may get you the right answer on a particular exam question, but it won't teach you how to apply knowledge in the world after school, nor will it give you a foundation of knowledge for learning more advanced material. When you cheat, you cheat yourself out of opportunities.

You also risk failing the course or even expulsion from the college or university. Each institution has its own definitions of and penalties for academic dishonesty, but most include cheating, plagiarism, and fabrication or falsification. The exact details of what is or is not allowed vary somewhat among different universities and colleges and even among instructors, so you should be sure to check your school's website and your instructor's guidelines to see what rules apply. Ignorance of the rules is seldom considered a valid defense.

WHAT IS PLAGIARISM?

Plagiarism is the unauthorized or uncredited use of the writings or ideas of another in your writing. While it might not be as tangible as auto theft or burglary, plagiarism is still a form of theft. In the academic world, plagiarism is a serious matter because ideas in the forms of research, creative work, and original thought are highly valued.

If information is very well known to most people, it may be considered "common knowledge," and it does not need to be cited. For example, the months of the year, the capitals of countries, and the freezing temperature of water constitute common knowledge. However, what is commonly known in one field may not be known by the general public. If you aren't sure if something can be considered common knowledge, it is always safer to cite it.

If you are not from the United States, the American attitudes in reference to plagiarism may be different. For example, in some cultures, using the words or ideas of others can be a sign of honor and respect. In these countries, the ownership of words may not be as valued as it is with authors performing research from the United States. Due to the strict standards required for high-level research, high value is placed on the words written within the article. As such, some actions that may not constitute "plagiarism" in some cultures will be judged by the standards of the United States. If these standards are not adhered to, you may be subjected to grade reduction or academic counseling and/or punishment, as this is considered a form of theft.

Most students understand that it's wrong to plagiarize but are confused about what plagiarism really is. Understand that plagiarism can take many forms.

Unintentional Plagiarism

Unintentional plagiarism is the result of improperly paraphrasing, summarizing, quoting, or citing your evidence in your academic writing. Generally, writers accidentally plagiarize because they simply don't know or they fail to follow the rules for giving credit to the ideas of others in their writing.

Unintentional plagiarism includes:

- failing to cite sources.
- not using quotation marks around quoted material.
- using another person's overall sentence structure and ideas while replacing certain words from the original work with synonyms (this includes using a website or program to make such changes).
- copying phrases from various sources and using them in your work (also known as patchwriting).
- copying a picture or other type of media file without crediting the source.

Both purposeful and unintentional plagiarism is wrong, against the rules, and can result in harsh punishments. Ignoring or not knowing the rules of how to not plagiarize and properly cite evidence might be an explanation, but it is not an excuse.

Collusion

Collusion means working together with others although explicitly being told to work individually. It is different from collaboration, which is working together on an assignment as a group as explicitly permitted or required by your instructor.

Collusion includes:

- working on individual assignments with a classmate.
- discussing online quizzes and exams with others.
- sharing computer code that is intended to be individually written.
- receiving unauthorized help from a tutor or other person to complete assignments.
- in group projects, misrepresenting the individual contributions of the group members.

Contract Cheating

The most severe form of misrepresentation of something as your own is called **contract cheating**, which happens when a person completes an assignment for a student and the student then submits it as their own.

Contract cheating includes:

- submitting a paper from a so-called "tutoring" service or "essay mill" as your own, for which you paid.
- submitting a paper that someone else wrote for you (for example, a friend or a family member) as your

own, no matter if you paid for it or not.

- swapping papers with another student and submitting each other's papers as your own, even if you made some changes.
- producing work for a fellow student (with or without being paid), and they submit it as their own. In this case, you are deliberately aiding another student to behave fraudulently, and both of you will be subject to disciplinary actions.

Self-Plagiarism

Self-plagiarism is often described as the reuse of one's own previous work without acknowledging that you are doing so or by not citing the original work. It is "recycling" one's own work without referencing the earlier work.

Consult your college or university's code of academic conduct to determine whether reusing past work without citing it is considered to be a violation of academic integrity. Understand that your instructors may also have policies pertaining to if and in which circumstances reusing work is acceptable.

WHAT HAPPENS IF YOU PLAGIARIZE?

The consequence of plagiarism can range in severity, including:

- you may receive a zero for the writing assignment.
- the instructor may give you an opportunity to write the assignment again. However, not all instructors will allow for second chances.
- you may receive a failing grade in the course.
- you may be expelled (forced to leave) from your college or university.
- the information may be noted on your transcript.

For more information, consult your course syllabus and your college or university's code of academic conduct.

TIPS FOR SUCCESS

Knowing what not to do is only the first step. Understanding how to quote, paraphrase, and summarize ideas from other scholars will help you maintain your own academic integrity.

QUOTING

Quoting means taking a part of a source word for word as it is. Quotes can be at the beginning, in the middle, or at the end of a sentence. However, it is a good practice to introduce quotes with some sort of statement that signals to the reader that information is coming that is not your own. Short quotes always require that you enclose them in quotation marks so the reader knows that these are the exact words you took from your source. Not putting quotation marks around a short quote is considered a form of plagiarism. Long quotes are put in a block indented from the remaining text and have no quotation marks.

PARAPHRASING

Paraphrasing means rewriting someone else's idea in your own words (i.e., using different vocabulary and sentence structure than the original source) without changing the original meaning. A good paraphrase demonstrates mastery of a topic, which is an important part of most assignments. Paraphrasing also allows you to maintain a consistent voice throughout your assignment and make better use of the material by emphasizing key concepts that are more relevant to your work or more resonant with your reader.

Try using this four-step method for effective paraphrase writing:

- Step 1: Read the original text in its context until you understand it fully.
 - Trying to paraphrase information out of context can lead to misunderstanding and therefore misrepresenting the information. Before trying to paraphrase something, read the passage in context and ask questions like:
 - What is the focus?
 - How does this information relate to my research topic?
 - What was the authors' main finding/conclusion?
 - Once you have answered these questions, you will be prepared to identify the specific pieces of information that are relevant to your paper, and that you may want to paraphrase. Identify any words from the original that are essential terminology and cannot or should not be changed. Check your understanding of any unfamiliar words and concepts in a dictionary.
- Step 2: Without looking at the original text, write a first draft of the paraphrase.
- Step 3: Compare your paraphrase to the original passage to ensure it accurately conveys the ideas in your own words.
 - Ask yourself:
 - Am I presenting the meaning of the passage accurately?
 - Have I used exact wording from the original unnecessarily?
 - Are there words or turns of phrases that are unique to the original that I want to retain and therefore must put in quotation marks?
- Step 4: Revise the paraphrase if necessary. Integrate it into your assignment, making sure it is properly cited.

SUMMARIZING

Similar to paraphrasing, **summarizing** also involves restating a text or passage in your own words. However, a summary only restates the main points of a text and therefore is usually much shorter than the original. You would paraphrase when you want to explain a concept in detail, while you would summarize to convey the highlights of a longer source in a short space. The process for writing a summary is similar to that for writing a paraphrase, except summary writing involves leaving out most of the details of the original and highlighting only the key points.

Try using this four-step method for effective summary writing:

- Step 1: Read the original text until you understand it fully and separate the most important points from the supporting details.

- Ask questions like:
 - What do you want the reader to take from the text?
 - What is the focus?
 - How does this information relate to my research topic?
 - What were the authors' main findings/conclusions?
- Identify any words from the original that are essential terminology and cannot or should not be changed. Check your understanding of any unfamiliar words and concepts in a dictionary.
- Step 2: Without looking at the original text, write a first draft of the summary.
- Step 3: Compare your summary to the original to ensure it accurately conveys the main ideas in your own words.
 - Ask yourself:
 - Am I presenting the meaning of the original accurately?
 - Have I used exact wording from the original unnecessarily?
 - Are there words or turns of phrases that are unique to the original that I want to retain and therefore must put in quotation marks?
- Step 4: Revise the summary if necessary. Integrate it into your assignment, making sure it is properly cited.

When to Use Which

One common question that most new scholars ask is “How do I know when to quote, paraphrase, or summarize?” There is no easy answer, it just takes practice. You will work with a number of instructors who will have different ideas on what you should do. To start, here are a few general guidelines.

Use quotes when you want to:

- add the power of the author’s words to support your argument or claims.
- disagree with something specific an author said.
- highlight a specific passage.
- compare or contrast points of view.

Paraphrase when you want to:

- clarify a short passage from a text.
- avoid overusing quotations.
- explain a point when exact wording isn’t critical.
- articulate the main ideas of a passage or part.
- report numerical data or statistics.

Summarize when you want to:

- give an overview of a topic.
- describe information (from several sources) about a topic.

NOTE-TAKING

When you want to use your researched information to support your point of view, you then decide whether you want to use a direct quote, a paraphrase, or a summary of the original. Having the originals in front of you will allow you to double-check that you are quoting accurately and that you are paraphrasing properly. However, careless note-taking is one of the major factors in unintentional plagiarism. It is very easy to cut and paste information and lose track of the sources you used or mix what you borrowed with your own notes. As you read your sources of information, it is important to find a system for writing down the key points that you will use in your paper. Consider the following note-taking techniques:

Collect information word for word.

- Write down the citation information.
- Copy the exact text and put it in quotation marks.
- Add your own thoughts in a different color.

Collect information and paraphrase it right away.

- Write down the citation information.
- Write out your paraphrase.
- Add your own thoughts in a different color.

If you like to read digital files, you may want to take notes with a program like OneNote.

- Paste the file you are reading into the notebook.
- Make notes of key information, paraphrases, and analysis alongside the digital file.

Key Takeaways

- Regardless of which course it is written for, academic writing shares similar characteristics. It follows the expected rules of spelling, capitalization, punctuation, and grammar. It has an objective *point of view* and a formal *tone*. The choice of words is deliberate. Ideas are organized in a logical order. It relies on *evidence*.
- **Academic integrity** is a core value of higher education. When you work with integrity, you take full responsibility for your efforts and give credit to those whose work you've used.
- **Plagiarism**, whether intentional or unintentional, violates academic integrity standards. Understand that it can take many forms and may result in harsh punishment.
- Knowing how to accurately *quote*, *summarize*, or *paraphrase* will help you maintain your academic integrity.

Vocabulary

- **Academic integrity** – accurately representing your efforts, as well as how others influenced your work
- **Collusion** – working together with others despite being instructed to work individually
- **Contract cheating** – when Person A completes an assignment for Person B, and Person B submits the work as their own
- **Jargon** – shorthand communication used by experts
- **Paraphrasing** – rewriting another person's idea in your own words without changing the original meaning
- **Plagiarism** – a form of theft; the unauthorized or uncredited use of another's work or ideas
- **Point of view** – the vantage point of written work; academic writing is usually in the third-person point of view
- **Quoting** – using part of a source word for word as it is
- **Self-plagiarism** – recycling one's prior work without acknowledging that the work has been reused; may constitute a violation of academic integrity standards (see your institution's academic integrity code)
- **Slang** – informal communication that often changes with passing fads
- **Summarizing** – restating another person's idea in your own words; unlike a paraphrase, a summary only highlights key points
- **Tone** – the general character or attitude of a piece of work, as determined by word choice and structure

CHAPTER 2 TEST YOURSELF

Please see Appendix C for an offline copy of the Chapter 2 Test Yourself activity. To view interactive H5P elements that have been excluded from this version of the text, please visit it online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/chapter/chapter-2-academic-writing-and-integrity/#h5p-18>

REFERENCES AND ATTRIBUTIONS

Introduction

"Writing for Classes" in *College Success*. Published by the University of Minnesota under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and consistency with its new context.

Components of Academic Integrity

"Academic Tone and Language" in *Academic Writing Skills* by Patricia Williamson. Published under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and consistency with its new context. Added bullets on writing mechanics and academic integrity.

Spelling

"Spelling" in *Writing for Success* by University of Minnesota Libraries Publishing. Published under a CC BY-NC 4.0 license. Lightly edited for tone.

Capitalization

"Capitalization" in *Writing for Success* by University of Minnesota Libraries Publishing. Published under a CC BY-NC 4.0 license. Transformed headings to bullet points for brevity and added content on APA guidelines.

Punctuation

"Proofreading for Punctuation" in *Professional Communications* by Jordan Smith, Melissa Ashman, eCampusOntario, Brian Dunphy, and Andrew Stracuzzi. Published under a CC BY-NC-SA 4.0 license.

Truss, L. (2003). *Eats, shoots & leaves: The zero tolerance approach to punctuation*. New York: Gotham. Retrieved from <https://penguinrandomhouse.ca/books/294386/eats-shoots-and-leaves-by-lynn-truss/excerpt>

Grammar

"Proofreading for Grammar" in *Professional Communications* by Jordan Smith, Melissa Ashman, eCampusOntario, Brian Dunphy, and Andrew Stracuzzi. Published under a CC BY-NC-SA 4.0 license. Lightly edited for tone. Replaced examples of incorrect/correct sentences with health-related examples.

Point of View and Tone

"Point of View" in *Writing Guide with Handbook* by Robinson, M. B., Jerskey, M., & Fulwiler, T. Published by OpenStax under a CC BY 4.0 license. Lightly edited for brevity and clarity. Access for free at <https://openstax.org/books/writing-guide/pages/1-unit-introduction>

"Academic Tone and Language" in *Academic Writing Skills* by Patricia Williamson. Published under a CC BY-NC-SA 4.0 license. Transformed bullet points into table and edited content for brevity, tone, and consistency with its new context.

Word Choice and Organization

"Word Choice" and "Using Context Clues" in *Writing for Success* by University of Minnesota Libraries Publishing. Published under a CC BY-NC 4.0 license. Lightly edited for brevity.

"Paragraphs and Transitions" in *Writing Guide with Handbook* by Robinson, M. B., Jerskey, M., & Fulwiler, T. Published by OpenStax under a CC BY 4.0 license. Lightly edited for flow. Access for free at <https://openstax.org/books/writing-guide/pages/1-unit-introduction>

Evidence (References)

"Why Cite Sources?" in *Choosing & Using Sources: A Guide to Academic Research* by Teaching & Learning, Ohio State University Libraries. Published under a CC BY 4.0 license. Lightly edited for brevity and clarity.

Academic Integrity

"Ethical Use and Citing Sources" in *Choosing & Using Sources: A Guide to Academic Research* by Teaching & Learning, Ohio State University Libraries. Published under a CC BY 4.0 license. Lightly edited for brevity.

"Why is Academic Integrity Important?" in *Academic Integrity* at Fanshawe College by Meaghan Shannon and Andrea Purvis. Published under CC BY-NC-SA 4.0 license. Lightly edited for brevity and clarity.

"The Honest Truth" in *College Success*. Published by the University of Minnesota under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and tone.

What is Plagiarism?

"Intellectual Property: That's Stealing!" in *English 102: Journey Into Open* by Christine Jones. Published under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and tone.

"Common Knowledge & Plagiarism" by Excelsior Online Writing Lab (OWL). Published under a CC BY 4.0 license. Lightly edited to reformat examples of common knowledge.

Unintentional Plagiarism

"Intellectual Property: That's Stealing!" in *English 102: Journey Into Open* by Christine Jones. Published under a CC BY-NC-SA 4.0 license. Lightly edited for brevity, clarity, and consistency with its new context. Content was condensed and summarized to create the list of unintentional plagiarism examples, with some original content added.

Collusion

"Misrepresentation: Collusion" in *Academic Integrity* by Ulrike Kestler and Christina Page. Published under a CC BY-NC-SA 4.0 license. Lightly edited for tone and clarity.

Contract Cheating

"Misrepresentation: Contract Cheating" in *Academic Integrity* by Ulrike Kestler and Christina Page. Published under a CC BY-NC-SA 4.0 license. Lightly edited for tone and clarity.

Self-Plagiarism

"What is Self-Plagiarism?" by University of Arizona Libraries, © [2022] The Arizona Board of Regents on behalf of The University of Arizona, licensed under a Creative Commons Attribution 4.0 International License. Added original content on differences in institutional policies.

What Happens if You Plagiarize?

"The Consequences of Plagiarism" by Excelsior Online Writing Lab (OWL). Published under a CC BY 4.0 license. Added original content about consulting relevant codes of conduct.

Tips For Success

Quoting

"Quoting" in *Academic Integrity* by Ulrike Kestler and Christina Page. Published under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and formatting.

Paraphrasing

"Paraphrasing and Summarizing" in *Academic Integrity Handbook* by Donnie Calabrese, Emma Russell, Jasmine Hoover, and Tammy Byrne. Published under a CC BY-NC-SA 4.0 license. Lightly edited for flow.

Summarizing

"Paraphrasing and Summarizing" and "How to Summarize" in *Academic Integrity Handbook* by Donnie Calabrese, Emma Russell, Jasmine Hoover, and Tammy Byrne. Published under a CC BY-NC-SA 4.0 license.

When to Use Which

"Identifying Quoting, Paraphrasing and Summarizing" in *Academic Integrity at the University of Minnesota* by the University of Minnesota Libraries. Published under a CC BY-NC 4.0 license.

Note-Taking

"Note Taking Skills" in *Academic Integrity* by Ulrike Kestler and Christina Page. Published under a CC BY-NC-SA 4.0 license.

Chapter 3: Healthcare Careers

Learning Objectives

- Evaluate various healthcare careers based on job qualifications and industry outlooks.
- Assess the skills required to be a competent healthcare professional.
- Understand the different career paths available in healthcare.

INTRODUCTION

Every day, around the clock, people who work in the healthcare industry provide care for millions of people, from newborns to the very ill. In fact, the healthcare industry is one of the largest providers of jobs in the United States. Many health jobs are in hospitals. Others are in nursing homes, doctors' offices, dentists' offices, outpatient clinics, and laboratories. In this chapter, we will explore past, current, and future healthcare employment trends, review the skills necessary to be a successful health professional, and examine the many different types of occupations in the health field.

Chapter Resources

[Key Takeaways](#)[Vocabulary](#)[Test Yourself](#)

HEALTHCARE CAREERS BACKGROUND

HEALTHCARE EMPLOYMENT: PAST AND FUTURE OUTLOOK

Healthcare jobs make up a significant portion of the U.S. labor force, with a wide range of positions available to suit a variety of skills and interests. Between 2012 and 2022, total employment in the U.S. (excluding farm workers) grew by 15%, or 19.7 million jobs. In comparison, the healthcare sector grew by 16% (4.2 million jobs) (Figure 3.1) (U.S. Bureau of Labor Statistics, n.d.).

However, at different times between 2020 and 2022, many areas of the U.S. faced healthcare workforce shortages tied to COVID-19 surges. COVID-19 put increased demands on the healthcare workforce in terms of messaging, immunizations, testing, and inpatient/outpatient care while often limiting the supply of healthcare workers able to respond. While some healthcare workers were stretched in the early phase of the pandemic and in subsequent surges trying to address the needs of COVID-19 patients, other healthcare workers not involved in the response were furloughed or had their hours reduced, as facilities temporarily closed or limited elective procedures to minimize revenue loss. The pandemic also exacerbated existing workforce shortages faced by home care

agencies. Some workers left the workforce due to fear of contracting the virus or infecting family members or clients; others were unable to maintain sufficient hours because clients refused visits because they were fearful of allowing anyone into their homes and because fewer clients were being referred to home health when many states restricted elective surgeries.

Significant actions by federal, state, and local authorities as well as by health systems and individual providers have attempted to address these disruptions. Some actions were new efforts addressing specific costs associated with testing for, immunization against, and treatment of COVID-19. Others sought to address workforce capacity shortages, such as increasing Medicare funding to support physician training. However, these pandemic-related disruptions and workforce shortages took place within the context of significant pre-pandemic shortages in some geographic areas, many of which were exacerbated by the uneven and extended duration of the pandemic, as well as pre-existing concerns about high levels of burnout and mental health challenges for many healthcare workers.

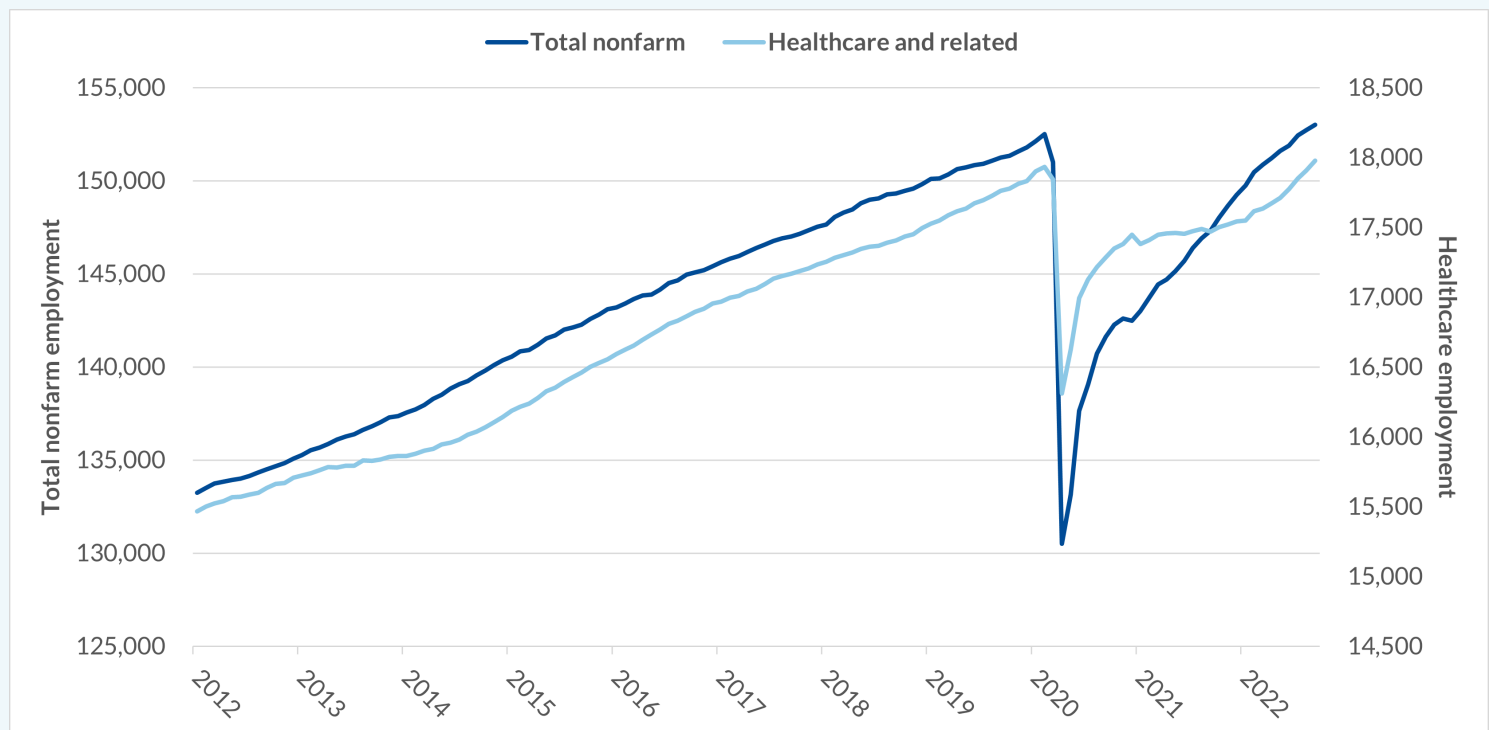


Figure 3.1: Healthcare and related employment, January 2012 – September 2022. Data exclude sole proprietors, the unincorporated self-employed, unpaid volunteer or family workers, farm workers, and domestic workers. Source: U.S. Bureau of Labor Statistics, Current Employment Statistics (wage and salary employment, seasonally adjusted). Healthcare and related series include CES6562110001, CES6562120001, CES6562130001, CES6562140001, CES6562150001, CES6562160001, CES6562190001, CES6562200001, CES6562300001, CES9091622001, CES9092262201, and CES9093262201. [Image description.]

Nonetheless, the healthcare sector is, and is expected to remain, a significant piece of the U.S. economy. As of September 2022, healthcare and healthcare-related occupations comprise approximately 12% (18 million) of jobs in the U.S.; in other words, more than one in 10 employed Americans work in healthcare or healthcare-related jobs. Most work in hospitals (37%) and offices of health practitioners (28%), with nursing and residential care facilities (17%), outpatient, laboratory, and other ambulatory services (9%), and home healthcare services (9%) accounting for the remaining jobs (U.S. Bureau of Labor Statistics, n.d.).

Overall employment in healthcare occupations is projected to grow 13% from 2021 to 2031, much faster than the average for all occupations; this increase is expected to result in about 2 million new jobs over the decade. In addition to new jobs from growth, opportunities arise from the need to replace workers who leave their occupations permanently. About 1.9 million openings each year, on average, are projected to come from growth and replacement needs.

CORE SKILLS IN HEALTHCARE

To be successful in any field, it is expected that workers within that industry possess certain competencies. A **competency** is the capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform “critical work functions” or tasks in a defined work setting. Not to be confused with competence, a competency describes a behavior but does not attempt to describe a level of performance. A **competency model** is a collection of competencies that together define successful performance in a particular work setting.

There are many career paths in healthcare, each with its own set of requisite knowledge, skills, and abilities. However, common competencies apply to all occupations within the field. Developed by the Employment and Training Administration and Health Professionals Network, the Fundamentals of Health Care Competency Model describes what a worker needs to know and be able to do in order to be successful in the field.

Select Competencies from the Fundamentals of Health Care Competency Model

- **Interpersonal Skills**
 - Maintain open lines of communication with others.
 - Interact respectfully and cooperatively with others who are of a different race, culture, or age, or have different abilities, gender, or sexual orientation.
- **Integrity**
 - Behaving ethically.
 - Accept responsibility for one’s decisions and actions and for those of one’s group, team, or department.
- **Professionalism**
 - Deal calmly and effectively with stressful or difficult situations.
 - Accept criticism tactfully and attempt to learn from it.
 - Dress appropriately for occupational and worksite requirements.
- **Lifelong Learning**
 - Learn and accept help from supervisors and co-workers.
 - Take charge of personal career development by identifying occupational interests, strengths, options, and opportunities.
- **Teamwork**

- Develop constructive and cooperative working relationships with others.
- Work as part of a team, contributing to the group's effort to achieve goals.
- **Problem Solving and Decision-Making**
 - Make difficult decisions even in highly ambiguous or ill-defined situations.
- **Business Fundamentals**
 - Recognize one's role in the functioning of the organization and understand the potential impact one's own performance can have on the success of the organization.
- **Health and Safety**
 - Take actions to ensure the safety of self and others, in accordance with established personal and job site safety practices.

For the full list, see “Fundamentals of Health Care Competency Model” from the Competency Model Clearinghouse.

CHOOSING A CAREER

To understand what type of work suits you and to be able to convey that to others to get hired, you must become an expert in knowing who you are. Gaining self-knowledge is a lifelong process, and college is the perfect time to gain and adapt this fundamental information. The following are some of the types of information that you should have about yourself:

- **Interests:** Things that you like and want to know more about. These often take the form of ideas, information, knowledge, and topics.
- **Skills/Aptitudes:** Things that you either do well or can do well. These can be natural or learned and are usually skills—things we can demonstrate in some way.
- **Values:** Things that you believe in. Frequently, these are conditions and principles.
- **Personality:** Things that combine to make you distinctive. Often, this shows in the way you present yourself to the world. Aspects of personality are customarily described as qualities, features, thoughts, and behaviors.

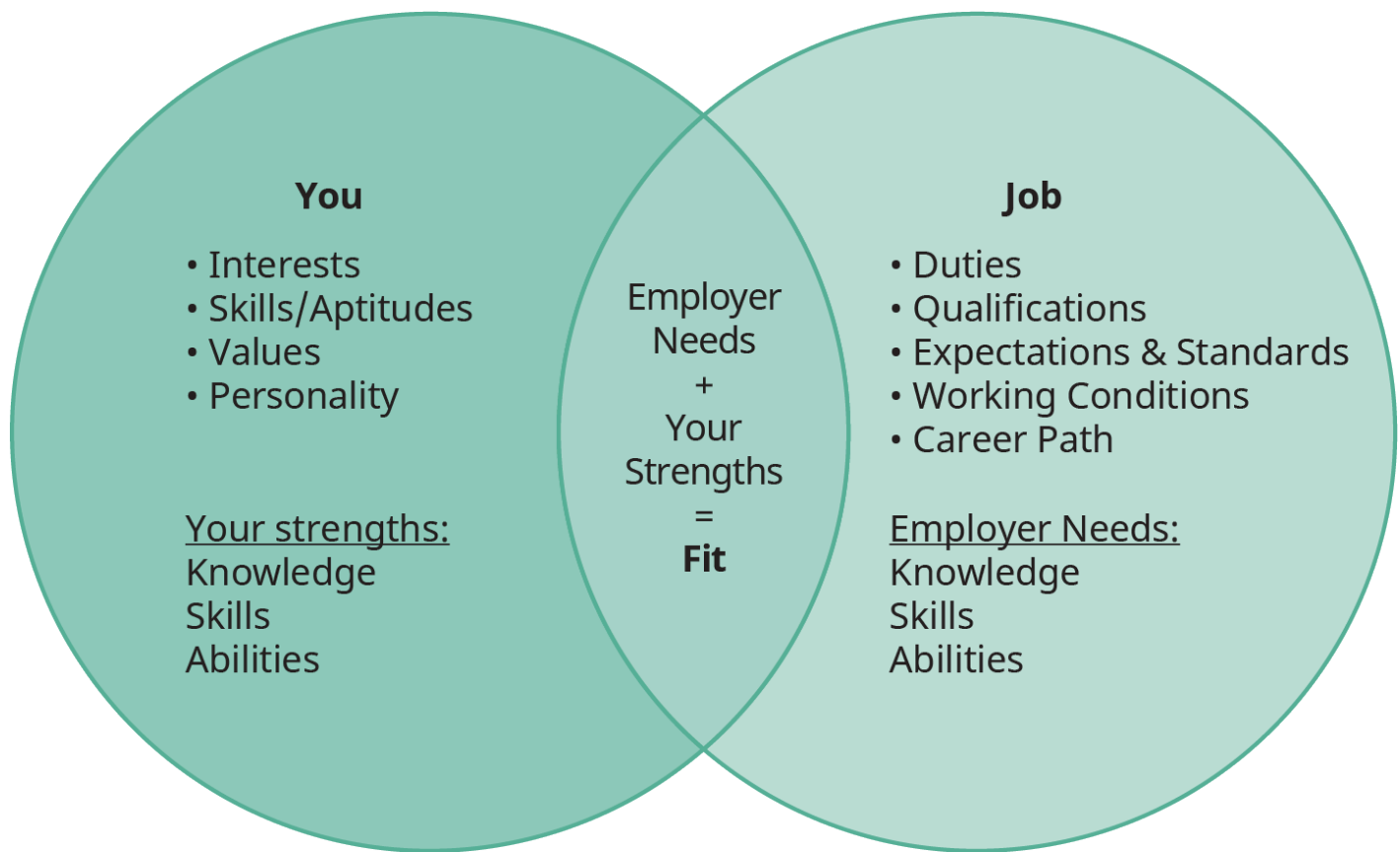


Image 3.1: Your fit for a job lies at the intersection of your attributes and the elements of the position. When your strengths align with the employer's needs, both can mutually benefit. Image description.

OTHER FACTORS

When considering your desired career path, also think about the factors that will influence your success as a student and future healthcare professional. Ask yourself the following:

- How much time must I invest before I actually start making money in this career? Will I need to spend additional time in school? If so, can I afford to wait?
- Will this career provide me with the kind of income I need in the short term and the security I'll want in the longer term? What investment will I need to make to be successful in this field (education, tools, franchise fees, et cetera.)?
- How will this career affect my personal and family life? Do friends and family members who know me well feel strongly (for or against) about this career choice? How important is their input?
- What physical and social factors do I desire in my career? For example, does this career necessitate working conditions that do not align with my needs or abilities? Will I be exposed to hazardous conditions? If so, am I comfortable with that possibility? Will this career require too much or too little interaction with other people for my preferences? Will the work be highly routine or challenging?

Additionally, know whether you must obtain credentialing beyond your college education before you can begin working, as this may add additional time and cost to your career plan. **Licenses** and **certifications** show

that a person has the specific knowledge or skill needed to do a job. Although the two terms may be used interchangeably, a license and certification refer to separate credentials:

- License
 - Awarded by a governmental licensing agency
 - Gives legal authority to work in an occupation
 - Requires meeting predetermined criteria, such as having a degree or passing a state-administered exam
- Certification
 - Awarded by a professional organization or other nongovernmental body
 - Is not legally required in order to work in an occupation
 - Requires demonstrating competency to do a specific job, often through an examination process

Typically, you earn these credentials after you've completed your education. Sometimes, you become licensed or certified after you've gained practical experience, such as through an internship, residency, or time on the job. Earning a license or certification involves meeting standards, which often includes passing an exam. An employer may require either credential.

These terms should not be confused with accreditation, which is the recognition from an accrediting agency that an institution maintains a certain level of educational standards requisite for its graduates to gain admission to other reputable institutions of higher learning or to achieve credentials for professional practice.

Choosing A Career: Self-Reflection Activity



An interactive H5P element has been excluded from this version of the text. You can view it online here:
<https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=30#h5p-22>

OCCUPATIONAL PROFILES

The following represent the five groups of occupations associated with the healthcare industry in the U.S.

Readers using the PDF or a screen reader, please visit Appendix A to view the occupational profiles in table format.

Key Takeaways

- Over the past 20 years, the healthcare industry has made up a significant proportion of jobs in the U.S. labor force, and that trend is expected to continue through at least 2031.
- Healthcare professionals are expected to possess specific competencies. Engaging in self-reflection is an important step to understanding which *competencies* (and therefore which career paths) are most suitable to your interests, abilities, and needs.
- Many occupations are available to individuals interested in a healthcare career, including those in the areas of biotechnology research and development, diagnostic services, health informatics, support services, and therapeutic services.

Vocabulary

- **Competency** – the capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform tasks in a defined work setting
- **Competency model** – a collection of competencies that define successful performance in a particular work setting
- **License** – a credential awarded by a governmental licensing agency that gives legal authority to work in an occupation and requires meeting predetermined criteria
- **Certification** – a credential awarded by a professional organization or other nongovernmental body that is not legally required in order to work in an occupation but demonstrates competency

CHAPTER 3 TEST YOURSELF

Please see Appendix C for an offline copy of the Chapter 3 Test Yourself activity.

REFERENCES AND ATTRIBUTIONS

Introduction

“Health Occupations” from MedlinePlus. Published under public domain. Lightly edited for formatting.

Healthcare Careers Background

Healthcare Employment: Past And Future Outlook

U.S. Bureau of Labor Statistics. (n.d.). *Employment, hours, and earnings from the Current Employment Statistics survey, seasonally adjusted (National), January 2012 – September 2022* [Data set]. Occupational Employment Statistics. U. S. Department of Labor. Retrieved December 19, 2022, from <https://www.bls.gov/ces/data/>

The following sources were combined to form the section on the impact of COVID-19 on the healthcare workforce:

- “Impact of the COVID-19 Pandemic on the Hospital and Outpatient Clinician Workforce: Challenges and Policy Responses” from the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Published under public domain. Lightly edited for brevity, clarity, formatting, and flow.
- “COVID-19 Intensifies Home Care Workforce Challenges” by Denise Tyler, Melissa Hunter, Natalie Mulmule, and Kristie Porter. Published by the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services under public domain. Lightly edited for brevity, clarity, formatting, and flow.

“Healthcare Occupations” from the U.S. Bureau of Labor Statistics. Published under public domain.

Core Skills in Healthcare

“Competency Model Development And Use – A Technical Assistance Guide” and “Fundamentals of Health Care Competency Model” from the Competency Model Clearinghouse, a website sponsored by the U.S. Department of Labor, Employment and Training Administration (USDOL, ETA). Published under a CC BY 4.0 license. Lightly edited for brevity, clarity, and flow. USDOL, ETA has not approved, endorsed, or tested these modifications.

Choosing a Career

“Your Map to Success: The Career Planning Cycle” in *College Success* by Amy Baldwin. Published by OpenStax under a CC BY 4.0 license. Lightly edited for brevity and consistency with its new context. Access for free at <https://openstax.org/books/college-success/pages/1-introduction>

Other Factors

The following sources were combined:

- “Career Exploration – College Success” in *College Success*. Published by the Center for Open Education under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and formatting.
- “Browse by Work Context” by the National Center for O*NET Development. Published under a CC BY 4.0 license. Content was significantly edited for formatting and consistency with its new context.

“Will I need a license or certification for my job?” by Elka Torpey. Published by the U.S. Bureau of Labor Statistics under a public domain license. Lightly for flow.

“FAQs [What is accreditation?]” by the Database of Accredited Postsecondary Institutions and Programs. Published by the U.S. Department of Education, Recognition and Accreditation under a public domain license. Lightly edited for consistency with its new context.

Occupational Profiles

“29-1223.00 – Psychiatrists” by the U.S. Department of Labor, Employment and Training Administration (USDOL/ETA). Published under a CC BY 4.0 license.

Occupational descriptions and data from the *Occupational Outlook Handbook* except where noted. Published by the U.S. Bureau of Labor under a public domain license. Lightly edited for brevity and flow.

IMAGE DESCRIPTIONS

Figure 3.1: Line graph comparing employment trends. The X-axis represents one-year increments, beginning in 2013 and ending in 2022. The left y-axis represents total nonfarm employment in 5,000 increments, beginning at 125,000 and ending at 155,000. The right y-axis represents healthcare and related employment in 5,000 increments, beginning at 14,500 and ending at 18,500. The graph shows steady growth in both nonfarm and healthcare and related employment between 2012 and 2020. Both lines have a steep decrease in 2020. The graph ends with both lines increasing in 2022 to pre-2020 numbers. [Return to Figure 3.1].

Image 3.1: A Venn diagram showing the relationship between “You” and “Career Fitness.” In the left circle, the “You” attributes are interests skills/aptitudes, values, and personality. Your strengths include your knowledge, skills, and abilities. In the right circle are the characteristics of a job: duties, qualifications, expectations and standards, working conditions, and career path. The employer’s needs include knowledge, skills, and abilities. Where the two circles intersect is text that reads “Employer Needs + Your Strengths = Fit”. [Return to Image 3.1].

Chapter 4: Job Skills

Learning Objectives

- Differentiate between hard and soft skills in the workplace.
- Understand how to build a resume and effective cover letter.
- Describe strategies to find leads for jobs or other career opportunities.

INTRODUCTION

Whether you are entering the job market for the first time or looking to advance your career, it is crucial that you not only understand which skills make you stand out as a candidate but can also articulate that to employers. This chapter will explain the types of job skills employers look for and how you can expand your skillset. You will also learn how to write a compelling resume or curriculum vitae (CV) and cover letter that can catch the attention of hiring managers. Finally, we will review strategies for searching for professional opportunities and navigating the application process.

Chapter Resources

[Key Takeaways](#)[Vocabulary](#)[Test Yourself](#)

VALUABLE WORKPLACE SKILLS

Over the course of your life span, you will develop many different skills and abilities. Before diving headfirst into your job search, you will want to know what skills you have and how to describe them. This will help you to understand exactly what you have to offer employers as well as help with teaching valuable networking skills. This will all serve to expand the information on your resume and cover letter and help provide you with an advantage over others seeking the same role. Some of these skills you will have learned from navigating everyday life situations and some will be learned more purposefully through education, training, work, and volunteer experiences.

There are two main types of skills:

- **Hard skills** (also known as technical skills) – These are specific to your industry and the type of jobs to which you are applying. They are easily quantifiable and objective abilities that you have learned and perhaps have mastered.
- **Soft skills** (also known as transferable skills) – These are more general and considered essential to

succeed in any job or industry. You develop and utilize these skills through a variety of experiences and everyday tasks. They pertain to the way you relate to people, the way you think, or the ways in which you behave.

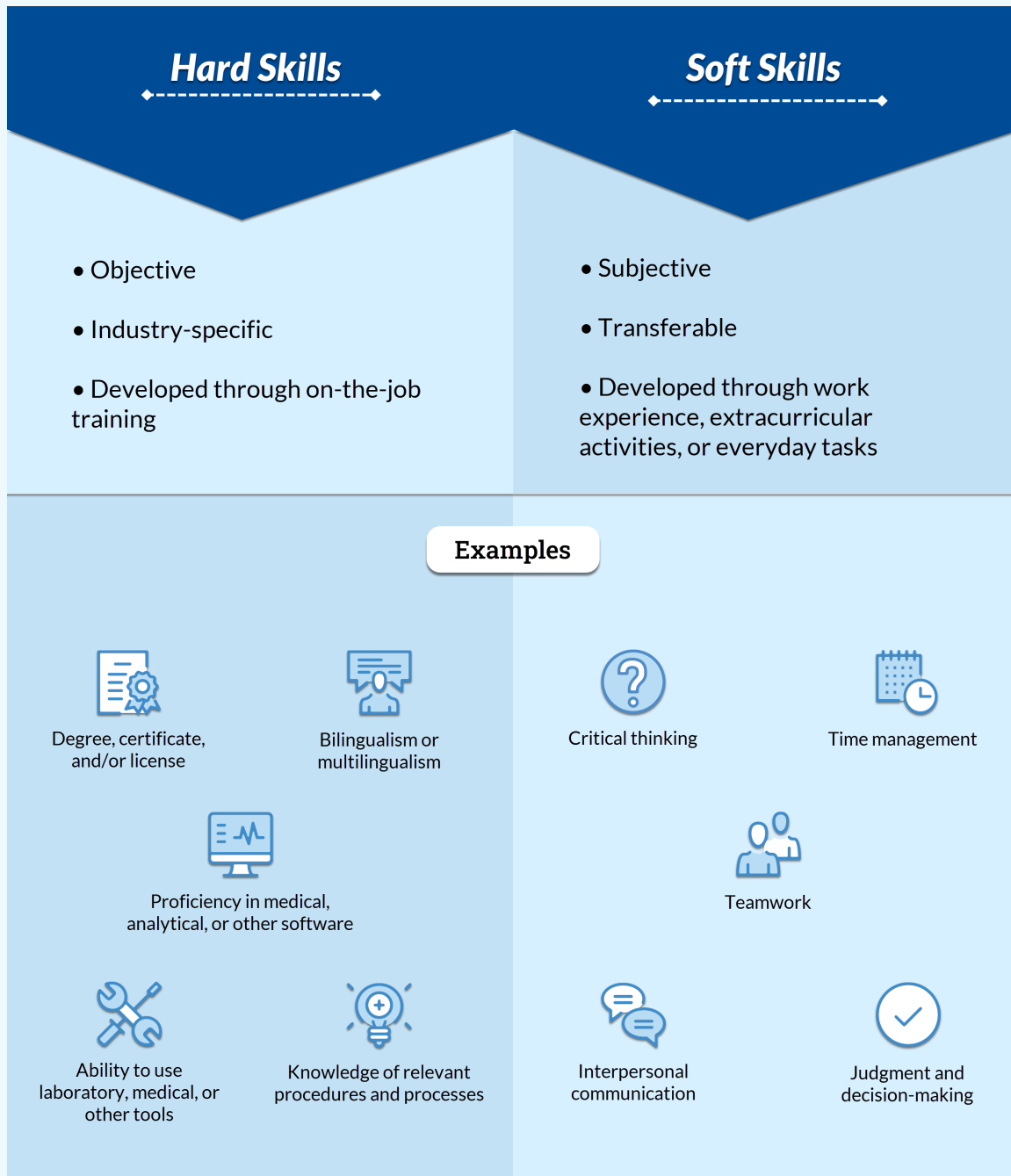


Image 4.1. A well-rounded healthcare professional has a mixture of hard and soft skills. Made with TechSmith Snagit™ assets. All rights reserved. [Image description].

Employers want individuals with the necessary hard and soft skills to do the job well and adapt to changes in

the workplace. Soft skills may be especially in demand today because employers are generally equipped to train new employees in a hard skill—by training them to use new computer software, for instance—but it's much more difficult to teach an employee a soft skill such as developing rapport with coworkers or knowing how to manage conflict. An employer might prefer to hire an inexperienced worker that pays close attention to details rather than an experienced worker that may potentially cause problems on a work team.

Consulting occupational descriptions can allow you to identify the skills you possess and those you would like to develop further. In addition to the occupations listed in Chapter 3, the following resources can help you brainstorm:

- Occupational Outlook Handbook
- O*NET Online
- Career OneStop

GAINING NEW SKILLS

Many employers value experience as much as they do education. Internships and similar fieldwork allow you to use what you've learned and, sometimes more importantly, see how things work "in the real world." These experiences drive you to communicate with others in your field and help you understand the day-to-day challenges and opportunities of people working in similar areas. Even if the internship is not at a company or organization directly in your field of study, you'll focus on gaining transferable skills that you can apply later on.

Depending on your field of study and degree requirements, you might pursue a traditional internship or another type of training experience. Note the differences between the following types:

- **Internship** – A period of work experience in a professional organization, in which participants (interns) are exposed to and perform some of the tasks of actual employees. Internships are usually a relatively high commitment and may be paid and/or result in college credit.
- **Externship/Job Shadowing** – Usually a lower-commitment experience and shorter than internships. Participants observe work activities and perhaps undertake small projects.
- **Apprenticeship** – A defined period of on-the-job training in which the student is formally doing the job and learning specific skills. Unlike most internships, apprenticeships are usually formal requirements to attain a license or gain employment in skilled trades, and they are growing in use in healthcare.
- **Clinicals, Student Teaching, and Related Experiences** – Healthcare and other fields often have specific requirements for clinicals (learning experience in healthcare facilities) or student teaching. These are often components of the major and are required for both graduation and licensure.
- **Service Learning** – Students learn educational standards by tackling real-life problems in their community. Involvement could be hands-on, such as working in a homeless shelter. Students could also tackle broad issues in an indirect manner, such as by solving a local environmental problem.
- **Undergraduate Research** – Even as an undergrad, you may find opportunities to partake in actual research in your field of study. Colleges often have strict guidelines on types and levels of participation, and you will likely need to apply. The benefits include firsthand knowledge of a core academic activity and exposure to more people in your field.
- **Related Employment** – It may be possible to get a regular, low-level paying job directly in your field of study or in a related place of work. While it's not essential, simply being around the profession will better

inform and prepare you.

If you do seek an internship or related activity, be aware that they can be very competitive. Work with your academic or career advisors to start the process early and put yourself in the best position to get a position. Consider all of the application components, including essays, portfolio items, and letters of recommendation; all of these may take time to generate. If possible, pursue multiple opportunities to increase your chances.

VOLUNTEERING

You can gain personally satisfying and enriching experiences by becoming more involved with your college or general community. Volunteering is one way to access a profession and get a sense of whether you will enjoy it or not, even before you do an internship. Organizations, clubs, and charities often rely on college students because of their motivation, knowledge, and increasing maturity. The work can increase your skills and abilities, providing valuable experience that will lead to positive results. In certain fields, it might be the only readily accessible approach, especially if you have no prior experience. As you gain experience volunteering, spend time reflecting on and recording your experiences so that you're better prepared to talk about them and utilize what you learned.

PLANNING A SUCCESSFUL SEARCH

A successful job search will require, at the minimum, a well-crafted resume or CV. It is also never too early to begin thinking about how to write an effective cover letter, build an e-portfolio, and prepare a list of professional references.

RESUMES

Since your resume is often your very first introduction to a prospective employer, your document needs to impress the hiring manager enough for them to want to meet with you in person and invite you for an interview.

A well-planned resume:

- Demonstrates your ability to organize and present ideas clearly.
- Shows your attention to detail by being free of errors.
- Provides details of your relevant experience and education credentials.
- Offers discussion points during an interview.

Anatomy of a Resume

Work histories come in a variety of forms; so do resumes. Although career experts enjoy debating which style is the best, ultimately you must consider which fits your current situation. Which style will allow you to best package your work history, and convey your unique qualifications?

- **Chronological resume** – Traditional format whose principal section is the “Employment Experience” section. In the chronological resume’s “Employment Experience” section, jobs are listed in reverse chronological order (starting with the most recent positions/schools and working backward), and achievements/skills are detailed underneath each position.

- **Functional resume** – Features a well-developed “Skills & Achievements” section, in which skills are organized into categories. The functional resume still includes an “Employment Experience” section, but it is streamlined to include only the basic information about each position held.
- **Hybrid resume** -Includes a well-developed “Skills & Achievements” section that highlights the candidate’s most important and relevant skills, but it also includes select bullets under each job in the “Employment Experience” section.

There are many reasons to choose one format over another. In brief, the chronological resume serves candidates with a long or uninterrupted work history in fields where the company worked for is of paramount importance. On the other hand, the functional resume serves candidates transitioning between fields, candidates shifting from a military to a civilian career, or candidates who have gained skills in various settings (workplace, academic, volunteer). The hybrid resume offers the best of both worlds.

Common resume sections

Whichever resume format you choose, familiarize yourself with the types and purposes of commonly included sections:

Contact Information

- Create a header that includes your address, telephone number, and professional e-mail address. Consider including a link to your e-portfolio or LinkedIn page.

Summary

- Think of this section as your “elevator pitch,” offering a quick impression of your personal brand. Include a few key (relevant) achievements/strengths (in bullets or sentences). Summary sections are especially useful for candidates with a long work history, or who have experienced job transitions.
- Here are two formulas for a one-sentence headline:
 - “[Field of study] graduate seeking opportunity to focus on [x,y,z] and promote [desired company’s mission or goal].”
 - “Accomplished [job title]/Certified [industry] professional holding more than [x] years of experience, specializing in [x,y,z].”

Employment Experience

- Include basic information for each job: job title, employer, dates employed, city/state (and country if outside the U.S.) of employment. Consider filtering work experience into “Related Experience” and “Experience” instead of one employment section to highlight the most relevant jobs (and downplay less significant experience). If you include internships and skilled volunteer positions, re-title this section “Experience.”

Education

- At a bare minimum, provide the following information for each educational item: the name of the school, the school’s location, your graduation date or anticipated graduation date, the degree earned, and your major (if relevant to the position you are applying to).

- Do include:
 - trainings and certifications (e.g. first aid certifications, sales seminars, writing groups).
 - your GPA (if it is 3.0 or better, and if it is expected in your industry).
 - relevant courses.
 - special accomplishments (conferences, special papers/projects, clubs, offices held, service to the school).
 - awards and scholarships (can also be included in a separate section titled Honors).
- Do not include high school if you are in college unless your high school work was outstanding or unique (like a trade/technology/arts high school).

In general, the length of a resume should be no longer than one or (at most) two pages (and each page should be full — no 1.5-page resumes). If your resume is on the longer side, your work history should justify the length. Some experts recommend one page per ten years of work history; while that may be extreme, it is better to cut weaker material than to add filler.

Create a strong first impression by keeping the format simple and professional. Use 11- or 12-point font size and web-friendly fonts. Avoid using graphics, multiple styles of bullets and fonts, tables, and columns, and ensure that your formatting is consistent throughout.

Above all else, demonstrate your attention to detail by being free of grammar and spelling errors. Proofread your resume – do not rely solely on spellcheck. If possible, have a trusted friend or family member read over your resume to catch any remaining errors.

Describing Your Accomplishments

When it comes to writing your resume, it's extremely important for you to be able to describe your accomplishments in order to set you apart from your competition. Clearly indicate and provide details of relevant experience, qualifications, and education credentials. The employer needs to be able to find the essential information in a short period of time, as often in the first step of the selection process resumes are read or scanned in only 30-60 seconds. Use keywords from the job posting and occupation-specific language/terminology.

If you haven't had a chance to brainstorm situations from your previous or current experience where you've performed exceptionally well, consider the following questions to get you thinking:

- Have you received praise from managers, supervisors, instructors, or clients?
- Have you ever been assigned a task that you could do better than others?
- Have you ever been asked to train anyone?
- How did you distinguish yourself or set yourself apart in your last job? What did you do to show your initiative?
- When did you go above and beyond your job duties to complete a task?
- Have you ever been promoted, recognized, awarded, or thanked by your coworkers?

Starting each sentence with a strong action verb will strengthen your writing and provide a clearer, more interesting picture of what you have done. Add value, provide tangible evidence, and increase credibility by including numbers, statistics, percentages, or figures when describing your experiences. The more you can present your skills and achievements in detail, especially quantifiable detail, the more authoritative you will sound. This means including references to technologies and equipment you have used, types of documents you have produced, procedures you have followed, languages you speak, technical languages you know, and so on.



An interactive H5P element has been excluded from this version of the text. You can view it online here:
<https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=34#h5p-10>

CURRICULA VITAE

Some positions may request that you submit a CV. CVs are similar to resumes in their general form and function. Both provide a comprehensive overview of the applicant’s relevant credentials for a specific position. Additionally, both need to be updated regularly throughout the applicant’s career and adapted to specific audiences and contexts. However, CVs are distinct from resumes in several important respects (Table 4.1).

Table 4.1: Resumes vs. Curricula Vitae

	Resume	Curriculum Vitae
Length	One page (entry-level applicants) to three pages (advanced applicants with more than one decade of experience).	No upper limit.
Scope	Describes accomplishments related to work history, education, skills, et cetera.	Lists every academic position and achievement the applicant has fulfilled throughout their entire career.
Audience	Specific employers.	Faculty hiring committees. CVs are often also published in online directories so that current and prospective students and anyone visiting the department can view and evaluate that person’s credentials.

Like a resume, you will want to provide details about your education, career history, and relevant volunteer experience on your CV. However, a CV does not add task descriptors to any of these positions or accomplishments. This is partially because there is a more common understanding as to what each one entails between the applicant and the audience since they are all part of the same professional community. Also, consider including the following information:

- Publications and presentations – State your publications in the same format that they would appear in a journal. Also, include any posters or presentations that you have produced from any research projects.
- Professional and society memberships – Include positions you have been elected into. Leave off memberships you pay a subscription fee to join.
- Management and leadership – These skills are vital in the health field, and they can be highlighted through clear examples either medically or nonmedically related. Examples include positions on committees, supervising juniors, and organizing events.

COVER LETTER

Your cover letter should always accompany your resume or CV, and emphasize, expand, and complement several key points related to the employer's needs. It should encourage the employer to want to read through your resume or CV and persuade them to meet with you to further explore your qualifications.

When you begin drafting a cover letter, read through the "About Us" page on the company's website, its mission statement, and social media sites to get more information and insight into the company before you start writing. This is also good preparation for the common questions that will often be asked, such as: "What do you know about our company/organization and why do you want to work for us?" Employers want to see you demonstrate your knowledge of the company, show how you could benefit their team, and provide compelling reasons why you would like to work for them. Emphasize and expand on several key points related to the employer's needs and highlight asset points, such as the ability to work flex hours or willingness to relocate. However, don't duplicate your resume or CV. Avoid presenting information not covered in the resume, but at the same time do not restate your resume or CV word for word. Rather, summarize your most relevant skills and experiences as they relate to the employer's needs.

Be sure to pay attention to the application instructions. Some require you to include a job number in your cover letter, while others specify the preferred file format for your document. Furthermore, there are some trend-setting companies that are challenging the more conventional cover letter formats. Should you be applying to these companies, make sure to closely read the instructions that are provided on the job posting and write your cover letter accordingly. Unless instructed otherwise, a three to four-paragraph, one-page cover letter is perfectly acceptable. Keep in mind that employers receive many applications, so a concise and focused cover letter is more likely to be read.

Finally, have a second set of eyes read through your cover letter for mistakes. One grammatical error may mean that your application will not be considered. Also, if you tend to build off of previously saved cover letters, ensure that you have changed all the pertinent information before sending. Submitting a cover letter with the wrong date or employer name on the application may cause an employer to have a negative first impression.

To Write or Not Write a Cover Letter, That is the Question

It's common to question why a cover letter is needed and whether or not recruiters or employers even read it. Although some companies are too busy to read cover letters, there are many managers at small- and medium-sized companies that do take the time to skim through them. Truthfully, you cannot know for sure what each and every employer or recruiter reads or relies on when deciding whom to interview. Sometimes job postings will helpfully clarify whether they want a cover letter or not. If they don't say either way, the safe bet is to write a cover letter as part of your targeted approach to the job application. It will show the hiring manager that you've made the extra effort to explain how well you suit the job and give them more information to make a well-informed decision about you. Preparing a well-thought-out, personalized, customized, and compelling cover letter is an effective job search strategy that can give you an advantage over other applicants.

REFERENCES

A **reference** is a person who can vouch for your skills, knowledge, and experience as they relate to the jobs you apply for. Employers often check applicant references in order to verify statements you made in your resume or interview. Speaking with people who are familiar with your work can provide reassurance to the employer about your past responsibilities, work ethic, professional behavior, skills, and dependability. Before you begin applying for positions, make a list of individuals that can serve as your references. Typically, candidates provide three or four references, but some positions may call for more. When thinking of people to serve as a reference, you might select work-related, professional, academic, or personal contacts (Table 4.2).

Table 4.2: Types of References

Type of Reference	Examples	Special Considerations
Work-related	Direct supervisor Close colleague at a current or former employer Former client	N/A
Professional	Close contact from a professional association, civic club, or community organization	N/A
Academic	Professor Instructor Advisor	Appropriate only for current students or recent graduates
Personal	Friends Neighbors	Appropriate only if you have no paid work experience and are required to provide a reference who can speak to your character

Choose your references strategically. Think of those that would speak positively about your experience, knowledge, interaction, personality, and work habits. Be confident that your references will recommend you to others without any reservations. If you have any hesitation that someone wouldn't speak well of you, move on to your next option.

If you don't have any references, get some! Engage in volunteering opportunities, get a part-time job, or consider participating in fundraising activities in the community to develop professional contacts who may serve as a reference.

The Timeline of Asking for and Updating Professional References

Before applying: Ask permission before listing an individual as a reference and confirm their most updated contact information.

During the application process: An employer may ask for your list of references at any point during the hiring process. Once you have submitted your list of references to an employer, let your references know so that they can expect to be contacted (Indeed, 2022).

After the hiring decision is made: Whether you are successful or not in getting the job, always take the time to thank your references. This will help you to maintain a positive relationship with your references and will allow you to continue using them as your reference in the future.

If you are applying for an opportunity that requires a letter of recommendation (LOR), such as graduate school

or an internship, it is best practice to contact your references well in advance of when the letter is due. Review the application guidelines to understand when your application materials will need to be submitted and prepare to contact your references at least one to three months in advance of that date (Peña et al., 2022). Beginning the process early gives your contacts plenty of time to write a strong letter for you, and it also allows you the opportunity to contact other people to serve as a reference for you if necessary.

E-PORTFOLIOS

An e-portfolio provides an opportunity for job seekers to present their skills and talents in a very tangible manner. It allows the job seeker to provide a basic resume or CV containing links to projects, assignments, videos, or social media sites to provide a comprehensive overview of their skills and personality for prospective employers.

You may be able to create an e-portfolio directly through your college or university's learning management system (such as Canvas or Blackboard). Services like Portfolium integrate with the learning management system, allowing you to import your coursework submissions into a portfolio that you can share with employers or network connections. You can also create an e-portfolio using free website builders like Wix, Squarespace, Weebly, and WordPress. These sites offer customizable templates that you can adapt to your needs. Focus on keeping your portfolio relevant to your career goals; selectively choose items from your portfolio to strategically strengthen your points related to the job you're interviewing for. Ensure that your documents are neat and organized. A visually appealing and well-organized web layout will draw the attention of the reader.

Your portfolio should be maintained over the course of your education and career. Make it a point to update it on a regular basis, and you will be prepared to showcase your skills whenever the next opportunity presents itself.

FINDING YOUR NEXT OPPORTUNITY

While searching for a job lead or other opportunity to advance your career, it is best to employ a range of search strategies. These can include networking, joining professional organizations and alumni groups, holding informational interviews, attending career fairs, and using job search engines.

NETWORKING

Networking refers to building and maintaining relationships so that you can connect to career opportunities. By building professional connections and cultivating mutually beneficial relationships, you can exchange valuable advice, information, referrals, and support.

There is really no better place to start than with the people in your life that already know you. Develop a broad list of contacts including family, friends, neighbors, classmates, professors, current and previous coworkers and managers, and people you have met through various extracurricular, social, religious, and business activities. After you've developed your list, spend time talking to the people in your network and inform them that you are looking for work and let them know what kind of work you are looking for. Help your network, too! Share any contacts, advice, or job leads that would be of interest to them.

Social media platforms can also help you grow your professional connections; however, an online social network is somewhat different than a personal network. Though you may have hundreds of contacts or followers in your social network, the degree to which you know each other will be limited by how deep a relationship you have developed with them. You will most likely not know most of your followers, be they on LinkedIn, Instagram,

YouTube, TikTok, Reddit, Twitter, or Facebook. When thinking strategically about your career goals, you can develop professional profiles and cultivate your relationships with key followers over time.

UTILIZING PROFESSIONAL ORGANIZATIONS AND ALUMNI GROUPS

Joining a professional association and attending its meetings and conferences will give you ample opportunities to network with employers and their recruiting agents. You should consider joining a professional association while you are a student so as to benefit from student membership and conference rates. Networking during association meetings and participating in committees will help you to establish your reputation as a professional and meet potential employers in the process.

Your college is also likely to have a resource that goes far beyond the campus itself—the alumni association. College alumni often maintain a relationship with the school and with their fellow graduates. Just by attending the same college, you have something in common with them. You chose the same place, maybe for similar reasons, and you might be having similar experiences. Often, alumni are eager to help current students by offering their professional insights and making career connections. You can find out about alumni events on your campus website, at the career center, and in the alumni department. These events can be fun and beneficial to attend, especially those involving networking opportunities. Note that specific departments or campus organizations may have their own alumni groups, whether formal or informal. Try to find former students who majored in your field or who have a job similar to the one you'd like one day. Remember, members of alumni organizations make a choice to be involved; they want to be there. It's very likely they'll be interested in offering you some help, mentoring, or even introductions to the right people.

HOLDING INFORMATIONAL INTERVIEWS

An **informational interview** is a conversation with someone who works in your field of interest. It can be conducted in person, virtually, or by phone. The goal is to get current information that can help you better express yourself in applications and interviews and make informed career choices. An informational interview is not about asking for a job. Instead, it is a way to learn more by tapping into someone else's experience.

Conducting informational interviews will help you:

- Learn more about the career paths that interest you
- Gather valuable, industry-specific information
- Gain insider tips on the education, skills, and experience needed in your target career
- Market yourself during job searches
- Build contacts in your target industry or workplace

To get started, do some research on your contact's position and organization. Knowing what you are after shows determination, initiative, and that you aren't intending to waste anyone's time. Then, you'll want to prepare between three and eight meaningful questions to ask so that you can collect useful information. When you hold your interview, have your prepared questions with you, be ready to take notes, and keep to the agreed time limit. After your interview, follow up with a concise thank you message that mentions something you learned, something that you've done so far, and something you will do next to act on your contact's suggestions.

ATTENDING CAREER FAIRS

A **career fair** is normally when many employers gather at the same venue to promote their organizations with the intention of recruiting candidates. An employer information session is characteristically when one employer delivers a presentation about their organization to a group of interested candidates; this is often followed by a question and answer period, a networking session, or a brief interview. Employers are prepared to speak with you directly about your experience and skills and it becomes the perfect opportunity to not only network but also set yourself apart from your competition. However, as you will be one of many attendees, the pace may be very quick, so understand that you won't have a lot of time with each employer.

You should also attend career fairs and sign up for interviews with visiting recruiters. Because colleges are a great resource for the emerging labor pool, they have tight connections with industry partners. When company recruiters come to your college, be there to ask them about their employment opportunities. Recruiters aren't interested in students who aren't interested in them, so do your homework and arrive prepared to ask intelligent questions and make a good impression.

USING JOB SEARCH ENGINES

As many employers post opportunities online, using job search engines should be one part of your search strategy. A search for jobs related to the career you're training for may yield depressingly few hits if you use just one or two websites. If so, be prepared to use all of them and widen your search area to neighboring towns or cities. Even if you aren't seriously considering moving for a job—if your strategy is just to wait until relevant jobs arise closer to home—at least getting a sense of what's out there elsewhere is an important exercise.

Beyond the popular search engines like Monster or Indeed, also seek out the following:

- Job search engines specific to your sector or field
- Professional association sites specific to your field
- Company/organization websites (look for their Careers page)
- Professional networking sites such as LinkedIn

MAINTAINING MOMENTUM

Finding a job or other career opportunity can be a time-consuming, emotionally challenging experience. Maintain your momentum and put your skills to use by setting goals, creating structure, and staying organized during your search.

Set Goals

Aim to accomplish something related to different job-searching efforts each day and each week. For example, "I will aim to submit two online job applications per day" or "I will make two to four new connections on LinkedIn each week." Setting and meeting daily goals will help you to believe that you are capable of finding a job and breaking down tasks will help you feel less overwhelmed.

Create Structure

Create a job search routine by scheduling specific times during your day or week that are dedicated specifically to searching for work. You should focus on the hours of the day when you have the most energy and the least distractions. While you do want to commit yourself to a reasonable block of time, avoid staring at the computer for too long or you may notice your productivity declining.

Stay Organized

Document your job search efforts as you go. Write down the jobs you've applied to and the dates on which you applied, and save a print or electronic copy of the job postings in case you need to refer to them in the future. Similarly, when attending job fairs or networking events, gather the names and contact information of those you spoke with. It is often helpful to use a spreadsheet to track the details of all of the information so that you can follow up. Not only is it good as a point of reference, but it creates a level of accountability. By tracking your efforts, you will notice that you've done a lot of work and this will make you feel proud and fuel your motivation. On the other hand, it might also give you an indication that you haven't been doing as much as productive as you had hoped and will help you get back on track.

Key Takeaways

- Before beginning the job search, understand which *hard* and *soft skills* you possess. If you would like to acquire new skills, consider pursuing an internship or other opportunity.
- A successful job search begins with developing the materials that will highlight your accomplishments. This includes a well-crafted resume or curriculum vitae, a tailored cover letter, and an e-portfolio. Applicants should also identify individuals who can serve as *references*.
- Searching for a career opportunity may require *networking*, joining alumni or professional groups, holding *informational interviews*, attending *career fairs*, and using a job search engine. Maintain momentum in your search by setting goals, creating structure, and staying organized.

Vocabulary

- **Career Fair** – An event where multiple employers gather to recruit candidates for employment
- **Chronological Resume** – A resume format that emphasizes the applicant's work history; jobs are listed in reverse chronological order
- **Functional Resume** – A resume format that emphasizes the applicant's skills; skills are organized into categories
- **Hard Skills** – Skills that are industry-specific and easily quantifiable; also known as technical skills
- **Hybrid Resume** – A resume format that combines the elements of the chronological and functional resume formats
- **Informational Interview** – A conversation with someone who works in your field of interest to learn about the field without an expectation of employment by that person

- **Networking** – Building and maintaining relationships so that you can connect to career opportunities
- **Reference** – Someone who can attest to your professional skills, knowledge, or experience as they relate to a job you are applying for
- **Soft Skills** – Skills that can pertain to any industry and refer to interpersonal and behavioral traits; also known as transferrable skills

CHAPTER 4 TEST YOURSELF

Please see Appendix C for an offline copy of the Chapter 4 Test Yourself activity.

REFERENCES AND ATTRIBUTIONS

Valuable Workplace Skills

“Assess” in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for clarity and brevity.

“Chapter 6: Professional Skill Building” in *Blueprint for Success in College: Career Decision Making* by Dave Dillon. Published by Rebus Community under a CC BY 4.0 license. Lightly edited for clarity.

Gaining New Skills

“Your Map to Success: The Career Planning Cycle” in *College Success* by Amy Baldwin. Published by OpenStax under a CC BY 4.0 license. Lightly edited for clarity, brevity, and consistency with its new context. Access for free at <https://openstax.org/books/college-success/pages/1-introduction>

Volunteering

“Your Map to Success: The Career Planning Cycle” in *College Success* by Amy Baldwin. Published by OpenStax under a CC BY 4.0 license. Lightly edited for clarity, brevity, and consistency with its new context. Access for free at <https://openstax.org/books/college-success/pages/1-introduction>

Planning a Successful Search

Resumes

“Resume” in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for clarity, brevity, and flow.

Anatomy of a Resume

"Resume Formats" by Megan Savage, Portland Community College. Published in *WTNG 311: Technical Writing* under a CC BY 4.0 license. Content transformed into bullet list format and lightly edited for flow and brevity.

"Resume Tips" in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and flow.

Common Resume Sections

"Resume Sections and Guideline" by Megan Savage, Portland Community College. Published in *WTNG 311: Technical Writing* under a CC BY 4.0 license. Lightly edited for brevity and clarity.

Describing Your Accomplishments

The following sources were combined:

- "Resume Writing Essentials" in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and flow.
- "Resume Tips" in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and flow.
- "Resume Sections and Guideline" by Megan Savage, Portland Community College. Published in *WTNG 311: Technical Writing* under a CC BY 4.0 license. Lightly edited for brevity and to be relevant to the audience.

Curricula Vitae

"Curricula Vitae (CVs)" by Matt McKinney. Published in *Howdy or Hello? Technical and Professional Communication* under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and flow; some content edited to be adapted to table format.

"How to Write a Medical CV" by Riaz Agha, Katharine Whitehurst, Daniyal Jafree, Yadsan Devabalan, Kiron Koshy, and Buket Gundogan. Published by Wolters Kluwer Health, Inc. on behalf of IJS Publishing Group Ltd. in *International Journal of Surgery: Oncology* under a CC BY 4.0 license. Lightly edited for brevity and to be relevant to the audience.

Cover Letter

"Cover Letter" in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and flow.

"Cover Letter Tips" in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Bulleted list entries combined and lightly edited for brevity and flow.

To Write or Not Write a Cover Letter, That is the Question

The following sources were combined:

- “Cover Letter” in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for clarity.
- “Cover Letters” in *Communication at Work* by Jordan Smith. Published under a CC BY 4.0 license. Lightly edited for tone and flow.

References

The following sources were combined:

- “Finishing Touches” in *Career and Workforce Readiness* by Careerspace – Trent University. Published under a CC BY-NC 4.0 license. Lightly edited for brevity.
- “References” by CareerForce. Published by the Minnesota Department of Employment and Economic Development (DEED) under a CC BY 4.0 license. Lightly edited for brevity; some content transformed into table format.

“Reference Tips” and “Other Considerations” in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for brevity; bulleted entries combined and edited for flow.

The Timeline of Asking for and Updating Professional References

“Reference Tips” in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for brevity.

Indeed Editorial Team. (2022, June 24). *Do employers check references? (and other FAQs)*. Indeed. <https://www.indeed.com/career-advice/finding-a-job/do-employers-check-references>

Peña, C., Steele, L. J., Karhson, D. S., Ned, J. T., Botham, C. M., & Stratton, M. B. (2022). Ten simple rules for navigating the reference letter seeking process. *PLoS Computational Biology*, 18(5), e1010102. <https://doi.org/10.1371/journal.pcbi.1010102>.

E-Portfolios

The following sources were combined:

- “The Online Application Process” in *Technical Writing Essentials* by Robin L. Potter and Tricia Hylton, adapted from *Technical Writing Essentials* by Suzan Last. Some content was partially adapted from Tom Bartsiokas’ and Tricia Hylton’s *Communicating@Work* (2019), which was adapted from Jordan Smith’s original *Business Communication for Success* (2015). Published by the University of Victoria under a CC BY 4.0 license. Lightly edited for brevity and flow.
- “Portfolio Tips for Print and Digital” in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and flow.

Finding Your Next Opportunity

Networking

"What is Networking?" in *Career and Workforce Readiness* by Careerspace – Trent University. Published under a CC BY-NC 4.0 license.

"Method 1: Personal & Professional Networks" in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and flow.

"Finding a Job" in *Technical Writing Essentials* by Robin L. Potter and Tricia Hylton. Some content was partially adapted from Tom Bartsiokas' and Tricia Hylton's *Communicating@Work* (2019), which was adapted from Jordan Smith's original *Business Communication for Success* (2015). Some content has been adapted from a chapter on preparing to apply for work by Megan Savage in *Technical Writing* (n.d.). Published by the University of Victoria under a CC BY 4.0 license. Lightly edited for brevity and flow; revised and updated list of social media platform examples.

Utilizing Professional Organizations and Alumni Groups

"Finding a Job" in *Technical Writing Essentials* by Robin L. Potter and Tricia Hylton. Some content was partially adapted from Tom Bartsiokas' and Tricia Hylton's *Communicating@Work* (2019), which was adapted from Jordan Smith's original *Business Communication for Success* (2015). Some content has been adapted from a chapter on preparing to apply for work by Megan Savage in *Technical Writing* (n.d.). Published by the University of Victoria under a CC BY 4.0 license. Lightly edited for brevity.

"Your Map to Success: The Career Planning Cycle" in *College Success* by Amy Baldwin. Published by OpenStax under a CC BY 4.0 license. Access for free at <https://openstax.org/books/college-success/pages/1-introduction>

Holding Informational Interviews

"Targeted Networking" in *Career and Workforce Readiness* by Careerspace – Trent University. Published under a CC BY-NC 4.0 license. Content from H5P asset under the section "Asking and preparing for an informational interview" was edited for brevity and flow and converted to paragraph format.

Attending Career Fairs

"Method 5: Career Related Fairs & Events" in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Lightly edited for brevity.

"Finding a Job" in *Technical Writing Essentials* by Robin L. Potter and Tricia Hylton. Some content was partially adapted from Tom Bartsiokas' and Tricia Hylton's *Communicating@Work* (2019), which was adapted from Jordan Smith's original *Business Communication for Success* (2015). Some content has been adapted from a chapter on preparing to apply for work by Megan Savage in *Technical Writing* (n.d.). Published by the University of Victoria under a CC BY 4.0 license. Lightly edited for brevity and flow; revised and updated list of social media platform examples. Lightly edited for brevity.

Using Job Search Engines

"The Job Search" in *Communication at Work* by Jordan Smith. Published under a CC BY 4.0 license. Edited for brevity, flow, and to be relevant to the audience.

Maintaining Momentum

"Managing Your Job Search" in *Be the Boss of Your Career: A Complete Guide for Students & Grads* by Lindsay Bortot and Employment Support Centre, Algonquin College. Published by Algonquin College under a CC BY-NC-SA 4.0 license. Content edited and reorganized for flow, brevity, and tone.

IMAGE DESCRIPTIONS

Image 4.1: An infographic. Hard skills are objective, industry-specific, and developed through on-the-job training. Examples include a degree certificate and/or license; bilingualism or multilingualism; proficiency in medical, analytical, or other software; the ability to use laboratory, medical, or other tools; and knowledge of relevant procedures and processes. Soft skills are subjective, transferable, and developed through work experience, extracurricular activities, or everyday tasks. Examples include critical thinking, time management, teamwork, interpersonal communication, and judgment and decision-making. [Return to Image 4.1]

Chapter 5: Ethics

Learning Objectives

- Examine different ethical theories and the importance of ethics in healthcare.
- Assess the importance of patient confidentiality in healthcare settings.
- Investigate why consent in healthcare is required.

INTRODUCTION

People strive to be “good,” to do the “right” thing, and to lead a “good life,” but where do such basic, familiar moral values as good and right originate? Throughout history, religious people have explained these ideas as revelations of divine command. Anthropologists, however, view morals as customs that govern social interactions, and because all cultures display such customs, interpret moral practices in terms of a survival function rooted in human nature. By contrast, many social and political thinkers emphasize that moral concepts result from social conventions or agreements that are subject to deliberation and change. Governments today often consult social scientists and health experts who empirically investigate what fosters or improves human life, health, and happiness. Where science informs law and policy, it helps define in a conventional sense what we mean by good and right. In particular, health science helps establish what is considered good for the health of populations and communities. Further below we will examine ethical theories prominent in health ethics that offer contrasting perspectives on the nature and basis of morality. We will also explore the impact of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) on patient confidentiality and the importance of consent in healthcare and research.

Chapter Resources

- Key Takeaways
- Vocabulary
- Test Yourself

WHY ARE ETHICS IMPORTANT IN HEALTHCARE?



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=38#oembed-1>

Media 5.1. Ethics matters in health [Online video]. Copyright 2018 by World Health Organization.

ETHICAL THEORIES

As used here, an **ethical framework** refers to a tool or approach for practically addressing ethical challenges that often includes a stepwise procedure. An ethical framework may rely heavily on just one ethical theory, but frameworks generally take a pragmatic approach that procedurally allows for using a variety of theories or principles as the issue or context demands. Whereas an ethical framework has a practical orientation, an ethical theory also addresses more fundamental questions, so-called “metaethical” questions. Does morality originate in divine command, human nature, or human convention? Is it essentially a habit, intuition, form of reasoning, or a quality or purpose of an action? An **ethical theory** will offer a distinct, coherent understanding of the source and nature of morality that will shape how one reasons about moral issues and determine which principles are most important. Two persons employing the same theory, however, will not necessarily reach the same conclusion about an ethical issue; much will depend on which aspects of the issue they deem most important and on how they weigh different factors. Nevertheless, because a particular ethical theory tends to favor certain principles or types of principles, using the same theoretical approach will lead to similar lines of reasoning and selection of principles.

The diversity of ethical theories does not imply their mutual opposition so much as points to the extensive range of the moral landscape and the need to illuminate its various contours. A helpful way of illuminating this landscape is to distinguish theories depending on whether they focus on the actor, the action, or the results of action. To illustrate this particular way of carving up the moral landscape, Table 5.1 describes some well-known ethical theories.

Table 5.1: Ethical Theories

Theory	Agent-centered	Deontology	Utilitarianism
Focus	Agent	Action	Result of Action
Key Figure	Aristotle	Immanuel Kant	John Stuart Mills
Main Concept	<i>Virtues:</i> Acquired habits, skills, or dispositions that make people effective in social or professional settings	<i>Duties:</i> Ethical rules or commands that constrain one's action or define obligations owed to others	<i>Results:</i> Good or bad outcomes of actions and policies or their beneficial or harmful effects on individuals and society
Examples	Honesty, courage, modesty, trustworthiness, transparency, reliability, and perseverance	Ethical and religious commandments, obligations to seek justice or respect persons and their rights	Burdens, risks, harms, or costs versus the benefits, advantages, or savings resulting from interventions or policies
Ethical action	Doing what a virtuous person would do in a given situation	Fulfilling an obligation or duty owed to oneself or society	Maximizing the net balance of benefits over harms
Uses	Assessing skills and capacities needed for success in a community, organization, or profession	Establishing compliance rules and regulations, and setting standards for evaluating actions and behavior	Conducting population-level cost-benefit, risk-benefit, or cost-effectiveness analyses

Aristotle's **virtue ethics** is an ethical theory that focuses on the moral character of the actor or agent (Bartlett and Collins, 2011). Classic virtues are dispositions or stable patterns of behavior that lie between extremes of vice. Courage, for example, lies between the extremes of cowardice and foolhardiness in taking risks. Habit and practice are necessary to develop virtues whose possession we equate with good character and that equip a person to be effective in society or an organization. Because good character translates into virtuous action that others aspire to emulate, we tacitly invoke virtue ethics whenever we ask how an outstanding public figure or health leader would handle a situation. In a modern professional context, virtues also include the skills the profession has identified that lead to success in that profession and which professional education and training instill in practitioners. Once established, virtues readily become the standards of obligation and accountability to evaluate professional performance and function similarly to the rules and principles of duty discussed below. Holding public health institutions accountable for the professional competence of their employees illustrates virtue ethics (Public Health Leadership Society, 2002). More recently, the capabilities approach has exploited the potential of virtue ethics to guide decisions about policy or interventions in a way that goes beyond matters of professional training and responsibilities. This approach takes a broader developmental view of human agency and capacity building. It

conceives health as a fundamental capability necessary for individuals to succeed in society, one in which many further capabilities depend (Sen, 2009; Ruger, 2010).

An ethical theory that focuses on action or, more properly, the rules governing action, is **deontology**. The word deontology comes from the ancient Greek word, *deontos*, which means duty. Because duties oblige us to obey rules that govern actions or conduct, they bind or constrain the will ahead of action. In judging whether an action is right or wrong, deontology ignores consideration of harmful or beneficial consequences and relies on these rules of duty to serve as the standard of judgment. People usually have rules of duty or obligation in mind when they speak of ethical standards or worry that standards are breaking down. Examples of these rules include religious commandments to honor parents, not lie, or not steal and rules of social interaction such as treating people fairly, doing them no harm, or respecting their rights. Rights often are said to stand in reciprocal relation to duties. Thus, the right to free speech presupposes a duty to respect the right of others to speak or the public health obligation to ensure conditions for maintaining health presupposes a right to health.

Deontology as a theory owes most to Immanuel Kant's view of the "good will" and his closely linked account of autonomy. A person of morally good will does the right thing for its own sake, which means acting purely for the sake of duty. Duties are moral rules or laws that bind the will and limit the scope of action. For Kant, basing decision for one's action solely on duty without regard to the potential good or bad consequences of the action is the only legitimate basis for moral action. Kant even goes so far as to say that "a free will and a will under moral laws are one and the same" (Gregor, Timmermann, and Korsgaard, 2012).

Kant conceives duty as the quintessential expression of autonomy, which may come as a surprise to those who equate autonomy with rational free choice or even just following one's preferences without interference. However, the meaning of autonomy for Kant derives from its literal meaning in Greek, *autos* (self) and *nomos* (law); namely, self-legislating.

Autonomy enacts from within the moral rules and principles that bind the will and guide action. However, not every self-originating impulse should be obeyed; only actions conceivable as universal laws morally bind the will. Morally laying down the law for oneself entails legislating for everyone, but universally legislating does not mean asserting one's will over others. Nor does it mean that the ethical content of a moral law or duty is valid eternally and everywhere. Rather, it refers to the "**categorical imperative**" an unconditional requirement for an action to be moral. To qualify as a duty, a rule that commands action must apply to every rational person. Stealing, for example, could never qualify as a duty, because a situation where everyone steals from everyone else would undercut the one-sided advantage of stealing that the thief hopes to exploit. Although self-directed, autonomous action is necessarily other-regarding.

Kant maintains that the categorical imperative can be expressed in two other ways equivalent to universality, namely, "respect for humanity" and a "kingdom of ends" (Gregor, Timmermann, and Korsgaard, 2012). In each, this other-regarding dimension of autonomy is evident. Respecting humanity means never treating persons as mere means or objects but always treating them as ends, that is, regarding them as fellow autonomous agents. Autonomously agreeing on actions, interventions, or policies requires that decision-makers mutually consider and understand their reasons for action and be willing to abide by the rules derived from these reasons as laws they collectively impose upon themselves (O'Neill, 2002).



Image 5.1. Ethical theories offer a distinct understanding of morality that shapes how we reason about moral issues. [Image description].

The idea of a fellowship of mutual consideration comes out most clearly in Kant's concept of a kingdom of ends. This concept is really the ideal of a systematic union or commonwealth of autonomous individuals making laws that apply to everyone. This ideal presupposes that ethical deliberation places respect for others as ends, as autonomous agents, above self-interest. The core idea is that we only consider actions that could gain acceptance by a community in which all see themselves as sovereigns who lay down universal laws binding on themselves and others. The hope is that the body of law governing society progressively embodies this ideal. Such mutual regard in laying down the moral laws that will bind one's actions differs significantly from insistence on noninterference with individual free choice, let alone with personal preferences. Conversely, the aspiration behind Kant's view of autonomy harmonizes well with the public health obligation to address collective problems through collective action.

For **utilitarianism**, judging the rightness of an action depends on an estimation of its subsequent practical outcome or result rather than on its conformity to principles of duty. Utilitarianism considers the best ethical course of action that will result in the greatest net benefits over potential harm. A utilitarian approach underlies cost-benefit analyses that weigh an intervention's costs (risks, harms, burdens, or disadvantages) against its benefits (advantages, utility, improvements, cost savings). In addition to its focus on consequences, utilitarianism is egalitarian, communitarian, and scientific in outlook. It is egalitarian in considering everyone's benefit and equally weighting each person's good, as opposed to privileging certain people. It is communitarian in attempting to increase benefits to society rather than individuals, seeking the "greatest good for the greatest number." It endeavors to be scientific by quantifying harms and benefits, accounting for probability, and calculating net benefit. Calculating net benefits over harms is less problematic when relevant factors employ a common scale of measurement, for example, weighing the financial costs of treating a disease with the cost savings from preventing that disease. Comparing different outcomes (e.g., financial costs versus quality-adjusted life years) sometimes involves difficult judgments about the relative value of each outcome. Because the utilitarian approach seeks to determine and promote the collective good based on aggregate measures, it readily lends itself to justifying public health interventions.

ETHICS AND MORALITY

Although many use the terms ethics and morality interchangeably, we will distinguish the formal discipline of ethics from the common morality that guides everyday actions and behavior. **Morality** refers to a society's shared, stable beliefs about what is good and bad, right and wrong. Through upbringing and socialization, each generation passes this common morality to the next. Common morality envelopes the individual like an ecosphere of shared customs, rules, and values. For most circumstances, people habitually rely on this common morality to guide their conduct, and it serves them well, just as standard practice generally serves professional practitioners well. Still, common morality can fall short where its rules conflict, where it inadequately illuminates novel moral problems, or where intense disagreement prevails among rival stakeholders. In such instances, the formal discipline of ethics offers a deliberate, systematic way of addressing troubling moral issues, conflicts, and dilemmas.

Ethics can assist in:

- Recognizing ethical issues and distinguishing them from factual issues
- Providing a vocabulary to systematically discuss ethics
- Identifying appropriate ethical principles to guide action in a particular context
- Using these principles to analyze actions in regard to their ethical acceptability
- Understanding the competing moral claims and values of stakeholders

- Designing alternative courses of action that incorporate these claims and values
- Evaluating which alternative best fits a given context, all things considered
- Establishing a procedurally just, transparent process for decision making
- Justifying decisions regarding recommendations, policies, or interventions

ETHICAL PRINCIPLES

Principles are general categories, rules, or guidelines that form the basis of a discipline. In ethics, there are various kinds of principles and many examples of each kind. The kinds include basic ethical categories (e.g., virtues, values, or rights), ethical commands or rules of conduct (e.g., not stealing, not harming, or treating others with respect), and guidelines for weighing outcomes (e.g., achieving the greatest good for the greatest number, distributing burdens and benefits fairly, or properly proportioning benefit to harm). Ethical principles like justice or respect for autonomy are simultaneously values, ideals, and the basis for deriving rules of conduct. Such rules serve as ethical standards to evaluate past and pending actions, programs, and policy recommendations. When addressing complex or controversial issues or issues involving numerous stakeholders, many different principles can come into play. But because ethical decision-making depends on context (e.g., on local circumstances, community stakeholders, and decision-makers), no formula can determine the most relevant ethical principles. Nevertheless, most ethicists and practitioners working in a field would agree that certain principles, theories, or frameworks provide more helpful guidance for that field. Given the need for flexibility, some prefer to speak not of ethical principles but of “general moral considerations” that can provide guidance in healthcare practice (Childress et al., 2002). At any rate, a complex ethical challenge involving stakeholders with competing moral claims frequently demands consideration of a variety of ethical principles and theories to address the situation and justify a proposed intervention.

CONFIDENTIALITY AND HIPAA



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=38#oembed-2>

Media 5.2. HHS OCR – Your Health Information, Your Rights. [Online video]. Copyright 2012 by USGovHHSOCR.

HEALTH INFORMATION PRIVACY RIGHTS

Patients feel that their health information is private and should be protected. That is why there is a federal law that sets rules for healthcare providers and health insurance companies about who can look at and receive their health information. This law, called the **Health Insurance Portability and Accountability Act of 1996** (HIPAA), gives patients rights over their health information, including the right to get a copy of their information, make sure it is correct, and know who has seen it.

Patients can ask to see or get a copy of their medical records and other health information. If they want a copy,

they may have to put a request in writing and pay for the cost of copying and mailing. In most cases, copies must be given to them within 30 days. Patients can ask to change any wrong information in their files or add information to their files if they think something is missing or incomplete. For example, if they and their hospital agree that the patient's file has the wrong result for a test, the hospital must change it. Even if the hospital believes the test result is correct, they still have the right to have a disagreement noted in the file. In most cases, the file should be updated within 60 days.

By law, health information can be used and shared for specific reasons not directly related to care, like making sure doctors give good care, making sure nursing homes are clean and safe, reporting when the flu is in the area, or reporting as required by state or federal law. In many of these cases, a patient can find out who has seen their health information.

Patients can learn how their health information is used and shared by their doctor or health insurer. Generally, health information cannot be used for purposes not directly related to their care without their permission. For example, a patient's doctor cannot give it to their employer, or share it for things like marketing and advertising, without their written authorization. Most patients probably received a notice telling them how their health information may be used on their first visit to a new healthcare provider or when they got new health insurance, but a patient can ask for another copy anytime.

Patients can let their providers or health insurance companies know if there is information they do not want to share. They can ask that their health information not be shared with certain people, groups, or companies. If they go to a clinic, for example, they can ask the doctor not to share their medical records with other doctors or nurses at the clinic. Patients can ask for other kinds of restrictions, but the doctors do not always have to agree to do what they ask, particularly if it could affect care. Finally, a patient can also ask their healthcare provider or pharmacy not to tell their health insurance company about the care they receive or drugs they take, if they pay for the care or drugs in full and the provider or pharmacy does not need to get paid by their insurance company.

Patients can ask to be reached somewhere other than home. They can make reasonable requests to be contacted at different places or in a different way. For example, they can ask to have a nurse call them at your office instead of their home or to send mail to them in an envelope instead of on a postcard.

PRIVACY, SECURITY, AND ELECTRONIC HEALTH RECORDS

Most healthcare providers are moving from paper records to **electronic health records (EHRs)** or they may be using EHRs already. EHRs allow providers to use information more effectively to improve the quality and efficiency of care, but EHRs will not change the privacy protections or security safeguards that apply to patients' health information.

EHRs and Your Health Information



Image 5.2. Electronic health records can be beneficial to healthcare providers and patients alike. [Image description].

EHRs are electronic versions of paper charts in doctors' or other healthcare providers' offices. An EHR may include a patient's medical history, notes, and other information about their health including their symptoms, diagnoses, medications, lab results, vital signs, immunizations, and reports from diagnostic tests such as x-rays. Providers are working with other doctors, hospitals, and health plans to find ways to share that information. The information in EHRs can be shared with other organizations involved in a patient's care if the computer systems are set up to talk to each other. Information in these records should only be shared for purposes authorized by law or by the patient. Patients have privacy rights whether their information is stored as a paper record or stored in an electronic form. The same federal laws that already protect their health information also apply to information in EHRs.

Benefits of Having EHRs

Whether a healthcare provider is just beginning to switch from paper records to EHRs or is already using EHRs within the office, a patient will likely experience one or more of the following benefits:

1. Improved quality of care

As doctors begin to use EHRs and set up ways to securely share a patient's health information with other providers, it will make it easier for everyone to work together to make sure they are getting the care they need. For example:

- Information about a patient's medications will be available in EHRs so that healthcare providers don't give them another medicine that might be harmful to them.
- EHR systems are backed up like most computer systems, so if a patient is in an area affected by a disaster, like a hurricane, their health information can be retrieved.
- EHRs can be available in an emergency. If a patient is in an accident and is unable to explain their health history, a hospital that has a system may be able to talk to their doctor's system. The hospital will get information about their medications, health issues, and tests, so decisions about emergency care are faster and more informed.

2. More efficient care

Doctors using EHRs may find it easier or faster to track lab results and share progress with patients. If their doctors' systems can share information, one doctor can see test results from another doctor, so the test doesn't always have to be repeated. Especially with x-rays and certain lab tests, this means they are at less risk from radiation and other side effects. When tests are not repeated unnecessarily, it also means they pay less for their healthcare in copayments and deductibles.

3. More convenient care

EHRs can alert providers to contact a patient when it is time for certain screening tests. When doctors, pharmacies, labs, and other members of their healthcare team are able to share information, a patient may no longer have to fill out all the same forms over and over again, wait for paper records to be passed from one doctor to the other, or carry those records themselves.

4. Keeps electronic health information secure

Most patients feel that their health information is private and should be protected. The federal government put in place the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule to ensure patients have rights over their own health information, no matter what form it is in. The government also created the HIPAA Security Rule to require specific protections to safeguard your electronic health information. A few possible measures that can be built into EHR systems may include:

- “Access control” tools like passwords and PIN numbers, to help limit access to patients’ information to authorized individuals.
- “Encrypting” patients’ stored information. That means their health information cannot be read or understood except by those using a system that can “decrypt” it with a “key.”
- An “audit trail” feature, which records who accessed the patient’s information and what changes were made and when.

Finally, federal law requires doctors, hospitals, and other healthcare providers to notify patients of a “breach.” The law also requires the healthcare provider to notify the Secretary of Health and Human Services. If a breach affects more than 500 residents of a state or jurisdiction, the healthcare provider must also notify prominent media outlets serving the state or jurisdiction. This requirement helps patients know if something has gone wrong with the protection of their information and helps keep providers accountable for EHR protection.

SHARING HEALTH INFORMATION WITH FAMILY MEMBERS AND FRIENDS

HIPAA sets rules for healthcare providers and health plans about who can look at and receive a patient’s health information, including those closest to them – their family members and friends. The HIPAA Privacy Rule ensures that patients have rights over their health information, including the right to get their information, make sure it’s correct, and know who has seen it.

What Happens if a Patient Wants to Share Health Information with a Family Member or a Friend?

HIPAA requires most doctors, nurses, hospitals, nursing homes, and other healthcare providers to protect the privacy of a patient’s health information. However, if they don’t object, a healthcare provider or health plan may share relevant information with family members or friends involved in their healthcare or payment for their healthcare in certain circumstances.

When Health Information Can be Shared

Under HIPAA, a patient’s healthcare provider may share their information face-to-face, over the phone, or in writing. A healthcare provider or health plan may share relevant information if:

- A patient gives their provider or plan permission to share their information.
- A patient is present and does not object to sharing the information.
- A patient is not present, and the provider determines based on professional judgment that it's in their best interest.
 - Examples:
 - An emergency room doctor may discuss their treatment in front of their friend when the patient asks the friend to come into the treatment room.
 - The hospital may discuss a patient's bill with a patient's daughter who is with them and has a question about the charges, if you do not object.
 - A doctor may discuss the drugs a patient needs to take with their health aide who has come with them to their appointment.
 - A nurse may not discuss a patient's condition with their brother if they tell her not to.
 - HIPAA also allows healthcare providers to give prescription drugs, medical supplies, x-rays, and other healthcare items to a family member, friend, or other person a patient sends to pick them up.

A healthcare provider or health plan may also share relevant information if a patient is not around or cannot give permission when a healthcare provider or plan representative believes, based on professional judgment, that sharing the information is in the patient's best interest.

- Examples:
 - A patient had emergency surgery and is still unconscious. The surgeon may tell the patient's spouse about their condition, either in person or by phone, while they are unconscious.
 - A doctor may discuss a patient's drugs with their caregiver who calls their doctor with a question about the right dosage.
 - A doctor may not tell a patient's friend about a past medical problem that is unrelated to their current condition.

CONSENT IN HEALTHCARE AND RESEARCH

HISTORICAL OVERVIEW

One of the earliest ethics codes was the **Nuremberg Code**—a set of 10 principles written in 1947 in conjunction with the trials of Nazi physicians accused of shockingly cruel research on concentration camp prisoners during World War II. It provided a standard against which to compare the behavior of the individuals on trial—many of whom were eventually convicted and either imprisoned or sentenced to death. The Nuremberg Code was particularly clear about the importance of carefully weighing risks against benefits and the need for informed consent.

The **Declaration of Helsinki** is a similar ethics code that was created by the World Medical Council in 1964. Among the standards that it added to the Nuremberg Code was that research with human participants should be based on a written protocol—a detailed description of the research—that is reviewed by an independent committee. The Declaration of Helsinki has been revised several times, most recently in 2013.



Image 5.3. Ethical codes guide healthcare professionals on how to ethically conduct human research. [Image description].

In the United States, concerns about the Tuskegee study and others led to the publication in 1978 of a set of federal guidelines called the **Belmont Report**. The Belmont Report explicitly recognized the principle of seeking justice, including the importance of conducting research in a way that distributes risks and benefits fairly across different groups at the societal level. The Belmont Report was influential in the formation of national ethical guidelines for research in both the US and Canada.

INFORMED CONSENT

Informed consent means obtaining and documenting people's agreement to have a medical procedure or participate in a study, having informed them of everything that might reasonably be expected to affect their decision. Properly informing participants includes details of the procedure, the risks and benefits of the research, the fact that they have the right to decline to participate or to withdraw from the study, the consequences of doing so, and any legal limits to confidentiality.

Although the process of obtaining informed consent often involves having participants read and sign a consent form, it is important to understand that this written agreement is not all it is. Although having participants read and sign a consent form might be enough when they are competent adults with the necessary ability and motivation, many participants do not actually read consent forms or read them but do not understand them. For example, participants often mistake consent forms for legal documents and mistakenly believe that by signing them they give up their right to sue the healthcare provider or researcher (Mann, 1994). Even with competent adults, therefore, it is good practice to tell participants about the risks and benefits, demonstrate the procedure, ask them if they have questions, and remind them of their right to withdraw at any time—in addition to having them read and sign a consent form.

Note also that there are situations in which informed consent is not necessary. These include situations in which the research is not expected to cause any harm and the procedure is straightforward or the study is conducted in the context of people's ordinary activities. For example, if you wanted to sit outside a public building and observe whether people hold the door open for people behind them, you would not need to obtain their informed consent. Similarly, if a professor wanted to compare two legitimate teaching methods across two sections of her research methods course, she would not need to obtain informed consent from her students unless she planned to publish the results in a scientific journal about learning.

Key Takeaways

- A complex ethical challenge involving stakeholders with competing moral claims frequently demands consideration of a variety of ethical principles and theories to address the situation and justify a proposed intervention.
- Health Insurance Portability and Accountability Act of 1996 (HIPAA), gives patients rights over their health information, including the right to get a copy of their information, make sure it is correct, and know who has seen it.
- Even with competent adults, therefore, it is good practice to tell participants about the risks and benefits, demonstrate the procedure, ask them if they have questions, and remind them of their right to withdraw at any time—in addition to having them read and sign a consent form.

Vocabulary

- **Autonomy** – Self-legislating; enacts from within the moral rules and principles that bind the will and guide action
- **Categorical Imperative** – An unconditional requirement for an action to be moral
- **Declaration of Helsinki** – Added to the Nuremberg Code that research with human participants should be based on a written protocol that is reviewed by an independent committee
- **Deontology** – An ethical theory that focuses on the rules governing action
- **Ethical Framework** – A tool or approach for practically addressing ethical challenges that often includes a stepwise procedure
- **Electronic Health Records (EHRs)** – Electronic version of a patient's medical history and other information about their health
- **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** – A federal law that gives patients rights over their health information
- **Informed Consent** – Obtaining and documenting people's agreement to have a medical procedure or participate in a study, having informed them of everything that might reasonably be expected to affect their decision
- **Morality** – A society's shared, stable beliefs about what is good and bad, right and wrong
- **Nuremberg Code** – One of the earliest ethics codes; contained 10 principles for human research, including the importance of weighing risks against benefits and the need for informed consent
- **Principles** – General categories, rules, or guidelines that form the basis of a discipline
- **Utilitarianism** – An ethical theory that focuses on the result of an action
- **Virtue Ethics** – An ethical theory that focuses on the moral character of the actor or agent

CHAPTER 5 TEST YOURSELF

Please see Appendix C for an offline copy of the Chapter 5 Test Yourself activity. To view interactive H5P elements that have been excluded from this version of the text, please visit it online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=38#h5p-24>

REFERENCES AND ATTRIBUTIONS

Introduction

“Public Health Ethics: Global Cases, Practice, and Context” by Leonard W. Ortmann, Drue H. Barrett, Carla Saenz, Ruth Gaare Bernheim, Angus Dawson, Jo A. Valentine, and Andreas Reisin. Published by Springer Nature in *Public Health Ethics: Cases Spanning the Globe* under a CC BY-NC 2.5 license. Lightly edited for brevity and consistency with its new context.

Why Are Ethics Important in Healthcare?

“Ethics matters in health” [YouTube video] by World Health Organization (WHO). All rights reserved.

Ethical Theories

“Public Health Ethics: Global Cases, Practice, and Context” by Leonard W. Ortmann, Drue H. Barrett, Carla Saenz, Ruth Gaare Bernheim, Angus Dawson, Jo A. Valentine, and Andreas Reisin. Published by Springer Nature in *Public Health Ethics: Cases Spanning the Globe* under a CC BY-NC 2.5 license.

Bartlett, R., & S. Collins. (2011). *Aristotle’s Nicomachean ethics*. Chicago/London: University of Chicago Press.

Gregor, M., Timmermann, J., & Korsgaard, C. M. (eds.). (2012). *Kant: Groundwork of the metaphysics of morals*. New York: Cambridge University Press.

O’Neill, O. 2002. *Autonomy and trust in bioethics (Gifford lecture)*. Cambridge: Cambridge University Press.

Public Health Leadership Society. (2002). *Principles of the ethical practice of public health*. https://www.apha.org/-/media/files/pdf/membergroups/ethics/ethics_brochure.ashx

Ruger, J. 2010. *Health and social justice*. New York: Oxford University Press.

Sen, A. (2009). *The idea of justice*. London: Allen Lane.

Ethics and Morality

“Public Health Ethics: Global Cases, Practice, and Context” by Leonard W. Ortmann, Drue H. Barrett, Carla Saenz, Ruth Gaare Bernheim, Angus Dawson, Jo A. Valentine, and Andreas Reisin. Published by Springer Nature in *Public Health Ethics: Cases Spanning the Globe* under a CC BY-NC 2.5 license. Lightly edited to remove punctuation from the bulleted list.

Ethical Principles

"Public Health Ethics: Global Cases, Practice, and Context" by Leonard W. Ortmann, Drue H. Barrett, Carla Saenz, Ruth Gaare Bernheim, Angus Dawson, Jo A. Valentine, and Andreas Reisin. Published by Springer Nature in *Public Health Ethics: Cases Spanning the Globe* under a CC BY-NC 2.5 license. Lightly edited for brevity.

Childress, J. F., Faden, R. R., Gaare, R. D., Gostin, L. O., Kahn, J., Bonnie, R. J., Kass, N. E., Mastroianni, A. C., Moreno, J. D., & Nieburg, P. (2002). Public health ethics: mapping the terrain. *The Journal of Law, Medicine & Ethics*, 30(2), 170–178. <https://doi.org/10.1111/j.1748-720x.2002.tb00384.x>

Confidentiality and HIPAA

Health Information Privacy Rights

"HHS OCR – Your Health Information, Your Rights" [YouTube video] by HHS OCR. All rights reserved.

"Your Health Information Privacy Rights" from the Office for Civil Rights (OCR). Published by the U.S. Department of Health and Human Services under public domain. Lightly edited for tone and reformatted for consistency with its new context.

Privacy, Security, and Electronic Health Records

"Privacy, Security, and Electronic Health Records" from the Office for Civil Rights (OCR). Published by the U.S. Department of Health and Human Services under public domain. Lightly edited for tone.

EHRs and Your Health Information

"Privacy, Security, and Electronic Health Records" from the Office for Civil Rights (OCR). Published by the U.S. Department of Health and Human Services under public domain. Lightly edited for tone.

Benefits of Having EHRs

"Privacy, Security, and Electronic Health Records" from the Office for Civil Rights (OCR). Published by the U.S. Department of Health and Human Services under public domain. Lightly edited for tone and reformatted for consistency with its new context.

Sharing Health Information with Family Members and Friends

"Sharing Health Information with Family Members and Friends" from the Office for Civil Rights (OCR). Published by the U.S. Department of Health and Human Services under public domain. Lightly edited for tone and reformatted for consistency with its new context.

Consent in Healthcare and Research

Historical Overview

"From Moral Principles to Ethics Codes" in *Research Methods in Psychology (2nd Canadian Edition)* by Paul C. Price, Rajiv S. Jhangiani, and I-Chant A. Chiang. Published under a CC BY-NC-SA 4.0 license. Lightly edited for tone and to change to American spelling conventions.

Informed Consent

"From Moral Principles to Ethics Codes" in *Research Methods in Psychology (2nd Canadian Edition)* by Paul C. Price,

Rajiv S. Jhangiani, and I-Chant A. Chiang. Published under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and clarity.

Mann, T. (1994). Informed consent for psychological research: Do subjects comprehend consent forms and understand their legal rights? *Psychological Science*, 5, 140–143.

IMAGE DESCRIPTIONS

Image 5.1: This image depicts tiles spelling out the following words: Values, Respect, Integrity, Ethics. Values and Respect, Respect and Integrity, and Integrity and Ethics intersect where they share a common letter. [Return to Image 5.1].

Image 5.2: This image depicts a male doctor using an electronic tablet. [Return to Image 5.2].

Image 5.3: This image is a close-up photograph of a hand holding a test tube in a laboratory. The test tube contains a model of a double helix. [Return to Image 5.3].

Chapter 6: Professionalism

Learning Objectives

- Assess why professionalism is important for those that work in all healthcare settings.
- Analyze how healthcare professionals approach challenging situations when working alone and when working together.
- Examine the components of professional conduct and the importance of interprofessional collaborative practice.

INTRODUCTION

What is professionalism? A profession is an occupation that involves mastery of complex knowledge and skills through prolonged training, education, or practical experience. Becoming a member of a specific profession doesn't happen overnight. Whether you seek to be a physical therapist, medical laboratory scientist, athletic trainer, nurse, or health educator, each profession requires interested parties to invest themselves in learning to become a professional or a member of a profession who earns their living through specified expert activity. It's much easier to define the terms "profession" and "professional" than it is to define the term "professionalism" because each profession will have its take on what it means to be a professional within a given field. According to the United States Department of Labor (n.d.), **professionalism** "does not mean wearing a suit or carrying a briefcase; rather, it means conducting oneself with responsibility, integrity, accountability, and excellence. It means communicating effectively and appropriately and always finding a way to be productive." The U.S. Department of Labor's book *Skills to Pay the Bills: Mastering Soft Skills for Workplace Success* goes on to note:

Professionalism isn't one thing; it's a combination of qualities. A professional employee arrives on time for work and manages time effectively. Professional workers take responsibility for their own behavior and work effectively with others. High-quality work standards, honesty, and integrity are also part of the package. Professional employees look clean and neat and dress appropriately for the job. Communicating effectively and appropriately for the workplace is also an essential part of professionalism.

Chapter Resources

[Key Takeaways](#)[Vocabulary](#)[Test Yourself](#)

DEVELOPING PROFESSIONALISM

Professionalism isn't a single "thing" that can be labeled. Instead, professionalism refers to the aims and behaviors that demonstrate an individual's level of competence expected by a professional within a given profession. By the

word “aims,” we mean that someone who exhibits professionalism is guided by a set of goals in a professional setting. Whether the aim is to complete a project on time or help ensure higher quarterly incomes for the organization, professionalism involves striving to help one’s organization achieve specific goals. By “behaviors,” we mean specific ways of behaving and communicating within an organizational environment. Some common behaviors can include acting ethically, respecting others, collaborating effectively, taking personal and professional responsibility, and using language professionally. In the following sections, we will explore each of these behaviors separately.

BE APPROPRIATE

Avoid oversharing personal or family information with your coworkers or boss. Be careful what you say and post about work (Mind Tools Content Team, n.d.). A best practice is to avoid talking about any work-related issues with people outside of your closest family and friends, and even then, you should be cautious. Word can spread like wildfire and you wouldn’t want to lose your job over hearsay. Refrain from complaining about work and posting negative work-related content on social media. Despite your privacy settings, you can’t be sure that that information won’t get back to your employers or colleagues.

BE PRESENTABLE AND DRESS APPROPRIATELY

Always maintain a level of professionalism through your work attire, hygiene, and visual presentation (Piccirilli, 2018). Take note of the workplace dress code; until you have a better idea of what it is, take a conservative and simple approach to dress. Even if your workplace is more casual in nature, it is important to come to work clean, neat, and well-groomed. If you are representing yourself professionally, you are helping the employer to be seen in a professional light as well.

BE PUNCTUAL AND RESPECTFUL

Consistently showing up for work and showing up on time indicates that you’re serious about your job. It’s not only important to be punctual about arriving to work, but also to be on time for meetings and follow the prescribed times for breaks or other scheduled work gatherings. If you know you are going to be late, be courteous. Pick up the phone or send an email and let your employer know when you will be there (always offer to reschedule if that is more convenient for others). When you are able to meet your commitments, it tells an employer that they can depend on you.

CLARIFY EXPECTATIONS AND ASK FOR FEEDBACK

Sometimes an employer may not have the time or resources to review your job expectations with you in detail. To ensure you’re performing adequately at your new job, review your job duties very carefully, then identify your main responsibilities and how much time you should be spending on each. This is a fail-proof way to ensure you’re on target with what your employer expects, however, if you are unclear about what this looks like, don’t hesitate to clarify at any time. Along the same lines, if you want to make sure you’re on the right track, set up a time to meet with your manager and ask for feedback on your progress so far (Indeed Editorial Team, 2021).

BE HONEST AND OWN YOUR MISTAKES

It’s not the end of the world if you make a mistake on the job, it just makes you human. The worst thing to do is

to lie about it. If you take responsibility for your mistake and avoid making excuses, it will show a great deal of maturity (Half, 2016). Employers will appreciate your honesty and your ability to handle a situation like this. If you show them you're willing to learn the proper way to do something, to avoid this happening again in the future, you will be more likely to build a trusting relationship (Piccirilli, 2018).

FOLLOW THROUGH ON WHAT YOU SAY

Be a person of your word, if you can be relied on to do what you say you're going to do, an employer is eventually going to see you as their go-to person (Mind Tools Content Team, n.d.). When your words match your behaviors, it makes it easier for an employer to trust you and they will ultimately be more likely to recommend, praise, and invest in you. On the contrary, not actively following through on what you say can paint a negative picture of you to an employer; they may assume you are undependable or even uninterested in the job.

DEMONSTRATE A POSITIVE ATTITUDE

You may have experienced working with someone negative in the past, which is why it's so important for employers to want their employees to exhibit positivity. If you have a bad attitude this may impact how well you do your job or how you communicate with other people. People tend to remember the bad things; you certainly don't want your employer to remember you as the complainer. Positivity is a highly sought-after quality on the job, as it tends to be a morale booster and increase the enjoyment of a work environment significantly.

KNOW AND UNDERSTAND YOUR ROLE AND YOUR SCOPE OF PRACTICE AND ASK FOR HELP WHEN NEEDED

Many of us make the mistake of wanting to prove we can do something on our own, or sometimes we're just scared to ask for help because we think it might be seen unfavorably by our managers (Mind Tools Content Team, n.d.). The opposite of this is true; employers want you to ask questions and ask for help when you're unsure of how to do something. Employers would rather you ask the questions you need in order to do the job correctly than potentially cost them time and money on careless, easily preventable mistakes. That being said, if you have a number of questions, collect them and schedule a time to meet with your manager to discuss them all at once – this will eliminate multiple interruptions.

BE A PROBLEM SOLVER AND A PEACEMAKER

Regardless of the job, we can't escape day-to-day problems, whether they are personality differences between colleagues or roadblocks in our daily tasks or projects. What's important for an employer to see is how you're able to handle it when the situation is appropriate. An employer is seeking those that can manage conflict through effective negotiation and communication skills in a diplomatic, respectful, and calm manner. Furthermore, when you are able to manage unforeseen problems by identifying a plan and proposing possible solutions, you are taking this off the employer's plate and allowing them to spend their time managing more pertinent concerns (Half, 2016). When an employer has to frequently intervene in these situations it can take away from how competently they view you in your role.

BE SELF-AWARE

Be honest with yourself (and others!) about your strengths and your challenges. Realize that you are not perfect

and that every person needs to grow and learn continually throughout their careers. Self-evaluate regularly and set specific goals for yourself that are both measurable and achievable. When you experience conflict or misunderstandings, ask yourself what you could have done differently. When you receive constructive criticism, consider ways in which you can improve.

STAY CALM IN STRESSFUL SITUATIONS AND MANAGE DISAPPOINTMENT

Emotional intelligence is a highly-valued trait, both in the career world and in everyday life. Resilience is closely related to emotional intelligence. In the video below, The Mind Tools Content Team (n.d.) explains that two vital components of emotional intelligence are becoming more self-aware to understand your own emotions and using active listening skills to learn empathy.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=44#oembed-1>

Media 6.1. Emotional intelligence in the workplace [Online video]. Copyright 2018 by MindToolsVideos.

ADAPT TO CHANGE

With changes happening all around us, you're bound to experience a number of work-related changes in your time. Being flexible and open-minded to those changes will help to reduce the amount of stress you are experiencing and allow you to navigate unexpected changes in your work environment in a more positive and constructive way. Work changes can take their toll on morale, when employees are more adaptable, they will help set the tone for a more seamless transition across the team.

BE SELF-MOTIVATED

Just like many workplaces, health and wellness workplaces are busy and employers value employees who can work with little-to-no supervision. This type of person sees what needs to be done and does it. They never sit idle and find ways to keep themselves busy by helping their colleagues or catching up on work that was left undone.

BE ORGANIZED

Organization skills are important in every aspect of life and are absolutely essential to the workplace. Being organized decreases stress, saves time, and increases productivity. Piccirilli (2018) suggests keeping a tidy workspace and using a planner. Read this article to help you improve your organizational skills.

INTERPROFESSIONAL COLLABORATION

INTERPROFESSIONAL COLLABORATIVE SKILLS

A critical skill for healthcare professionals is the ability to work efficiently and effectively with other healthcare workers. For example, a person working in patient care may need to interact with their core team, contingency teams, ancillary and support services, administration, and the patient. A team consists of two or more individuals who interact dynamically, interdependently, and adaptively toward a common and valued goal, have specific roles or functions, and have a time-limited membership. Teams within healthcare must learn to communicate, coordinate, and effectively think and feel as a team by enacting necessary teamwork processes.

Teamwork processes can be defined as interrelated knowledge, skills, and attitudes that allow teams to work together to accomplish interdependent goals, such as problem-solving or providing optimal care to a patient. A team with the proper teamwork structure can anticipate the needs of other team members, dynamically adjust to a changing environment (including changing behaviors of team members), and have a shared understanding of what should happen.

- **Knowledge:** Teams whose members have strong communication, leadership, situation monitoring, and mutual support capabilities yield important team outcomes such as shared awareness about what is going on with the team and progress toward its goal. Team members will also be familiar with the roles and responsibilities of their teammates.
- **Attitudes:** When you work in teams in which the members have good communication, leadership, situation monitoring, and mutual support skills, team members are more likely to have a positive experience; you will enjoy working in teams and trust the intentions of your teammates.
- **Performance:** You'll be able to adapt to changes in the care plan. Team members will know when and how to back up each other. You'll be more efficient in providing care; you will have a plan, and you will know who is supposed to do what, and how they are supposed to do it. Finally, your team will be safer, allowing the team to more readily identify and correct errors if they occur.

The knowledge, skills, and attitudes of teamwork complement clinical excellence and improve patient outcomes, because teams use feedback cycles and clearly defined tools to communicate, plan, and deliver better quality care.

All healthcare students must prepare to deliberately work together in clinical practice with a common goal of building a safer, more effective, patient-centered healthcare system. The World Health Organization (WHO) (2010) defines **interprofessional collaborative practice** as multiple health workers from different professional backgrounds working together with patients, families, caregivers, and communities to deliver the highest quality of care.

Effective teamwork and communication have been proven to reduce medical errors, promote a safety culture, and improve patient outcomes (Agency for Healthcare Research and Quality [AHRQ], 2015). The importance of effective interprofessional collaboration has become even more important as healthcare professionals advocate to reduce health disparities related to social determinants of health (SDOH). In these efforts, healthcare professionals work with people from a variety of professions, such as physicians, social workers, educators, policymakers, attorneys, faith leaders, government employees, community advocates, and community members. Healthcare students must be prepared to effectively collaborate interprofessionally after graduation (National Academies of Sciences, Engineering, and Medicine, 2021).

The Interprofessional Education Collaborative (IPEC) has identified four core competencies for effective interprofessional collaborative practice. This section will review content related to these four core competencies and provide examples of how they relate to different health professions.

IPEC CORE COMPETENCIES

The Interprofessional Education Collaborative (IPEC) established standard core competencies for effective interprofessional collaborative practice. The competencies guide the education of future health professionals with the necessary knowledge, skills, values, and attitudes to collaboratively work together in providing client care. See Table 6.1 for a description of the four IPEC core competencies. Each of these competencies will be further discussed in the following sub-sections of this chapter.

Table 6.1: The Four IPEC Core Competencies

Competency 1: Values/Ethics for Interprofessional Practice

Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Competency 2: Roles/Responsibilities:

Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of patients and to promote and advance the health of populations.

Competency 3: Interprofessional Communication

Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

Competency 4: Teams and Teamwork

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

Source: Core Competencies for Interprofessional Collaborative Practice: 2017 Update from the Interprofessional Education Collaborative.

Values and Ethics for Interprofessional Practice

The first IPEC competency is related to values and ethics and states, “Work with individuals of other professions to maintain a climate of mutual respect and shared values” (Interprofessional Education Collaborative, 2016). See the table below for the components related to this competency.

Components of IPEC's Values/Ethics for Interprofessional Practice Competency

- Place interests of clients and populations at the center of interprofessional healthcare delivery and population health programs and policies, with the goal of promoting health and health equity across the lifespan.
- Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
- Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
- Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.
- Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.
- Develop a trusting relationship with patients, families, and other team members.
- Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.
- Manage ethical dilemmas specific to interprofessional patient/population-centered care situations.
- Act with honesty and integrity in relationships with patients, families, communities, and other team members.
- Maintain competence in one's own profession appropriate to scope of practice.

Source: Core Competencies for Interprofessional Collaborative Practice: 2017 Update from the Interprofessional Education Collaborative.

Nursing, medical, and other health professional programs typically educate students in “silos” with few opportunities to collaboratively work together in the classroom or in clinical settings. However, after being hired for their first job, these graduates are thrown into complex clinical situations and expected to function as part of the team.

One of the first steps in learning how to function as part of an effective interprofessional team is to value each healthcare professional's contribution to quality, patient-centered care. Mutual respect and trust are foundational to effective interprofessional working relationships for collaborative care delivery across the health professions. Collaborative care also honors the diversity reflected in the individual expertise each profession brings to care delivery (Interprofessional Education Collaborative Expert Panel, 2011)



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=44#oembed-2>

Media 6.2. How does interprofessional collaboration impact care? The patient's perspective (2/7) [Online video] by Darío García Rodríguez. Published under a CC BY 3.0 license.

ROLES AND RESPONSIBILITIES OF HEALTHCARE PROFESSIONALS

The second IPEC competency relates to the roles and responsibilities of healthcare professionals and states, “Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of patients and to promote and advance the health of populations” (Interprofessional Education Collaborative, 2016).

See the following box for the components of this competency. It is important to understand the roles and responsibilities of the other healthcare team members, and to recognize one’s limitations in skills, knowledge, and abilities. One should also ask for assistance when needed to provide quality, patient-centered care.

Components of IPEC’s Roles/Responsibilities Competency

- Communicate one’s roles and responsibilities clearly to patients, families, community members, and other professionals.
- Recognize one’s limitations in skills, knowledge, and abilities.
- Engage with diverse professionals who complement one’s own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
- Explain the roles and responsibilities of other providers and the manner in which the team works together to provide care, promote health, and prevent disease.
- Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.
- Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention.
- Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.
- Engage in continuous professional and interprofessional development to enhance team performance and collaboration.
- Use unique and complementary abilities of all members of the team to optimize health and patient care.
- Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.

Source: Core Competencies for Interprofessional Collaborative Practice: 2017 Update from the Interprofessional Education Collaborative.

Healthcare professionals communicate with several individuals during a typical shift. For example, during inpatient care, nurses may communicate with the following: patients and their family members; pharmacists and pharmacy technicians; providers from different specialties; physical, speech, and occupational therapists; dietary aides; respiratory therapists; chaplains; social workers; case managers; nursing supervisors, charge nurses, and other staff nurses; assistive personnel; nursing students; nursing instructors; security guards; laboratory personnel; radiology and ultrasound technicians; and surgical team members.

Providing holistic, quality, safe, and effective care means every team member taking care of patients must work collaboratively and understand the knowledge, skills, and scope of practice of the other team members. The table below provides examples of the roles and responsibilities of common healthcare team members that nurses

frequently work with when providing patient care. To fully understand the roles and responsibilities of the multiple members of the complex healthcare delivery system, it is beneficial to spend time shadowing those within these roles.

Healthcare Team Roles

- **Advanced Practical Nurses (APRNs)**
 - Coordinate patient care and may provide primary and specialty healthcare. They work independently or in collaboration with physicians.
- **Athletic Trainers (ATs)**
 - Specialize in preventing, diagnosing, and treating muscle and bone injuries and illnesses. Not to be confused with fitness trainers and instructors.
- **Behavior Analysts**
 - Observe and analyze the behavior of individuals in order to develop treatment plans that improve skill repertoires, safety, and quality of life. Includes Board Certified Assistant Behavior Analysts (BCaBAs) and Board Certified Behavior Analysts (BCBAs).
- **Chiropractors**
 - Evaluate and treat patients' neuromusculoskeletal system using spinal adjustments and manipulation, as well as other clinical interventions.
- **Clinical Laboratory Scientists (CLSs)**
 - Perform medical laboratory tests that physicians, surgeons, or other healthcare practitioners order for the diagnosis, treatment, and prevention of disease.
- **Community Health Workers (CHWs)**
 - Act as intermediaries between residents and healthcare and social services providers. They identify health-related issues, collect data, and discuss health concerns within the community.
- **Dentists**
 - Diagnose and treat problems with patients' teeth, gums, and related parts of the mouth.
- **Dietitians and Nutritionists**
 - Help prevent or support treatment of health conditions such as heart disease, autoimmune disease, and obesity. They plan and conduct food service or nutritional programs to help people lead healthy lives.
- **Doctors of Osteopathy (DOs)**
 - Physicians who, compared to MDs, place additional emphasis on the body's musculoskeletal system, preventive medicine, and holistic (whole-person) patient care.

- **Emergency Management Directors (EMDs)**
 - Prepare plans and procedures for responding to natural disasters and other emergencies. Directors work with government agencies, nonprofits, private companies, and the public.
- **Exercise Physiologists (EPs)**
 - Develop fitness and exercise programs that help patients recover from chronic diseases and improve cardiovascular function, body composition, and flexibility. Not to be confused with fitness trainers and instructors or athletic trainers.
- **Health Education Specialists (HESs)**
 - Teach people about behaviors that promote wellness. They develop strategies to improve the well-being of individuals and communities.
- **Licensed Practical Nurses (LPNs) and Licensed Vocational Nurses (LVNs)**
 - Provide basic medical care to ill, injured, or convalescing patients or to persons with disabilities. They typically work under the supervision of registered nurses and doctors.
- **Medical and Health Services Managers and Administrators**
 - Plan, direct, and coordinate medical and health services. They may manage an entire facility, a specific clinical area or department, or a medical practice for a group of physicians.
- **Medical Doctors (MDs)**
 - Diagnose and treat injuries or illnesses and address health maintenance.
- **Occupational Therapists (OTs)**
 - Treat injured, ill, or disabled patients through the therapeutic use of everyday activities.
- **Pharmacists**
 - Dispense prescription medications to patients and offer expertise in the safe use of prescriptions.
- **Physical Therapists (PTs)**
 - Help injured or ill people improve movement and manage pain. They are often an important part of preventive care, rehabilitation, and treatment for patients with chronic conditions, illnesses, or injuries.
- **Psychiatrists**
 - Diagnose and treat mental illnesses through a combination of personal counseling (psychotherapy), psychoanalysis, hospitalization, and medication.
- **Psychologists**
 - Study cognitive, emotional, and social processes and behavior by observing, interpreting, and recording how people relate to one another and to their environments. They use their findings to help improve processes and

behaviors.

- **Registered Nurses (RNs)**

- Provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their families.

- **Respiratory Therapists (RTs)**

- Care for patients who have conditions that cause them to have trouble breathing.

- **Social Workers (SWs)**

- Help individuals, groups, and families prevent and cope with problems in their everyday lives. Clinical social workers and licensed clinical social workers diagnose and treat mental, behavioral, and emotional problems.

- **Speech-Language Pathologists (SLPs)**

- Assess and treat people who have speech, language, voice, and fluency disorders.

The coordination and delivery of safe, quality patient care demand reliable teamwork and collaboration across organizational and community boundaries. Patients often have multiple visits across multiple providers working in different organizations. Communication failures between healthcare settings, departments, and team members are the leading cause of patient harm (Rosen et al., 2018). Our healthcare system is becoming increasingly complex requiring collaboration among diverse healthcare team members.

The goal of good interprofessional collaboration is improved patient outcomes, as well as increased job satisfaction of healthcare team professionals. Patients receiving care with poor teamwork are almost five times as likely to experience complications or death. Hospitals in which staff report higher levels of teamwork have lower rates of workplace injuries and illness, fewer incidents of workplace harassment and violence, and lower turnover (Rosen et al., 2018). Valuing and understanding the roles of team members are important steps toward establishing good interprofessional teamwork. Another step is learning how to effectively communicate with interprofessional team members.

INTERPROFESSIONAL COMMUNICATION

The third IPEC competency focuses on interprofessional communication and states, “Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease” (Interprofessional Education Collaborative, 2016). This competency also aligns with The Joint Commission’s (2023) National Patient Safety Goal for improving staff communication. See the following box for the components associated with the Interprofessional Communication competency.

Components of IPEC's Interprofessional Communication Competency

- Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
- Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
- Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.
- Listen actively and encourage ideas and opinions of other team members.
- Give timely, sensitive, constructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
- Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.
- Recognize how one's uniqueness (experience level, expertise, culture, power, and hierarchy within the healthcare team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships.
- Communicate the importance of teamwork in patient-centered care and population health programs and policies.

Source: Core Competencies for Interprofessional Collaborative Practice: 2017 Update from the Interprofessional Education Collaborative.

Transmission of information among members of the healthcare team and facilities is ongoing and critical to quality care. However, information that is delayed, inefficient, or inadequate creates barriers to providing quality care. Communication barriers continue to exist in healthcare environments due to interprofessional team members' lack of experience when interacting with other disciplines. For instance, many novice nurses enter the workforce without experiencing communication with other members of the healthcare team (e.g., providers, pharmacists, respiratory therapists, social workers, surgical staff, dieticians, physical therapists, et cetera). Additionally, healthcare professionals tend to develop a professional identity based on their educational program with a distinction made between groups. This distinction can cause tension between professional groups due to diverse training and perspectives on providing quality patient care. In addition, a healthcare organization's environment may not be conducive to effectively sharing information with multiple staff members across multiple units. In addition to potential educational, psychological, and organizational barriers to sharing information, there can also be general barriers that impact interprofessional communication and collaboration. See the following box for a list of these general barriers.

General Barriers to Interprofessional Communication and Collaboration

- Personal values and expectations
- Personality differences
- Organizational hierarchy

- Lack of cultural humility
- Generational differences
- Historical interprofessional and intraprofessional rivalries
- Differences in language and medical jargon
- Differences in schedules and professional routines
- Varying levels of preparation, qualifications, and status
- Differences in requirements, regulations, and norms of professional education
- Fears of diluted professional identity
- Differences in accountability and reimbursement models
- Diverse clinical responsibilities
- Increased complexity of patient care
- Emphasis on rapid decision-making

Source: O'Daniel & Rosenstein (2011).

Since teams and teamwork is a culmination of all that you have learned by reviewing the first three IPEC competencies, this book is dedicating an entire section to this topic next.

TEAMS AND TEAMWORK

Now that we have reviewed the first three IPEC competencies related to valuing team members, understanding team members' roles and responsibilities, and using structured interprofessional communication strategies, let's discuss strategies that promote effective teamwork. The fourth IPEC competency states, "Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable" (Interprofessional Education Collaborative, 2016). See the following box for the components of this IPEC competency.

Components of IPEC's Teams and Teamwork Competency

- Describe the process of team development and the roles and practices of effective teams.
- Develop consensus on the ethical principles to guide all aspects of teamwork.
- Engage health and other professionals in shared patient-centered and population-focused problem-solving.
- Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
- Apply leadership practices that support collaborative practice and team effectiveness.

- Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.
- Share accountability with other professions, patients, and communities for outcomes relevant to prevention and healthcare.
- Reflect on individual and team performance for individual, as well as team performance improvement.
- Use process improvement to increase the effectiveness of interprofessional teamwork and team-based services, programs, and policies.
- Use available evidence to inform effective teamwork and team-based practices.
- Perform effectively on teams and in different team roles in a variety of settings.

Source: Core Competencies for Interprofessional Collaborative Practice: 2017 Update from the Interprofessional Education Collaborative.

Developing effective teams is critical for providing healthcare that is patient-centered, safe, timely, effective, efficient, and equitable (Interprofessional Education Collaborative Expert Panel, 2011). Healthcare professionals collaborate with the interprofessional team by not only assigning and coordinating tasks but also by promoting solid teamwork in a positive environment. A healthcare leader, such as a charge nurse, identifies gaps in workflow, recognizes when task overload is occurring, and promotes the adaptability of the team to respond to evolving patient conditions. The qualities of a successful team are described in the following box.

Qualities of a Successful Team

- Promote a respectful atmosphere
- Define clear roles and responsibilities for team members
- Regularly and routinely share information
- Encourage open communication
- Implement a culture of safety
- Provide clear directions
- Share responsibility for team success
- Balance team member participation based on the current situation
- Acknowledge and manage conflict
- Enforce accountability among all team members
- Communicate the decision-making process
- Facilitate access to needed resources
- Evaluate team outcomes and adjust as needed

Source: O'Daniel & Rosenstein (2011).

TEAMSTEPS

TeamSTEPS® is an evidence-based framework used to optimize team performance across the healthcare system. It is a mnemonic standing for Team Strategies and Tools to Enhance Performance and Patient Safety. The AHRQ (2012) and the Department of Defense (DoD) developed the TeamSTEPS® framework as a national initiative to improve patient safety by improving teamwork skills and communication.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=44#oembed-3>

Media 6.3. TeamSTEPS Overview [Online video]. Copyright 2015 by AHRQ Patient Safety.

TEAM STRUCTURE

A healthcare leader establishes team structure by assigning or identifying team members' roles and responsibilities, holding team members accountable, and including patients and families as part of the team.

Communication

Communication is the first skill of the TeamSTEPS® framework. As previously discussed, it is defined as a "structured process by which information is clearly and accurately exchanged among team members" (AHRQ, 2014). All team members should use these skills to ensure accurate interprofessional communication:

- Provide brief, clear, specific, and timely information to other team members.
- Seek information from all available sources.
- Use ISBAR (Identify, Situation, Background, Assessment, and Recommendation) and handoff techniques to communicate effectively with team members.
- Use closed-loop communication to verify information is communicated, understood, and completed.
- Document appropriately to facilitate continuity of care across interprofessional team members (AHRQ, 2014).

Leadership

Leadership is the second skill of the TeamSTEPS® framework. As previously discussed, it is defined as the "ability to maximize the activities of team members by ensuring that team actions are understood, changes in information are shared, and team members have the necessary resources" (AHRQ, 2014). An example of a healthcare team leader in an inpatient setting is the charge nurse.

Effective team leaders demonstrate the following responsibilities:

- Organize the team.

- Identify and articulate clear goals (i.e., share the plan).
- Assign tasks and responsibilities.
- Monitor and modify the plan and communicate changes.
- Review the team's performance and provide feedback when needed.
- Manage and allocate resources.
- Facilitate information sharing.
- Encourage team members to assist one another.
- Facilitate conflict resolution in a learning environment.
- Model effective teamwork (AHRQ, 2014).

Three major leadership tasks include sharing a plan, monitoring and modifying the plan according to situations that occur, and reviewing team performance. Tools to perform these tasks are discussed in the following subsections.

Sharing the plan

Healthcare team leaders identify and articulate clear goals to the team at the start of the shift during inpatient care using a "brief." The **brief** is a short session to share a plan, discuss team formation, assign roles and responsibilities, establish expectations and climate, and anticipate outcomes and contingencies (AHRQ, 2014)

Monitoring and modifying the plan

Throughout the shift, it is often necessary for the team leader to modify the initial plan as patient situations change on the unit. A **huddle** is a brief meeting before and/or during a shift to establish situational awareness, reinforce plans already in place, and adjust the teamwork plan as needed (AHRQ, 2014). Read more about situational awareness in the "Situation Monitoring" subsection below.

Reviewing the team's performance

When a significant or emergent event occurs during a shift, such as a "code," it is important to later review the team's performance and reflect on lessons learned by holding a "debrief " session. A **debrief** is an informal information exchange session designed to improve team performance and effectiveness through reinforcement of positive behaviors and reflection on lessons learned (AHRQ, 2014).

Situation Monitoring

Situation monitoring is the third skill of the TeamSTEPPS® framework and is defined as the "process of actively scanning and assessing situational elements to gain information or understanding, or to maintain awareness to support team functioning (AHRQ, 2014). Situation monitoring refers to the process of continually scanning and assessing the situation to gain and maintain an understanding of what is going on around you. Situation awareness refers to a team member knowing what is going on around them. The team leader creates a shared mental model to ensure all team members have situation awareness and know what is going on as situations evolve. The STEP tool is used by team leaders to assist with situation monitoring (AHRQ, 2014).

STEP

The **STEP tool** is a situation monitoring tool used to know what is going on with you, your patients, your team, and your environment. STEP stands for Status of the patient, Team members, Environment, and Progress toward goal (AHRQ, 2014).

Cross-monitoring

As the STEP tool is implemented, the team leader continues to cross-monitor to reduce the incidence of errors. Cross-monitoring includes the following:

- Monitoring the actions of other team members.
- Providing a safety net within the team.
- Ensuring that mistakes or oversights are caught quickly and easily.
- Supporting each other as needed (AHRQ, 2014).

I'M SAFE checklist

The **I'M SAFE** mnemonic is a tool used to assess one's own safety status, as well as that of other team members in their ability to provide safe patient care. See the I'M SAFE Checklist in the following box (AHRQ, 2014). If a team member feels their ability to provide safe care is diminished because of one of these factors, they should notify the charge nurse or other nursing supervisor. In a similar manner, if a nurse notices that another member of the team is impaired or providing care in an unsafe manner, it is an ethical imperative to protect clients and report their concerns according to agency policy (AHRQ, 2014).

I'm Safe Checklist

- **I:** Illness
- **M:** Medication
- **S:** Stress
- **A:** Alcohol and Drugs
- **F:** Fatigue
- **E:** Eating and Elimination

Mutual Support

Mutual support is the fourth skill of the TeamSTEPPS® framework and is defined as the “ability to anticipate and support team members’ needs through accurate knowledge about their responsibilities and workload (AHRQ, 2014). Mutual support includes providing task assistance, giving feedback, and advocating for patient safety by using assertive statements to correct a safety concern. Managing conflict is also a component of supporting team members’ needs.

Task assistance

Helping other team members with tasks builds a strong team. Task assistance includes the following components:

- Team members protect each other from work-overload situations.
- Effective teams place all offers and requests for assistance in the context of patient safety.
- Team members foster a climate where it is expected that assistance will be actively sought and offered (AHRQ, 2014).

Feedback

Feedback is provided to a team member for the purpose of improving team performance. Effective feedback should follow these parameters:

- *Timely*: Provided soon after the target behavior has occurred.
- *Respectful*: Focused on behaviors, not personal attributes.
- *Specific*: Related to a specific task or behavior that requires correction or improvement.
- *Directed towards improvement*: Suggestions are made for future improvement.
- *Considerate*: Team members' feelings should be considered and privacy provided. Negative information should be delivered with fairness and respect (AHRQ, 2014).

Advocating for safety with assertive statements

When a team member perceives a potential patient safety concern, they should assertively communicate with the decision-maker to protect patient safety. This strategy holds true for all team members, no matter their position within the hierarchy of the healthcare environment. The message should be communicated to the decision-maker in a firm and respectful manner using the following steps:

- Make an opening.
- State the concern.
- State the problem (real or perceived).
- Offer a solution.
- Reach agreement on next steps (AHRQ, 2014).

Two-challenge rule

When an assertive statement is ignored by the decision-maker, the team member should assertively voice their concern at least two times to ensure that it has been heard by the decision-maker. This strategy is referred to as the two-challenge rule. When this rule is adopted as a policy by a healthcare organization, it empowers all team members to pause care if they sense or discover an essential safety breach. The decision-maker being challenged is expected to acknowledge the concern has been heard (AHRQ, 2014).

CUS assertive statements

During emergent situations, when stress levels are high or when situations are charged with emotion, the decisionmaker may not “hear” the message being communicated, even when the two-challenge rule is implemented. It is helpful for agencies to establish assertive statements that are well-recognized by all staff as the implementation of the two-challenge rule. These assertive statements are referred to as the **CUS mnemonic**: “I am **C**oncerned – I am **U**ncomfortable – This is a **S**afety issue!” (AHRQ, 2014).

Using these scripted messages may effectively catch the attention of the decision-maker. However, if the safety issue still isn’t addressed after the second statement or the use of “CUS” assertive statements, the team member should take a stronger course of action and utilize the agency’s chain of command. For the two-challenge rule and CUS assertive statements to be effective within an agency, administrators must support a culture of safety and emphasize the importance of these initiatives to promote patient safety.

Managing conflict

Conflict is not uncommon on interprofessional teams, especially when there are diverse perspectives from multiple staff regarding patient care. Nurse leaders must be prepared to manage conflict to support the needs of their team members. When conflict occurs, the DESC tool can be used to help resolve conflict by using “I statements.” **DESC** is a mnemonic that stands for the following:

- **D**: Describe the specific situation or behavior; provide concrete data.
- **E**: Express how the situation makes you feel/what your concerns are using “I” statements.
- **S**: Suggest other alternatives and seek agreement.
- **C**: Consequences stated in terms of impact on established team goals while striving for consensus (AHRQ, 2014).

The DESC tool should be implemented in a private area with a focus on WHAT is right, not WHO is right.

Key Takeaways

- Professionalism means conducting oneself with responsibility, integrity, accountability, and excellence while also communicating effectively and appropriately.
- A critical skill for healthcare professionals is the ability to work efficiently and effectively with other healthcare workers.
- Healthcare professionals collaborate with the interprofessional team by not only assigning and coordinating tasks but also by promoting solid teamwork in a positive environment.

Vocabulary

- **Brief** – A short session to share a plan, discuss team formation, assign roles and responsibilities, establish expectations and climate, and anticipate outcomes and contingencies

- **Communication** – Structured process by which information is clearly and accurately exchanged among team members
- **CUS** – Mnemonic to catch the attention of a decision-maker during emergent situations; stands for “I am Concerned – I am Uncomfortable – This is a Safety issue!”
- **Debrief** – An informal information exchange session designed to improve team performance and effectiveness through reinforcement of positive behaviors and reflection on lessons learned
- **DESC** – Mnemonic to manage conflict among team members; stands for Describe the situation or behavior, Express how it makes you feel or what your concerns are, Suggest other alternatives and seek agreement, and Consequences (impact on established team goals)
- **Huddle** – A brief meeting before and/or during a shift to establish situational awareness, reinforce plans already in place, and adjust the teamwork plan as needed
- **I’M SAFE** – Mnemonic tool used to assess one’s own safety status and the safety status of other team members
- **Interprofessional Collaborative Practice** – Multiple health workers from different professional backgrounds working together to deliver the highest quality of care
- **Leadership** – The ability to maximize the activities of team members by ensuring that team actions are understood, changes in information are shared, and team members have the necessary resources
- **Mutual Support** – The ability to anticipate and support team members’ needs through accurate knowledge about their responsibilities and workload
- **Professionalism** – Conducting oneself with responsibility, integrity, accountability, and excellence
- **Situation Monitoring** – The process of actively scanning and assessing situational elements to gain information or understanding, or to maintain awareness to support team functioning
- **STEP Tool** – A situation monitoring tool; stands for Status of the patients, Team members, Environment, and Progress toward goal
- **TeamSTEPPS®** – An evidence-based framework to optimize team performance across the healthcare system
- **Teamwork Processes** – The interrelated knowledge, skills, and attitudes that allow teams to work together to accomplish interdependent goals

CHAPTER 6 TEST YOURSELF

Please see Appendix C for an offline copy of the Chapter 6 Test Yourself activity. To view interactive H5P elements that have been excluded from this version of the text, please visit it online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=44#h5p-26>

REFERENCES AND ATTRIBUTIONS

Introduction

“Interpersonal Relationships at Work” in *Interpersonal Communication- A Mindful Approach to Relationships* by Jason

S. Wrench, Narissra M. Punyanunt-Carter, and Katherine S. Thweatt. Published by Milne Library Publishing under a CC BY-NC-SA 4.0 license.

U.S. Department of Labor (n.d.). *Professionalism*. <https://www.dol.gov/sites/dolgov/files/odep/topics/youth/softskills/professionalism.pdf>

Developing Professionalism

“Interpersonal Relationships at Work” in *Interpersonal Communication- A Mindful Approach to Relationships* by Jason S. Wrench, Narissra M. Punyanunt-Carter, and Katherine S. Thweatt. Published by Milne Library Publishing under a CC BY-NC-SA 4.0 license.

“Professionalism” in *Career Guide for Health and Wellness Office Administrative Professionals* by Ellen Dilgert. Published by eCampusOntario under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and to change to American spelling conventions.

Half, R. (2016, March 4). *30 character traits of mentally strong people*. <https://www.roberthalf.com/blog/management-tips/30-character-traits-of-mentally-strong-people>

Indeed Editorial Team. (2021, July 20). *17 performance review tips for employees*. Indeed. <https://ca.indeed.com/career-advice/career-development/performance-review-tips-for-employees>

Mind Tools Content Team. (n.d.). *Professionalism meeting the standards that matter*. Mind Tools. <https://www.mindtools.com/pages/article/professionalism.htm>

Piccirilli, G. (2018, January 2). *Knowledge center: 10 characteristics of professionalism in the workplace*. AAPC. <https://www.aapc.com/blog/40477-10-characteristics-of-professionalism-in-the-workplace/>

“Emotional Intelligence in the Workplace” [YouTube video] by MindToolsVideos. All rights reserved.

Interprofessional Collaboration

Interprofessional Collaborative Skills

“Module 1. Introduction” and “Module 2: Evidence-Base: Team Structure” from TeamSTEPPS® Fundamentals Course developed by the Agency for Healthcare Research and Quality. Published under public domain for noncommercial use. Lightly edited for brevity, clarity, and flow. For more information, visit www.ahrq.gov/teamstepps.

“Collaboration Within the Interprofessional Team Introduction” in *Nursing Management and Professional Concepts* by Chippewa Valley Technical College. Published by the Wisconsin Technical College System under a CC BY 4.0 license.. (2015, July). *TeamSTEPPS: National implementation research/evidence base*. U.S. Department of Health and Human Services. <https://www.ahrq.gov/teamstepps/evidence-base/safety-culture-improvement.html>

National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. The National Academies Press. <https://doi.org/10.17226/25982>

World Health Organization. (2010). *Framework for action on interprofessional education & collaborative practice*. <https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice>

IPEC Core Competencies

"IPEC Core Competencies" in *Nursing Management and Professional Concepts* by Chippewa Valley Technical College. Published by the Wisconsin Technical College System under a CC BY 4.0 license. Lightly edited for consistency with its new context.

Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. <https://ipec.memberclicks.net/assets/2016-Update.pdf>

Values and Ethics for Interprofessional Practice

"Values and Ethics for Interprofessional Practice" in *Nursing Management and Professional Concepts* by Chippewa Valley Technical College. Published by the Wisconsin Technical College System under a CC BY 4.0 license.

Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. <https://ipec.memberclicks.net/assets/2016-Update.pdf>

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. <https://ipec.memberclicks.net/assets/2011-Original.pdf>

"How does interprofessional collaboration impact care? The patient's perspective (2/7)" [YouTube video] by Darío García Rodríguez. Published under a CC BY 3.0 license.

Roles and Responsibilities of Healthcare Professionals

"Roles and Responsibilities of Healthcare Professionals" in *Nursing Management and Professional Concepts* by Chippewa Valley Technical College. Published by the Wisconsin Technical College System under a CC BY 4.0 license. Lightly edited for consistency with its new context.

Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. <https://ipec.memberclicks.net/assets/2016-Update.pdf>

Rosen, M. A., DiazGranados, D., Dietz, A. S., Benishek, L. E., Thompson, D., Pronovost, P. J., & Weaver, S. J. (2018). Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *The American Psychologist*, 73(4), 433-450. <https://doi.org/10.1037/amp0000298>

Healthcare Team Roles

Behavior Analysts description provided by Sarah Kent.

"29-1223.00 – Psychiatrists" by the U.S. Department of Labor, Employment and Training Administration (USDOL/ETA). Published under a CC BY 4.0 license.

Occupation descriptions from the *Occupational Outlook Handbook* except where noted. Published by the U.S. Bureau of Labor under a public domain license. Lightly edited for brevity and flow.

Interprofessional Communication

"Interprofessional Communication" in *Nursing Management and Professional Concepts* by Chippewa Valley Technical College. Published by the Wisconsin Technical College System under a CC BY 4.0 license.

Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. <https://ipec.memberclicks.net/assets/2016-Update.pdf>

The Joint Commission. (2023). *2023 Hospital national patient safety goals*. <https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2023/hap-npsg-simplified-2023-july.pdf>

O'Daniel, M., & Rosenstein, A. H. (2011). Professional communication and team collaboration. In: Hughes R.G. (Ed.). *Patient safety and quality: An evidence-based handbook for nurses*. Agency for Healthcare Research and Quality (US); Chapter 33. <https://www.ncbi.nlm.nih.gov/books/NBK2637>

Teams and Teamwork

"Teams and Teamwork" in *Nursing Management and Professional Concepts* by Chippewa Valley Technical College. Published by the Wisconsin Technical College System under a CC BY 4.0 license. Lightly edited for consistency with its new context.

Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. <https://ipec.memberclicks.net/assets/2016-Update.pdf>

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. <https://ipec.memberclicks.net/assets/2011-Original.pdf>

O'Daniel, M., & Rosenstein, A. H. (2011). Professional communication and team collaboration. In: Hughes R.G. (Ed.). *Patient safety and quality: An evidence-based handbook for nurses*. Agency for Healthcare Research and Quality (US); Chapter 33. <https://www.ncbi.nlm.nih.gov/books/NBK2637>

TeamSTEPPS

"Teams and Teamwork" in *Nursing Management and Professional Concepts* by Chippewa Valley Technical College. Published by the Wisconsin Technical College System under a CC BY 4.0 license. Lightly edited for clarity and consistency with its new context.

Agency for Healthcare Research and Quality. (2012). *TeamSTEPPS 2.0*. <https://www.ahrq.gov/teamstepps/instructor/index.html>

"TeamSTEPPS Overview" [YouTube video] by AHRQ. All rights reserved.

Agency for Healthcare Research and Quality. (2014). *Pocket Guide: TeamSTEPPS*. <https://www.ahrq.gov/teamstepps/instructor/essentials/pocketguide.html#communication>

Chapter 7: Communication in Healthcare

Learning Objectives

- Evaluate interprofessional and patient/family communication in healthcare.
- Explore electronic and nonverbal communication in healthcare.
- Examine intercultural communication.

INTRODUCTION

Professional communication is an important part of becoming a healthcare professional and being a healthcare student. You are entering a “profession” which means there are certain expectations in terms of your professional conduct specifically in terms of how you communicate with your fellow healthcare team members, your patients, and their family members. Professional communication involves a level of formality and is an important component of your post-secondary education. It is different than the informal communication that you may engage in with your friends and family. It also applies to your verbal and written communication including emails.

Chapter Resources

[Key Takeaways](#)[Vocabulary](#)[Test Yourself](#)

COMMUNICATION IN THE CLINIC

INTERPROFESSIONAL COMMUNICATION AND COLLABORATION

A **healthcare team** is a group of professionals contributing to the care and treatment of a patient. The team typically consists of professionals from interdisciplinary areas such as physicians, nurses, and technologists. Communication among members of a healthcare team is essential for quality patient care and effective team performance. Building cooperative and respectful team relationships assist in a patient's perception of the care they are receiving. Critical patient information needs to be shared with members of healthcare teams to ensure a collaborative approach. Conversely, lack of communication creates opportunities for errors to occur, quality of care diminished, and can place patient safety at risk.



Image 7.1. Interdisciplinary teams of healthcare professionals work together to give patients high-quality care. [Image description].

INTERPERSONAL DIMENSIONS OF HEALTHCARE TEAMS

Many components are involved in working effectively in a healthcare team. Communication channels bring the team together to enable patient-centered care. Therapeutic communication is an important tool that helps put the patient at ease and builds trust in the healthcare team. When managing patient care each member of the team will have their own interpretation of the information presented and how the information is acted upon can be dependent on each member's uniqueness, expertise, and level of involvement within the team.

Interpersonal communication is the exchange of information between two or more people involving verbal and nonverbal methods. Developed interpersonal communication skills are vital to ensure collaboration with team members to support the best interest of patients. In most healthcare settings, teams are formed to support patient care and outcomes. A variety of teams are found in healthcare settings. They can be described as **interprofessional** care, collaborative care, shared care, or team care.

COMMON TYPES OF HEALTHCARE TEAMS

Primary care is the fundamental level of health services and contacts a patient has with the healthcare system. Primary healthcare teams are composed of healthcare providers who provide comprehensive healthcare within the community. As an example, a primary team could consist of a group of family physicians, nurse practitioners, practice managers, pharmacists, and healthcare administrators (HCAs) working to support the team. Primary care teams work to meet public and patient expectations, optimize health outcomes, and work to support and sustain the healthcare delivery systems.

Secondary care is concentrated health services. Secondary healthcare teams are composed of specialized healthcare providers who provide expert and specific care to patients who are often referred to them by a primary healthcare provider or team. Secondary healthcare teams are often found in a hospital setting. As an example, a

patient is referred to a hospital outpatient clinic for care or inpatient emergency care. The team composition can include specialized physicians such as a cardiologist, technicians, nurses, dieticians, and HCAs.

Tertiary care is advanced and highly specialized health services. Tertiary healthcare teams are found in healthcare settings focusing on advanced treatments and extended procedures such as cancer treatment or neurosurgery. Patients are referred to tertiary healthcare teams by either the primary or secondary health team. Tertiary team composition typically, includes medical specialists, nurses, technicians, and HCAs.

COLLABORATION AND OPEN COMMUNICATION

Collaboration described in the context of the healthcare team involves professionals undertaking interdependent roles working together, investing in shared strategies, problem-solving, and decision-making to design care plans supporting patient outcomes. Inherently, effective teams who coordinate care successfully establish methods of communication, inclusive of data management systems, team meetings, and responses to rapidly evolving public health needs.

Interventions to support collaborative team dynamics include:

- remove the reliance on continuing the way things have always been done, try new approaches
- encourage change, look for opportunities to find solutions, and improve processes
- support transparency in all interactions
- recognize and celebrate collaboration within the team

JUDGMENT AND DECISION-MAKING

Many thinking strategies are needed in a healthcare setting to ensure quality patient outcomes and accountability. Healthcare team members typically utilize and apply knowledge based on their scope of practice and role. Clinical reasoning is a process undertaken by healthcare professionals to understand a patient's problem, analyze information, and implement interventions. Healthcare decision-making is also a process inclusive of definable steps in sequential order.

TECHNOLOGY AND THE IMPACT ON HEALTHCARE TEAM COMMUNICATION

Technology has enhanced the accessibility of team communication in healthcare settings with the ability to communicate through the variety of devices and channels available. Connected healthcare spaces enable more agile treatment plans to develop within the team. Healthcare innovation allows the sharing and analyzing of patient data with team members to support decision-making capabilities. Technology can strengthen therapeutic communication via team relationships when used in a consistent manner to update team members and share information practices.

NAVIGATING CHALLENGING CONVERSATIONS AND WORKPLACE CONFLICT

An integral part of being a member of the healthcare team involves navigating challenging or difficult conversations. These conversations may arise based on a number of contributing factors such as stress, fatigue, time of day, and a patient who is in pain, angry, or appears aggressive. We should attempt to approach these

situations in a non-judgmental manner and avoid labeling someone as hostile or unpleasant. Practicing therapeutic communication techniques can help to de-escalate encounters.

DIVERSITY AND THE HEALTHCARE TEAM

Diversity in care teams involves members from multiple races, ages, genders, ethnicities, and orientations who present with various backgrounds and experiences. In 2019, around seven million people worked at general medical, surgical, or specialty hospitals; some two million at outpatient care centers, and about 1.8 million worked at nursing care facilities. There were 9.8 million workers employed as healthcare technicians and practitioners, including physicians, surgeons, and registered nurses. About two-thirds were non-Hispanic White. Another 5.3 million worked as nursing assistants, home health and personal care aides, and in other healthcare support occupations. One-quarter of healthcare support workers were Black. Women accounted for three-quarters of full-time, year-round healthcare workers (Laughlin et al., 2023). Healthcare teams composed of diverse members often have a wide range of decision-making and critical thinking abilities as they relate to healthcare decisions leading to more positive outcomes.

HEALTH LITERACY

What is Health Literacy?

The definition of health literacy was updated in August 2020 with the release of the U.S. government's Healthy People 2030 initiative. The update addresses personal health literacy and organizational health literacy and provides the following definitions:

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

These definitions are a change from the health literacy definition used in Healthy People 2010 and Healthy People 2020: "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

The new definitions:

- Emphasize people's ability to use health information rather than just understand it
- Focus on the ability to make "well-informed" decisions rather than "appropriate" ones
- Acknowledge that organizations have a responsibility to address health literacy
- Incorporate a public health perspective

Why is Health Literacy Important?



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=49#oembed-1>

Media 7.1. Dr. Rima Rudd [Online video]. Copyright 2015 by Centers for Disease Control and Prevention (CDC).

Understanding Health Literacy

Health literacy is important for everyone because, at some point in our lives, we all need to be able to find, understand, and use health information and services.

Taking care of our health is part of everyday life, not just when we visit a doctor, clinic, or hospital. Health literacy can help us prevent health problems, protect our health, and better manage health problems when they arise.

Even people who read well and are comfortable using numbers can face health literacy issues when:

- They aren't familiar with medical terms or how their bodies work.
- They have to interpret statistics and evaluate risks and benefits that affect their health and safety.
- They are diagnosed with a serious illness and are scared and confused.
- They have health conditions that require complicated self-care.
- They are voting on an issue affecting the community's health and relying on unfamiliar technical information.

Why Do We Have a Health Literacy Problem?

When organizations or people create and give others health information that is too difficult for them to understand, we create a health literacy problem. When we expect them to figure out health services with many unfamiliar, confusing, or even conflicting steps, we also create a health literacy problem.

How Can Healthcare Professionals Help People Now?

We can help people use the health literacy skills they have. How? We can do the following:

- Create and provide information and services people can understand and use most effectively with the skills they have. See Develop and Test Materials.
- Work with educators and others to help people become more familiar with health information and services and build their health literacy skills over time. See Collaborate.
- Build our own skills as communicators of health information. See Find Training for free, online options.
- Work with trusted messengers to share your information.

- Build health-literate organizations. See the following:
 - Attributes of a Health Literate Organization
 - Assess Health Literacy in Your Organization
 - Organizational Health Literacy: Quality Improvement Measures with Expert Consensus
- Consider the cultural and linguistic norms, environment, and history of your intended audience when developing your information and messages.
- Use certified translators and interpreters who can adapt to your intended audience's language preferences, communication expectations, and health literacy skills.

Talking Points About Health Literacy

As a health literacy ambassador, it's up to you to make sure your colleagues, staff, senior leadership, and community leaders understand the importance of using health literacy concepts. Use these talking points when making the case for building a health-literate organization. Add talking points relevant to your organization.

- Nearly nine out of 10 adults struggle to understand and use personal and public health information when it's filled with unfamiliar or complex terms.
- Limited health literacy costs the healthcare system money and results in higher than necessary morbidity and mortality. Improving health literacy could prevent nearly 1 million hospital visits and save over \$25 billion a year.
- We can improve health literacy if we practice clear communication strategies and techniques. Clear communication means presenting familiar concepts, words, numbers, and images in ways that make sense to the people who need the information.
- Testing information products with your intended audience and asking for feedback are the best ways to know if you're communicating clearly. Test and ask for feedback before releasing information to the public.
- Clear communication builds trust with your audience. When your audience trusts you, they're more likely to follow your recommendations.
- Choosing to use jargon is an act of exclusion. Using clear communication leads to better access in healthcare.
- Clear communication streamlines the translation process. That means you can more quickly share your information with people who are non-native English speakers and readers.

COMMUNICATION WITH PATIENTS AND FAMILIES

Defining Therapeutic Communication

Therapeutic, by its very definition, relates to curative treatments that benefit both the mind and the body (Merriam-Webster. n.d.). Effective therapeutic communication requires people to be compassionate. This may seem to be innate in people but that is not always true. In healthcare settings, effective **therapeutic communication** is used to care for people so that their healthcare needs can be met. Effective therapeutic communication skills can be learned through continuous self-reflection, empathy development, and practice.

Empathy

Empathy is helpful when therapeutically communicating with others because you feel what they are experiencing with the person, and that shared feeling leads to connection and trust with the patient. Empathy is an awareness of how someone is experiencing or feeling an emotional event because you have felt the same or similar emotion. For example, a patient shares with the healthcare provider that they are extremely sad after the death of their beloved cat Snips. The healthcare provider remembers the sadness she felt when her rabbit Hopper died and expresses to the patient, “This is a difficult time as pets are like family.” The patient then responds, “Yes, I was closer to Snips than I am to some of my family”. The healthcare provider responds with a caring glance and thanks the patient for sharing.



Image 7.2. Healthcare professionals use therapeutic communication to care for others. [Image description].



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=49#oembed-2>

Media 7.2. Empathy: The Human Connection to Patient Care [Online video]. Copyright 2013 by Cleveland Clinic.

Sympathy

Sympathy is not considered helpful when therapeutically connecting with another person because the sympathetic person feels sorry for the other person and can only imagine how they might be feeling. Often, when sympathizing with someone, people try to solve the person's problem to assist them in moving outside of their emotional state. For example, a patient shares with the healthcare provider that they are sad that they will have to quit their job to look after their mother who is in the early stages of dementia. The healthcare provider feels terrible that the patient's mother is suffering from dementia and that the patient must now lose income to look after their mother. The healthcare provider responds by suggesting that the patient looks into some inexpensive adult daycare centers. The patient does not respond and leaves the encounter feeling confused because she interprets the healthcare provider's response to mean that the healthcare provider doesn't think that the patient can look after their own mother. The healthcare provider doesn't understand how difficult it will be to have strangers care for their mother.

Governing Principles for Communicating with Patients with Limitations

An impairment may be new or temporary, such as an injury, surgery, or drug impairment. When the impairment is new, try different methods to address the patient's needs. For example, if the person requires assistance in communication, treat them as you would any other person requiring assistance. The first principle is to ask the patient how to best communicate with them. Then listen to their response. The patient is the expert on their needs

and what works for them. Do not insist that your way is the correct way; they have lived with their limitations daily (Harrington et al., 2020).

If a person asks for assistance, clarify how to help and what to do. For example, do they want you to take their arm? Ensure that you speak clearly and wait for responses and cues as to how they wish to proceed. Do not touch anything without asking first. For example, service animals or wheelchairs. A person's assistive device (e.g. wheelchair, cane, walker) is considered a part of their personal space. Acknowledge the presence of an interpreter, attendant, or companion, but remember to address the person with a disability directly.

ELECTRONIC AND NON-VERBAL COMMUNICATION

ELECTRONIC COMMUNICATION

Social media started as a means of enhancing people's social lives, but it exceeded that purpose a long time ago. Virtually every business, healthcare service, and non-governmental organization has some sort of internet presence. These organizations use social media channels to communicate their brand or their values to the outside world. Even those few organizations that don't run their own Twitter or Instagram account are sure to appear on other people's review accounts or websites. Of course, our reliance on electronic communication doesn't end there. Other channels of electronic communication—most notably email—are day-to-day facts of school, work, and personal life. This doesn't mean that we can afford to take electronic communication for granted. Even the smallest text deserves the same kind of communication consideration that we give more formal, traditional kinds of writing and speaking.



Image 7.3. It is important for healthcare professionals to understand how best to use various types of electronic communication. [Image description].

Email

Most students are familiar with email, or as it was once known, electronic mail. Email is the most popular form of written communication in the history of human civilization. It is extremely flexible in what it can do. It can be used to send short routine messages or lengthy formal messages. It can be used to deliver other kinds of documents, such as letters, reports, and memos, and it can be used to facilitate the scheduling of face-to-face meetings and events. Email is also flexible in how it can be accessed: computers, tablets, smartphones, smartwatches, and other digital devices all allow you to send and receive messages. It is without question the most versatile communication channel in the workplace.

Because email is such a flexible and accessible technology, we must be mindful in how we use it. Professional emails should not look or sound like the texts we send our friends and family. As with more traditional forms of correspondence, our emails will be held to high standards for their vocabulary, organization, and appearance.

When a professional email is properly written, it gives the author credibility. The audience receiving it will be more likely to trust the information in the message and the person who sent it. When an email is overly casual or is filled with grammar mistakes, however, it distracts from the content of the message. It decreases the recipient's respect

Using Social Media Professionally

Review sites, blogs, tweets, and online community forums are some of the continually developing means of social media being harnessed by business and industry to reach customers and other stakeholders. People's comfort in the online environment forces businesses to market and interact in this environment or risk a massive loss in sales and interest. Though most users learn how to use social media as an extension or facilitator of their social lives, using the same platforms for professional reasons requires some change in behavior.

Recognize that every modern business or organization should have a social media presence on the sites they expect their customer base to frequent, especially popular sites such as Twitter, Facebook, and Instagram. Messaging here must be consistent across the platforms when alerting the customer base of important information such as special events, deals, and other news.

Next, follow expert advice on how to properly take advantage of social media in detail to promote your operation and reach people. Large companies will dedicate personnel to running their social media presence, but small businesses can do much of it themselves if they follow some decent online advice. Also, know that social media is a constantly evolving environment. Stay on trend by continually searching out and implementing the latest advice similar to the above.

Finally, always consider how the sites you access and what you post represent you and your employer, even if you think others don't know where you work or who you are. Internet service providers (ISPs) are required by law to archive information concerning the use and traffic of information that can become available under subpoena. Any move you make leaves digital footprints, so you will have to answer for any misstep that brings shame upon you or your company.

NON-VERBAL COMMUNICATION

Non-verbal communication strategies are ways you communicate without speaking, for example through facial expressions, hand gestures, eye contact, and body language.

In many situations, much of your communication occurs through non-verbal behaviors. Non-verbal communication can be a useful strategy for communicating emotions like empathy, compassion, and acceptance. It is often how healthcare providers respond, rather than what they say, that leaves a lasting impression on patients, so it is important to be aware of how you communicate using non-verbal behaviors.

Non-verbal behaviors must align with your verbal behaviors so that patients clearly understand what you are saying. For example, it would be confusing for the patient if you had a somber tone of voice, a distancing posture, and avoided eye contact while attempting to maintain a therapeutic relationship with the patient.

Try to ensure positioning where you are eye-to-eye with the patient and at a slight angle toward one another. This positioning conveys an open and non-confrontational and non-authoritative space. Whenever possible, avoid standing over the patient if they are sitting or lying in bed. It is better to sit down, which also conveys that you have time to listen to them.

INTERCULTURAL COMMUNICATION

CULTURAL CONSIDERATIONS

Therapeutic communication with patients and families requires attention to a person's culture. It is important to note that:

- People are cultural beings. At a basic level, culture includes a person's beliefs and values. It refers to a person's practices or their way of life. It includes a person's ethnicity, spirituality, and religion, but it is much more than these components.
- Culture is deeply embedded in each person and everything they do, including how they communicate and what is meaningful to them. It is essential to understand because it shapes the way we think, feel, and behave. It can determine what is considered taboo, appropriate, and meaningful.

Cultural safety is an important component of therapeutic communication because culture is so dynamic and deeply embedded in a person's way of being. In the context of therapeutic communication, cultural differences can affect the ways you communicate with patients. Cultural awareness is vital to providing safe care to patients (Curtis et al., 2019).

A relational approach can facilitate communication that embraces cultural safety because it relies on your dialogical engagement with the patient. In other words, healthcare providers should suspend what they assume they know about culture, and let patients direct healthcare providers with regard to how culture is meaningful to them. This approach encourages you to consider the relational interplay (Doane & Varcoe, 2015) of communication, the patient's culture, and your own culture. Like everyone, healthcare providers are cultural beings – you will tend to view the world and your patient from your own cultural perspective. From a relational perspective, you must understand your own culture and your patient's culture so that you are positioned to recognize and understand the patient's culture. Part of a relational approach also involves positioning yourself as an inquirer who is in a "space of knowing/not knowing, being curious, looking for what seems significant" (Doane & Varcoe, 2015, p. 6). See Table 7.1 on how to develop yourself as an inquirer and understand the interplay of your culture and the patient's culture.



Image 7.5. Cultural safety is integral to therapeutic communication. [Image description].

Table 7.1: Understanding Culture

Your Own Culture	The Patient's Culture
How do you define your culture?	Tell me about your culture.
How does your culture affect your health and illness?	Tell me about a typical day for you.
What are your own beliefs and customs that may affect how you care for and communicate with the patient?	Tell me about what is important to know about your culture in order to care for you best.
If you were in the patient's shoes, what would be important for you to share with your healthcare provider about your culture so that they could better care for you?	How can I provide care to you that is culturally safe?

INTERCULTURAL COMMUNICATION

We may be tempted to think of intercultural communication as the interaction between two people from different countries. While two distinct national passports communicate a key part of our identity non-verbally, what happens when two people from two different parts of the same country communicate? Indeed, intercultural communication happens between subgroups of the same country. Whether it be the distinctions between dialects in the same language or the rural- versus-urban dynamic, our geographic, linguistic, educational, sociological, and psychological traits influence our communication.

Culture is part of the very fabric of our thought, and we cannot separate ourselves from it, even as we leave home and begin to define ourselves in new ways through work and achievements. **Culture** consists of the shared beliefs, values, and assumptions of a group of people who learn from one another and teach others that their behaviors, attitudes, and perspectives are the correct ways to think, act, and feel. Every business or organization has a culture, and within what may be considered a global culture, there are many subcultures or co-cultures. For example, consider the difference between the sales and accounting departments in a corporation. We can quickly see two distinct groups with their own symbols, vocabulary, and values. Within each group, there may also be smaller groups, and each member of each department comes from a distinct background that in itself influences behavior and interaction.

More than just the clothes we wear, the movies we watch, or the video games we play, all representations of our environment are part of our culture. Culture also involves the psychological aspects and behaviors that are expected of members of our group. From the choice of words (message), to how we communicate (in person or by email), to how we acknowledge understanding with a nod or a glance (non-verbal feedback), to internal and external interference, all aspects of communication are influenced by culture.

Key Takeaways

- Communication among members of a healthcare team is essential for quality patient care and effective team performance.
- When using any form of electronic communication, take extra time to consider the clarity of your message since it will lack non-verbal cues.
- As healthcare professionals, we must understand our own culture so that we are positioned to recognize and understand the patient's culture.

Vocabulary

- **Collaboration** – Involves professionals undertaking interdependent roles working together
- **Empathy** – Feeling what another person is experiencing with that person, and that shared feeling leads to connection and trust with the patient
- **Healthcare Team** – A group of professionals contributing to the care and treatment of a patient
- **Non-Verbal Communication Strategies** – Communicating without speaking; for example through facial expressions, hand gestures, eye contact, and body language
- **Organizational Health Literacy** – The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others
- **Personal Health Literacy** – The degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others
- **Primary Care** – The fundamental level of health services and contacts a patient has with the healthcare system
- **Secondary Care** – Concentrated health services, composed of specialized healthcare providers who provide expert and specific care to patients
- **Sympathy** – Feeling sorry for another person and only being able to imagine how they might be feeling
- **Tertiary Care** – Advanced and highly specialized health service, found in healthcare settings focusing on advanced treatments and extended procedures

CHAPTER 7 TEST YOURSELF

Please see Appendix C for an offline copy of the Chapter 7 Test Yourself activity. To view interactive H5P elements that have been excluded from this version of the text, please visit it online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=49#h5p-28>

REFERENCES AND ATTRIBUTIONS

Introduction

"Professional Communication" in *Introduction to Communication in Nursing* by Jennifer Lapum, Oona St-Amant, Michelle Hughes, and Joy Garmaise-Yee. Published by Toronto Metropolitan University Pressbooks under a CC BY-NC 4.0 license. Lightly edited for consistency with its new context.

Communication in the Clinic

"Health Care Teams and Communication" in *Therapeutic Communication for Health Care Administrators* by Kimberlee Carter, Marie Rutherford, and Connie Stevens. Published by Conestoga College under a CC BY-NC-SA 4.0 license. Lightly edited for brevity and to change to American spelling conventions.

Laughlin, L., Anderson, A., Martinez, A., & Gayfield, A. (2023). *Who are our health care workers: 22 million employed in health care fight against COVID-19*. United States Census Bureau. <https://www.census.gov/library/stories/2021/04/who-are-our-health-care-workers.html>

Health Literacy

"What is Health Literacy?" from the Centers for Disease Control and Prevention. Published under public domain.

"Dr. Rima Rudd" [YouTube video] by Centers for Disease Control and Prevention. All rights reserved.

"Understanding Health Literacy" from the Centers for Disease Control and Prevention. Published under public domain. Lightly edited for consistency with its new context.

"Talking Points About Health Literacy" from the Centers for Disease Control and Prevention. Published under public domain.

Communication with Patients and Families

Defining Therapeutic Communication

"Therapeutic Communication" in *Therapeutic Communication for Health Care Administrators* by Kimberlee Carter, Marie Rutherford, and Connie Stevens. Published by Conestoga College under a CC BY-NC-SA 4.0 license. Lightly edited for brevity, clarity, consistency with its new context, and to change to American spelling conventions.

Merriam-Webster. (n.d.). Therapeutic. In *Merriam-Webster.com dictionary*. Retrieved May 6, 2023, from <https://www.merriam-webster.com/dictionary/therapeutic>

"Empathy: The Human Connection to Patient Care" [YouTube video] by Cleveland Clinic. All rights reserved.

"Communications with Clients of Differing Abilities" in *Therapeutic Communication for Health Care Administrators* by Kimberlee Carter, Marie Rutherford, and Connie Stevens. Published by Conestoga College under a CC BY-NC-SA 4.0 license.

Harrington, C. N., Koon, L. M., & Rogers, W. A. (2020). Design of health information and communication technologies for older adults. In A. Sethumadhavan & F. Sasangohar (Eds.), *Design for Health: Applications for Human Factors* (pp. 341-363). Academic Press. <https://doi.org/10.1016/C2018-0-00043-2>

Electronic and Non-Verbal Communication

"Electronic Communication", "Email", and "Netiquette and Social Media" in *Essential Communication Skills: Mohawk College* by John Corr, Grant Coleman, Betti Sheldrick, and Scott Bunyan. Published by eCampus Pressbooks under a CC BY-NC-SA 4.0 license. Edited for brevity and to change to American spelling conventions.

"Non-Verbal Communication Strategies" in *Professional Communication in Health Professions* by Jennifer Lapum, Oona St-Amant, Michelle Hughes, and Joy Garmaise-Yee (Eds.). Published by NSCC under a CC BY-NC 4.0 license. Lightly edited for brevity and consistency with its new context.

Intercultural Communication

Cultural Considerations

"Cultural Considerations" in *Introduction to Communication in Nursing* by Jennifer Lapum, Oona St-Amant, Michelle Hughes, and Joy Garmaise-Yee. Published by Toronto Metropolitan University Pressbooks under a CC BY-NC 4.0 license. Lightly edited for brevity and consistency with its new context.

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health*, 18(1). <https://doi.org/10.1186/s12939-019-1082-3>

Doane, G., & Varcoe, C. (2015). *How to nurse: Relational inquiry with individuals and families in changing health and healthcare contexts*. Wolters Kluwer.

Intercultural Communication

"Intercultural Communication" in *Introduction to Communication in Nursing* by Jennifer Lapum, Oona St-Amant, Michelle Hughes, and Joy Garmaise-Yee. Published by Toronto Metropolitan University Pressbooks under a CC BY-NC 4.0 license. Edited for brevity, flow, consistency with its new context, and to change to American spelling conventions.

IMAGE DESCRIPTIONS

Image 7.5: An image depicting several hands arranged around a globe as if the world was being cradled. [Return to Image 7.5.]

Chapter 8: Life Management

Learning Objectives

- Examine the importance of a healthy lifestyle for healthcare professionals.
- Distinguish common causes of stress and evaluate techniques for mitigating burnout.
- Evaluate time management and organizational strategies for success in school and future professions.

INTRODUCTION

Wellness is being in good physical and mental health. Because mental health and physical health are linked, problems in one area can impact the other. At the same time, improving a person's physical health can also benefit their mental health, and vice versa. It is important to make healthy choices for both physical and mental well-being. Remember that wellness is not just the absence of illness or stress. A person can still strive for wellness even if they are experiencing these challenges in their life.

Chapter Resources

[Key Takeaways](#)[Vocabulary](#)[Test Yourself](#)

STRESS MANAGEMENT

HEALTH EFFECTS OF STRESS

Stress is a feeling a person gets when faced with a challenge. In small doses, stress can be good for a person because it makes them more alert and gives them a burst of energy. For instance, if a person starts to cross the street and sees a car about to run them over, that jolt they feel helps them to jump out of the way before they get hit. But feeling stressed for a long time can take a toll on a person's mental and physical health. Even though it may seem hard to find ways to de-stress with all the things they have to do, it's important to find those ways; their health depends on it.

What are the most common causes of stress?

Stress happens when people feel like they don't have the tools to manage all of the demands in their lives. Stress can be short-term or long-term. Missing the bus or arguing with your spouse or partner can cause short-term stress. Money problems or trouble at work can cause long-term stress. Even happy events, like having a baby or getting married can cause stress. Some of the most common stressful life events include:

- Death of a spouse
- Death of a close family member
- Divorce
- Losing your job
- Major personal illness or injury
- Marital separation
- Marriage
- Pregnancy
- Retirement
- Spending time in jail



Image 8.1. Stress can have a powerful effect on a person's well-being. [Image description].

What are some common signs of stress?

Everyone responds to stress a little differently. Everyone's symptoms may be different. Here are some of the signs to look for:

- Not eating or eating too much
- Feeling like you have no control
- Needing to have too much control
- Forgetfulness
- Headaches
- Lack of energy
- Lack of focus
- Trouble getting things done
- Poor self-esteem
- Short temper
- Trouble sleeping
- Upset stomach
- Back pain

- General aches and pains

These symptoms may also be signs of depression or anxiety, which can be caused by long-term stress.

Can stress affect health?

The body responds to stress by releasing stress hormones. These hormones make blood pressure, heart rate, and blood sugar levels go up. Long-term stress can help cause a variety of health problems, including:

- Mental health disorders, like depression and anxiety
- Obesity
- Heart disease
- High blood pressure
- Abnormal heart beats
- Menstrual problems
- Acne and other skin problems

How can a person help handle their stress?

Everyone has to deal with stress. There are steps a person can take to help them handle stress in a positive way and keep it from making them sick. Try these tips to keep stress in check:

Develop a new attitude

- Become a problem solver. Make a list of the things that cause you stress. From your list, figure out which problems you can solve now and which are beyond your control for the moment. From your list of problems that you can solve now, start with the little ones. Learn how to calmly look at a problem, think of possible solutions, and take action to solve the problem. Being able to solve small problems will give you the confidence to tackle the big ones. And feeling confident that you can solve problems will go a long way to helping you feel less stressed.
- Be flexible. Sometimes, it's not worth the stress to argue. Give in once in a while or meet people halfway.
- Get organized. Think ahead about how you're going to spend your time. Write a to-do list. Figure out what's most important to do and do those things first.
- Set limits. When it comes to things like work and family, figure out what you can really do. There are only so many hours in the day. Set limits for yourself and others. Don't be afraid to say "no" to requests for your time and energy.

Relax

- Take deep breaths. If you're feeling stressed, taking a few deep breaths makes you breathe slower and helps your muscles relax.
- Stretch. Stretching can also help relax your muscles and make you feel less tense.
- Massage tense muscles. Having someone massage the muscles in the back of your neck and upper back can help you feel less tense.

- Take time to do something you want to do. We all have lots of things that we have to do. But often we don't take the time to do the things that we really want to do. It could be listening to music, reading a good book, or going to a movie.

Take care of your body

- Get enough sleep. Getting enough sleep helps you recover from the stresses of the day. Also, being well-rested helps you think better so that you are prepared to handle problems as they come up. Most adults need 7 to 9 hours of sleep a night to feel rested.
- Eat right. Try to fuel up with fruits, vegetables, beans, and whole grains. Don't be fooled by the jolt you get from caffeine or high-sugar snack foods. Your energy will wear off, and you could wind up feeling more tired than you did before.
- Get moving. Getting physical activity can not only help relax your tense muscles but improve your mood. Research shows that physical activity can help relieve symptoms of depression and anxiety.
- Don't deal with stress in unhealthy ways. This includes drinking too much alcohol, using drugs, smoking, or overeating.

Connect with others

- Share your stress. Talking about your problems with friends or family members can sometimes help you feel better. They might also help you see your problems in a new way and suggest solutions that you hadn't thought of.
- Get help from a professional if you need it. If you feel that you can no longer cope, talk to your doctor. She or he may suggest counseling to help you learn better ways to deal with stress.
- Help others. Volunteering in your community can help you make new friends and feel better about yourself.

PERSONAL WELLNESS

Personal wellness means being physically, emotionally, and mentally healthy. A healthy lifestyle helps balance all these aspects to achieve wellness. A person's decisions and choices will impact both their short-term and long-term wellness. It is important to take into account your overall personal wellness in order to increase the potential for academic success in your educational program and get the greatest benefit out of it. In this section, you will learn about some of the various aspects affecting your wellness, such as nutrition, fitness, and lifestyle choices.



Image 8.2. Personal wellness is an important component of academic potential. [Image description].

PHYSICAL HEALTH

There are many lifestyle choices that we make that impact our personal wellness in both negative and positive ways. The negative choices can become vices and cause addictions that can impede wellness for a few hours or be lifelong challenges. Positive choices can promote health and help form healthy habits. Some of the most rudimentary lifestyle choices are choosing to nurture and protect your body.

- Get enough sleep every night and try to be consistent about your sleeping routine. Studies show this helps your brain function more effectively.
- Keep hydrated. Drink plenty of water throughout the day. Avoid soda, alcohol, and sugary drinks.
- Eat a balanced, nutritious diet. Good nutritious food and a well-balanced diet will fuel your body. Avoid junk food and processed food.
- Exercise regularly and stay fit.
- Keep alcohol intake reasonable. Over-consumption of alcohol reduces the ability to function efficiently or think clearly.
- Do not smoke. Smoking can cause lung cancer, emphysema, chronic cough, shortness of breath, and dull skin.
- Follow safety rules. Buckle up. Wear your helmet. Use ladders carefully. Wear safety goggles, gloves, and other protective equipment when required. These choices will help prevent unnecessary accidents that can have serious long-term effects.
- Spend time outdoors and get fresh air and sunshine. Fresh air and sunshine help give the body vitality and vitamin D, which provides numerous benefits.
- Stay active. Keep moving. Go for walks. Take the stairs instead of the elevator. Ride your bike.
- Stay home when you are sick. Rest. It allows your body to fight and recover from illness and keeps others safe.

EMOTIONAL HEALTH

As well as looking after your physical health, it's also important to look after your emotional health. **Emotional health** keeps your heart in check and helps you to keep your emotions reasonable. Here are some ways to stay emotionally healthy.

- Don't hold onto grudges.
- Do things that bring you peace. Maybe that's going for a nature walk or a hike in the forest.
- Visit family and friends. Get together with people you care about.
- Join a team. You can meet new people while you learn a new skill and keep active.
- Have some downtime. Sometimes it just feels good to let things go and watch a good movie. Rest, relax, cry, laugh, and enjoy.
- Be aware of your feelings and attitudes.
- Develop your self-esteem. Pursue things that matter to you.

TIME MANAGEMENT AND SCHOOL SUCCESS TECHNIQUES

A great aspect of time is its equality. Regardless of race, religion, or age, everyone has the same amount of time in a day, week, month, and year. Wealthy people cannot buy more time and poor people do not receive less time. A minute for a tall person is the same amount of time for a short person. An hour for a woman is the same amount of time for a man. Regardless of how many languages someone speaks, ethnicity, educational background, income, or experience, everyone has 365 days in a year. Granted some people will live longer than others, but everyone has the same amount of time every day as everyone else. Time is also how we keep track of meetings and schedules ensuring that we are where we are supposed to be at the time we are expected to be there (work, home, class, meeting friends and family, et cetera). Time is important to us.



Image 8.3. There are many strategies a person can use to make the most of their time. [Image description].

TIME MANAGEMENT STRATEGIES FOR SUCCESS

The following are some strategies you can begin using immediately to make the most of your time:

- Prepare to be successful. When planning ahead for studying, think yourself into the right mood. Focus on the positive. “When I get these chapters read tonight, I’ll be ahead in studying for the next test, and I’ll also have plenty of time tomorrow to do X.” Visualize yourself studying well!
- Use your best—and most appropriate—time of day. Different tasks require different mental skills. For some kinds of studying, you may be able to start first thing in the morning as you wake, while others need your most alert moments at another time – whatever those times are for you.
- Break up large projects into small pieces. Whether it is writing a paper for class, studying for a final exam, or reading a long assignment or full book, students often feel daunted at the beginning of a large project. It is easier to get going if you break it up into stages that you schedule at separate times—and then begin with the first section that requires only an hour or two.
- Do the most important studying first. When two or more things require your attention, do the more crucial one first. If something happens and you can’t complete everything, you’ll suffer less if the most crucial work is done.
- If you have trouble getting started, do an easier task first. Like large tasks, complex or difficult ones can be daunting. If you can’t get going, switch to an easier task you can accomplish quickly. That will give you momentum, and often you feel more confident tackling the difficult task after being successful in the first one.
- If you are feeling overwhelmed and stressed because you have too much to do, revisit your time planner. Sometimes it is hard to get started if you keep thinking about other things you need to get done. Review your schedule for the next few days and make sure everything important is scheduled, then relax and concentrate on the task at hand.
- If you are really floundering, talk to someone. Maybe you just don’t understand what you should be doing. Talk with your instructor or another student in the class to get back on track.

- Take a break. We all need breaks to help us concentrate without becoming fatigued and burned out. As a general rule, a short break every hour or so is effective in helping recharge your study energy. Get up and move around to get your blood flowing, clear your thoughts, and work off stress.
- Use unscheduled times to work ahead. You have scheduled that hundred pages of reading for later today, but you have the textbook with you as you're waiting for the bus. Start reading now, or flip through the chapter to get a sense of what you will be reading later. Either way, you will save time later. You may be amazed how much studying you can get done during down times throughout the day.
- Keep your momentum. Prevent distractions, such as multi-tasking, that will only slow you down. Check for messages, for example, only at scheduled break times.
- Reward yourself. It's not easy to sit still for hours of studying. When you successfully complete a task, you should feel good and deserve a small reward. A healthy snack, a quick video game session, or social activity can help you feel even better about your successful use of time.
- Just say no. Always tell others nearby when you're studying, to reduce the chances of being interrupted. Still, interruptions happen, and if you are in a situation where you are frequently interrupted by a family member, spouse, roommate, or friend, it helps to have your "no" prepared in advance: "No, I really have to be ready for this test" or "That's a great idea, but let's do it tomorrow—I just can't today." You shouldn't feel bad about saying no—especially if you told that person in advance that you needed to study.
- Have a life. Never schedule your day or week so full of work and study that you have no time at all for yourself, your family and friends, and your larger life.
- Take inventory. Pay attention to where your time goes. What do you spend your time doing? What things could be cut out in order to make space for studies?
- Use a calendar planner and daily to-do list.
- Use technology to your advantage. Software and apps are available to help with organization and productivity. They can save you a lot of time.

BATTLING PROCRASTINATION

Procrastination is a way of thinking that lets one put off doing something that should be done now. This can happen to anyone at any time. It's like a voice inside your head keeps coming up with these brilliant ideas for things to do right now other than studying: "I really ought to get this room cleaned up before I study" or "I can study anytime, but tonight's the only chance I have to do X." That voice is also very good at rationalizing: "I really don't need to read that chapter now; I'll have plenty of time tomorrow at lunch...."

Procrastination is very powerful. Some people battle it daily, others only occasionally. Most students procrastinate often, and about half say they need help avoiding procrastination. Procrastination can threaten one's ability to do well on an assignment or test.

People procrastinate for different reasons. Some people are too relaxed in their priorities, seldom worry, and easily put off responsibilities. Others worry constantly, and that stress keeps them from focusing on the task at hand. Some procrastinate because they fear failure; others procrastinate because they fear success or are so perfectionistic that they don't want to let themselves down. Some are dreamers. Many different factors are involved, and there are different styles of procrastinating.

Just as there are different causes, there are different possible solutions for procrastination. Different strategies

work for different people. The time management strategies described earlier can help you avoid procrastination. Because this is a psychological issue, some additional psychological strategies can also help:

- Since procrastination is usually a habit, accept that and work on breaking it as you would any other bad habit- one day at a time. Know that every time you overcome feelings of procrastination, the habit becomes weaker and eventually you'll have a new habit of being able to start studying right away.
- Schedule times for studying using a daily or weekly planner, paper or digital. Carry it with you and look at it often. Just being aware of the time and what you need to do today can help you get organized and stay on track.
- If you keep thinking of something else you might forget to do later (making you feel like you “must” do it now), write yourself a note about it for later and get it out of your mind.
- Counter a negative with a positive. If you're procrastinating because you're not looking forward to a certain task, try to think of the positive future results of doing the work.
- Study with a motivated friend. Form a study group with other students who are motivated and won't procrastinate along with you. You'll learn good habits from them while getting the work done now.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=53#oembed-1>

Media 8.1. Inside the Mind of a Master Procrastinator [Online video]. Copyright 2016 by TED.

STUDY SKILLS

What does it mean to earn an A versus a C or a D in a class? For many students, this letter grade signifies the difference between success and failure. However, grades are dependent on many factors. The difficulty of the material and whether or not a topic is new to you might influence how well you are able to remember the information and recall it on an assessment. The types of assessments that are given in a class (tests, quizzes, papers, ungraded homework) might also play a role in how you are able to demonstrate proficiency in your subject. The section below provides a few tips on how to make the most out of every class and how to increase your chances of getting the grade you want.

Take Notes When You Are Reading

It is helpful to take notes by hand or electronically while you are reading to retain information. This is sometimes called “active reading” and the goal is to stay focused on the material and to be able to refer back to notes made while reading to improve retention and study efficiency. Don't make the mistake of expecting to remember everything you are reading. Taking notes when reading requires effort and energy. Be willing to do it and you'll reap the benefits later when studying for a test or writing a paper.

Place Your Assignments on Your Master Calendar and Create Plans for Completing Them Before They Are Due

Place all of your assignments for all of your classes with their due dates in your calendar, planner, smartphone, or whatever you use for organization. Students can block off all classes, studying, commute time, work hours, sleeping, eating, caretaking, and socializing. Using a weekly and monthly schedule, you can schedule when to start those assignments, break an assignment into smaller steps, and have an idea of how long it will take to complete them.

Have Someone Read Your Papers Before You Submit Them

You might be surprised to learn how many students turn in papers with spelling, grammar, and punctuation errors that could have been easily corrected by using a spell checker program or having someone read your paper. Campus writing centers or tutors will read your paper and give feedback, make suggestions, and help shape ideas. Take advantage of these services if they are offered. Another strategy is to read your paper aloud to yourself. You may catch errors when you read aloud that you might not catch when reading your writing. Remember that it is always the student's responsibility to have papers proofread, not someone else's. Writing early drafts gives you time to edit.

Schedule a time to study and in a location that is best for you

It's easy to put off studying if it's not something we schedule. Block specific times and days for studying. Put the times on your calendar. Stick to the schedule. Some students study best in the morning and some at night. Some excel at a coffee shop, and others at the library. The place and time in which students often study is usually the most convenient for them. Students often find convenient places and times may also be full of distractions and thus are not good choices for them to study. Find several places to study and change up your space if you find that it is no longer a working space for you. It's worth the effort to study at the time and place that will be most productive for you. For most students, it is best to turn off the cell phone and TV and to keep off the Internet (and social media) unless it directly relates to your work. For some, some background noise helps to concentrate.

MEMORY TECHNIQUES

The first thing our brains do is to take in information from our senses (what we see, hear, taste, touch, and smell). In many classroom and homework settings, we primarily use hearing for lectures and seeing for reading textbooks. Information we perceive from our senses is stored in what we call the short-term memory.

It is useful to then be able to do multiple things with information in the short-term memory. We want to: 1) decide if that information is important; 2) for the information that is important, be able to save the information in our brain on a longer-term basis—this storage is called the long-term memory; 3) retrieve that information when we need to. Exams often measure how effectively the student can retrieve “important information.”

In some classes and with some textbooks it is easy to determine information important to memorize. In other courses with other textbooks, that process may be more difficult. Your instructor can be a valuable resource to assist with determining the information that needs to be memorized. Once the important information is identified, it is helpful to organize it in a way that will help you best understand.

Moving Information from the Short-term Memory to the Long-term Memory

This is something that takes a lot of time; there is no shortcut to it. Students who skip putting in the time and work often end up cramming at the end.

Once information is memorized, regardless of when the exam is, the last step is to apply the information. Ask yourself: In what real-world scenarios could you apply this information? For mastery, try to teach the information to someone else.

How we save information to our long-term memory has a lot to do with our ability to retrieve it when we need it at a later date. Our mind “saves” information by creating a complex series of links to the data. The stronger the links, the easier it is to recall. You can strengthen these links by using the following strategies. You should note how closely they are tied to good listening and note-taking strategies.

- Make a deliberate decision to remember the specific data. “I need to remember Richard’s name” creates stronger links than just wishing you had a better memory for names.
- Link the information to your everyday life. Ask yourself, “Why is it important that I remember this material?”—and answer it.
- Link the information to other information you already have “stored”, especially the key themes of the course, and you will recall the data more easily. Ask yourself how this is related to other information you have. Look for ways to tie items together. Are they used in similar ways? Do they have similar meanings? Do they sound alike?
- Mentally group similar individual items into “buckets.” By doing this, you are creating links. For example, if you must memorize a vocabulary list for a Spanish class, group the nouns together with other nouns, verbs with verbs, and so forth. Or your groupings might be sentences using the vocabulary words.
- Use visual imagery. Picture the concept vividly in your mind. Make those images big, bold, and colorful—even silly! Pile concepts on top of each other or around each other; exaggerate their features like a caricature and let your imagination run wild. Humor and crazy imagery can help you recall key concepts.
- Use the information. Studies have generally shown that we retain only 5 percent of what we hear, 10 percent of what we read, 20 percent of what we learn from multimedia, and 30 percent of what is demonstrated to us. However we retain 50 percent of what we discuss, 75 percent of what we practice by doing, and 90 percent of what we teach others or use immediately in a relevant activity. Review your notes, participate in class, and study with others.
- Break information down into manageable “chunks.” Memorizing the ten-digit number “3141592654” seems difficult, but breaking it down into two sets of three digits and one of four digits, like a phone number—(314) 159-2654—now makes it easier to remember.
- Work from general information to the specific. People usually learn best when they get the big picture first, and then look at the details.
- Eliminate distractions. Every time you have to “reboot” your short-term memory, you risk losing data points. Multi-tasking—listening to music or texting while you study—will play havoc with your ability to memorize because you will need to reboot your short-term memory each time you switch mental tasks.
- Repeat, repeat, repeat. Hear the information; read the information; say it (yes, out loud), and say it again. The more you use or repeat the information, the stronger you develop links to it. The more

senses you use to process the information, the stronger the memorization. Write information on index cards to make flashcards and use downtime (when waiting for the subway or during a break between classes) to review key information.

- Test your memory often. Try to write down everything you know about a specific subject, from memory. Then go back and check your notes and textbook to see how you did. Practicing retrieval in this way helps ensure long-term learning of facts and concepts.
- Location, location, location. There is often a strong connection between information and the place where you first received that information. Associate information to learning locations for stronger memory links. Picture where you were sitting in the lecture hall as you repeat the facts in your mind.

Using Mnemonics

What do the names of the Great Lakes, the makings of a Big Mac, and the number of days in a month have in common? They are easily remembered by using mnemonic devices. **Mnemonics** (pronounced neh-MA-nicks) are tricks for memorizing lists and data. They create artificial but strong links to the data, making recall easier. The most commonly used mnemonic devices are acronyms, acrostics, rhymes, and jingles. Check out the chart below for those and more types of mnemonic devices.

Mnemonic Devices

- **Acronyms**

- Every discipline has its own language and acronyms are abbreviations. Acronyms can be used to remember words in sequence or a group of words representing things or concepts. For example:
 - BOGO: buy one, get one (free)
 - SCUBA: self-contained underwater breathing apparatus.
 - PIN: personal identification number.

- **Acrostics**

- Acrostics are phrases where the first letter of each word represents another word. They are relatively easy to make and can be very useful for remembering groups of words.
 - “My Very Educated Mother Just Sent Us Nine Pizzas” to help remember the nine planets and their order in our solar system.
 - “Please Excuse My Dear Aunt Sally” is an acrostic for the order of operations when solving math problems.

- **Chunking**

- You can capitalize on your short-term memory by “chunking” information. If you need to remember this number: 178206781. The task would exhaust your seven units of storage space unless you “chunk” the digits into groups. In this case, you could divide it into three chunks, like a social insurance number: 178 206 781. By chunking the information and repeating it you can stretch the capacity of your short-term memory.

- **Flashcards**

- Flashcards provide a convenient tool to test yourself frequently. You can purchase flashcards for common memory tasks such as learning multiplication tables, or you can create your own for learning facts, systems, and processes.

- **Images**

- This helps us remember by linking words to meanings through associations based on how a word sounds and creating imagery for specific words. This sort of visualization was found to be more effective when one listened to someone reading a text than when they read the text themselves.

- **Jingle**

- Jingles or short songs are great tools for memory. Remember the famous song to teach children parts of the body, "Head, shoulders, knees and toes, knees and toes. Head and shoulders, knees and toes, knees and toes. And eyes, and ears, and mouth and nose."

- **Locations and Journeys**

- Traditionally known as the Method of Loci, we associate each word from a list or grouping with a location. Imagine a place with which you are familiar, such as the rooms in your house. These become the objects of information you need to memorize. Another example is to use the route to your work or school, with landmarks along the way becoming the information you need to memorize. When you do this in order of your journey through the imagined space, it makes it easier to retrieve all of the information in the future.

- **Maps and Diagrams**

- Graphic organizers help us remember by connecting new information to our existing knowledge and to let us see how concepts relate to each other and fit into a context. Mind and concept maps, Cause and Effect, Fishbone, Cycle, Flow Chart, Ladders, Story Board, Compare and Contrast, Venn Diagrams, and more.

- **Reciting**

- Saying something out loud activates more areas of our brain and helps to connect the information to other activities.

- **Rhymes**

- Rhyme, rhythm, repetition, and melody make use of our brain's ability to encode audio information and use patterns to aid memory. They help recall by limiting the possible options to those items that fit the pattern you have created.

- **Summarizing**

- This traditional element of note-taking is a way to physically encode materials that make it easier for our brain to store and retrieve. It can be said that if we cannot summarize, then we have not learned...yet.

CREATING PERSONAL SCHEDULES

When creating a personal schedule, consider the courses you're taking and your personal time commitments that are non-negotiable, and those that are negotiable. It is important to be realistic about the time required for everything from personal hygiene (bathing, shaving, putting on make-up, doing hair, et cetera) to eating (including meal preparation), to working on courses. As you work on your time management, you will become much more aware of how much time you actually spend on these things.

Be realistic about the amount of time you'll need to devote to your studies. Remember that for every hour spent in class, you should plan an average of two additional hours studying outside of class. Make sure to schedule these time periods in your planner! These times change from week to week, with one course requiring more time in one week because of a paper due at the end of the week and a different course requiring more the next week because of a major exam. Make sure you block out enough hours in the week to accomplish what you need to do. As you choose your study times, consider what times of day you are at your best and what times you prefer to use for social or other activities.

Don't try to micro-manage your schedule. Don't try to estimate exactly how many minutes you'll need two weeks from today to read a given chapter in a given textbook. Instead, just choose the blocks of time you will use for your studies. Don't yet write in the exact study activity—just reserve the block. Next, look at the major deadlines for projects and exams that you wrote earlier. Estimate how much time you may need for each and work backward on the schedule from the due date.

As you put together your schedule, here are some tips to keep in mind:

- Be realistic about time when you make your schedule.
- Don't overdo it. Few people can study four or five hours nonstop, and scheduling extended time periods like that may just set you up for failure.
- Schedule social events that occur at set times, but just leave holes in the schedule for other activities. Enjoy those open times and recharge your energy level!
- Try to schedule some time for exercise at least three days a week.
- If a study activity is taking longer than you had scheduled, look ahead and adjust your weekly planner to prevent the stress of feeling behind.
- If you're not paying close attention to everything in your planner, use a colored highlighter to mark the times blocked out for really important things.
- When following your schedule, pay attention to starting and stopping times. If you planned to start your test review at four o'clock after an hour of reading for a different class, don't let the reading run long and take time away from studying for the test.

Key Takeaways

- Feeling stressed for a long time can take a toll on a person's mental and physical health.
- A person's decisions and choices will impact both their short-term and long-term personal wellness.
- Time management strategies can help a person avoid procrastination.

- **Emotional Health** – What keeps your heart in check and helps you to keep your emotions reasonable
- **Personal Wellness** – Being physically, emotionally, and mentally healthy
- **Procrastination** – A way of thinking that lets one put off doing something that should be done now
- **Stress** – A feeling a person gets when faced with a challenge
- **Wellness** – Being in good physical and mental health

CHAPTER 8 TEST YOURSELF

Please see Appendix C for an offline copy of the Chapter 8 Test Yourself activity. To view interactive H5P elements that have been excluded from this version of the text, please visit it online here: <https://pressbooks.uwf.edu/healthcarecareerfoundations/?p=53#h5p-27>

REFERENCES AND ATTRIBUTIONS

Introduction

“Dimensions of Wellness” in *Disease Prevention and Healthy Lifestyles* by Trina DiGregorio. Published by Monroe Community College under a CC BY 4.0 license. Lightly edited for flow and clarity.

Stress Management

“Health Effects of Stress” in *Disease Prevention and Healthy Lifestyles* by Trina DiGregorio. Published by Monroe Community College under a CC BY 4.0 license. Lightly edited for flow and clarity.

“Managing Stress” in *Disease Prevention and Healthy Lifestyles* by Trina DiGregorio. Published by Monroe Community College under a CC BY 4.0 license. Lightly edited for brevity.

Personal Wellness

“Personal Wellness” in *Student Success* by Mary Shier. Published by BCcampus under a CC BY 4.0 license. Lightly edited for brevity and tone.

Time Management and School Success Techniques

“Time Management: Introduction” and “Strategies” in *Student Success* by Mary Shier. Published by BCcampus under a CC BY 4.0 license. Lightly edited for tone brevity.

“Inside the Mind of a Master Procrastinator” [Video] by Tim Urban. Published by TED. All rights reserved.

“Study Skills” by Dave Dillon, Phyllis Nissila, and Norma Cárdenas. In *Blueprint for Success in College and Career* by

Dave Dillon. Published by Open Oregon Educational Resources under a CC BY 4.0 license. Edited for brevity, flow, and tone.

“Memory Techniques” in *Student Success* by Mary Shier. Published by BCcampus under a CC BY 4.0 license. Lightly edited for brevity and tone. Content on mnemonic devices transformed into accordion chart in H5P.

“Creating Personal Schedules” in *Student Success* by Mary Shier. Published by BCcampus under a CC BY 4.0 license. Lightly edited for flow and brevity.

IMAGE DESCRIPTIONS

Image 8.1: An image of a person sitting at a table with a notebook and open textbooks. The person appears stressed. [Return to Image 8.1]

Image 8.2: A photo of a person lying down in a field of wildflowers. Only their legs are visible. [Return to Image 8.2]

Image 8.3: An image depicting time management. An analog clock, a sticky note with the words “time management” written on it, a cup of coffee, and various pens are visible. [Return to Image 8.3]

Appendix A: Tables

TABLE A1: BIOTECHNOLOGY RESEARCH AND DEVELOPMENT OCCUPATIONS

Table A1: Biotechnology Research and Development Occupations						
Occupation	Description	Entry-Level Education	Credentialing Requirements	Median Wage	Job Outlook (2021-31)	Skills
Bioengineers and Biomedical Engineers	Combine engineering principles with sciences to design and create equipment, devices, computer systems, and software.	Bachelor's	None	\$97,410	10% increase	Analytical skills Communication skills Creativity Math skills Problem-solving skills
Medical Scientists	Conduct research aimed at improving overall human health. Often use clinical trials and other investigative methods to reach their findings.	Doctorate or medical degree	Licensure required for some roles	\$95,310	17% increase	Communication skills Critical-thinking skills Data-analysis skills Decision-making skills Observation skills

TABLE A2: DIAGNOSTIC SERVICES OCCUPATIONS

Table A2: Diagnostic Services Occupations						
Occupation	Description	Entry-Level Education	Credentialing Requirements	Median Wage	Job Outlook (2021-31)	Skills
Cardiovascular Technologists and Technicians	Create images and conduct tests involving the heart and lungs.	Associate's	Varies by state	\$60,570	5% increase	Communication skills Detail-oriented Hand-eye coordination Physical stamina Technical skills
Clinical Laboratory Technicians	Collect samples and perform tests to analyze body fluids, tissue, and other substances.	Associate's	Varies by state	\$57,800	7% increase	Ability to use technology Detail-oriented Dexterity Physical stamina
Clinical Laboratory Technologists	Perform more complex tests and laboratory procedures than technicians.	Bachelor's	Varies by state	\$57,800	7% increase	Ability to use technology Detail-oriented Dexterity Physical stamina
Diagnostic Medical Sonographers	Specialize in creating images, known as sonograms or ultrasounds, that depict the body's organs and tissues.	Associate's	Varies by state	\$77,740	15% increase	Communication skills Detail-oriented Hand-eye coordination Physical stamina Technical skills
Epidemiologists	Public health workers who investigate patterns and causes of disease and injury.	Master's	None	\$78,830	26% increase	Communication skills Critical-thinking skills Detail-oriented Leadership skills Math and statistical skills
MRI Technologists	Operate magnetic resonance imaging (MRI) scanners to create diagnostic images.	Associate's	Licensure required in a few states	\$77,360	7% increase	Detail-oriented Interpersonal skills Math skills Physical stamina Technical skills
Nuclear Medicine Technologists	Prepare radioactive drugs and administer them to patients for imaging or treatment.	Associate's	Varies by state	\$78,760	2% increase	Ability to use technology Analytical skills Compassion Detail-oriented Interpersonal skills Physical stamina
Radiologic Technologists	Perform x-rays and other diagnostic imaging examinations on patients.	Associate's	Licensure or certification required in most states	\$61,370	6% increase	Detail-oriented Interpersonal skills Math skills Physical stamina Technical skills

TABLE A3: HEALTH INFORMATICS OCCUPATIONS

Table A3: Health Informatics Occupations						
Occupation	Description	Entry-Level Education	Credentialing Requirements	Median Wage	Job Outlook (2021-31)	Skills
Health Information Technologists and Medical Registrars	Advise organizations on computerized healthcare systems and analyze clinical data.	Associate's	None; certification may be preferred by employers	\$55,600	17% increase	Analytical skills Detail-oriented Integrity Interpersonal skills Problem-solving skills
Medical Records Specialists	Compile, process, and maintain patient files.	Postsecondary nondegree award	None; certification may be preferred by employers	\$46,660	7% increase	Analytical skills Detail-oriented Integrity Interpersonal skills
Medical Transcriptionists	Use electronic devices to convert voice recordings from physicians and other healthcare workers into formal reports.	Postsecondary nondegree award	None; certification available	\$30,100	7% increase	Computer skills Critical-thinking skills Listening skills Time-management Writing skills

TABLE A4: SUPPORT SERVICES OCCUPATIONS

Table A4: Support Services Occupations						
Occupation	Description	Entry-Level Education	Credentialing Requirements	Median Wage	Job Outlook (2021-31)	Skills
Medical and Health Services Managers and Administrators	Plan, direct, and coordinate medical and health services. They may manage an entire facility, a specific clinical area or department, or a medical practice for a group of physicians.	Bachelor's	Varies by state	\$101,340	28% increase	Analytical skills Communication skills Detail-oriented Interpersonal skills Leadership skills Technical skills
Orderlies	Transport patients and clean treatment areas.	High school diploma or equivalent	None	\$29,990	5% increase	Communication skills Compassion Patience Physical stamina
Pharmacy Technicians	Help pharmacists dispense prescription medication to customers or health professionals.	High school diploma or equivalent	Varies by state	\$36,740	5% increase	Customer-service skills Detail-oriented Listening skills Math skills Organizational skills
Phlebotomists	Draw blood for purposes such as tests, research, or donations.	Postsecondary nondegree award	Varies by state	\$37,380	10% increase	Communication skills Compassion Detail-oriented Dexterity Interpersonal skills Physical stamina

TABLE A5: THERAPEUTIC SERVICES OCCUPATIONS

Table A5: Therapeutic Services Occupations

Occupation	Description	Entry-Level Education	Credentialing Requirements	Median Wage	Job Outlook (2021-31)	Skills
Athletic Trainers	Specialize in preventing, diagnosing, and treating muscle and bone injuries and illnesses. Not to be confused with fitness trainers and instructors.	Master's	Licensure or certification required in most states	\$48,420	17% increase	Compassion Decision-making skills Detail-oriented Interpersonal skills
Audiologists	Diagnose, manage, and treat patients who have hearing, balance, or related problems.	Doctorate or professional degree	Licensure required in all states	\$78,950	10% increase	Communication skills Compassion Critical-thinking skills Interpersonal skills Patience Problem-solving skills
Behavior Analysts*	Observe and analyze the behavior of individuals in order to develop treatment plans that improve skill repertoires, safety, and quality of life. Includes Board Certified Assistant Behavior Analysts (BCaBAs) and Board Certified Behavior Analysts (BCBAs).	Bachelor's (BCaBA); Master's (BCBA)	Certification required in all states; Licensure required in some states	\$50,000 (BcaBA), \$90,130 (BCBA)	10% increase	Active listening Complex problem solving Critical thinking Instructing Reading comprehension Social perspectives
Chiropractors	Evaluate and treat patients' neuromusculoskeletal system using spinal adjustments and manipulation, as well as other clinical interventions.	Doctorate or professional degree	Licensure required in all states	\$75,000	10% increase	Communication skills Decision-making skills Detail-oriented Dexterity Empathy Interpersonal skills
Dental Assistants	Provide patient care, take x-rays, keep records, and schedule appointments.	Postsecondary nondegree award	Varies by state	\$38,660	8% increase	Detail-oriented Dexterity Interpersonal skills Listening skills Organizational skills
Dentists	Diagnose and treat problems with patients' teeth, gums, and related parts of the mouth.	Doctorate or professional degree	Licensure required in all states	\$163,220	6% increase	Communication skills Detail-oriented Dexterity Leadership skills Organizational skills Patience Problem-solving skills

Occupation	Description	Entry-Level Education	Credentialing Requirements	Median Wage	Job Outlook (2021-31)	Skills
Dietitians and Nutritionists	Plan and conduct food service or nutritional programs to help people lead healthy lives.	Bachelor's	Varies by state	\$61,650	7% increase	Analytical skills Compassion Listening skills Organizational skills Problem-solving skills Speaking skills
Exercise Physiologists	Develop fitness and exercise programs that help patients recover from chronic diseases and improve cardiovascular function, body composition, and flexibility. Not to be confused with fitness trainers and instructors or athletic trainers.	Bachelor's	Licensure required in Louisiana	\$47,940	9% increase	Compassion Decision-making skills Detail-oriented Interpersonal skills
Genetic Counselors	Assess individual or family risk for a variety of inherited conditions, such as genetic disorders and birth defects.	Master's	Licensure required in most states	\$80,150	18% increase	Communication skills Compassion Critical-thinking skills Interpersonal skills Organizational skills
Home Health and Personal Care Aides	Monitor the condition of people with disabilities or chronic illnesses and help them with daily living activities.	High school diploma or equivalent	Varies by state	\$29,430	25% increase	Detail oriented Emotional skills Integrity Interpersonal skills Physical stamina
Licensed Practical and Licensed Vocational Nurses	Work under the direction of registered nurses and doctors to provide basic medical care.	Postsecondary nondegree award	Licensure required in all states	\$48,070	6% increase	Compassion Detail-oriented Interpersonal skills Patience Physical stamina Speaking skills
Medical Assistants	Complete administrative and clinical tasks in the offices of physicians, hospitals, and other healthcare facilities. Not to be confused with physician assistants.	Postsecondary nondegree award	None; certification may be preferred by employers	\$37,190	16% increase	Analytical skills Detail-oriented Interpersonal skills Technical skills

Occupation	Description	Entry-Level Education	Credentialing Requirements	Median Wage	Job Outlook (2021-31)	Skills
Nurse Anesthetists†	Administer anesthesia and provide care before, during, and after surgical, therapeutic, diagnostic, and obstetrical procedures.	Master's	Varies by state	\$123,780	12% increase	Communication skills Critical-thinking skills Compassion Detail-oriented Interpersonal skills Leadership skills Resourcefulness
Nurse Midwives†	Provide care to women, including gynecological exams, family planning services, and prenatal care.	Master's	Varies by state	\$123,780	7% increase	Communication skills Critical-thinking skills Compassion Detail-oriented Interpersonal skills Leadership skills Resourcefulness
Nurse Practitioner†	Serve as primary and specialty care providers, delivering advanced nursing services to patients and their families.	Master's	Varies by state	\$123,780	46% increase	Communication skills Critical-thinking skills Compassion Detail-oriented Interpersonal skills Leadership skills Resourcefulness
Nursing Assistants	Provide basic care and help patients with activities of daily living.	State-approved education program	Varies by state	\$30,310	5% increase	Communication skills Compassion Patience Physical stamina
Occupational Therapists	Treat injured, ill, or disabled patients through the therapeutic use of everyday activities.	Master's	Licensure required in all states	\$85,570	14% increase	Adaptability Communication skills Compassion Interpersonal skills Patience

Occupation	Description	Entry-Level Education	Credentialing Requirements	Median Wage	Job Outlook (2021-31)	Skills
Occupational Therapy Aides	Perform support activities to help patients develop, recover, and improve.	High school diploma or equivalent	None	\$33,560	14% increase	Adaptability Compassion Detail-oriented Interpersonal skills Physical strength
Occupational Therapy Assistants	Provide therapy to help patients develop, recover, and improve.	Associate's	Varies by state	\$61,730	25% increase	Adaptability Compassion Detail-oriented Interpersonal skills Physical strength
Opticians	Help fit eyeglasses and contact lenses and help customers decide which eyeglass frames or contact lenses to buy.	High school diploma or equivalent	Licensure required in most states	\$37,570	4% increase	Business skills Communication skills Customer-service skills Decision-making skills Dexterity
Optometrists	Examine the eyes and other parts of the visual system.	Doctorate or professional degree	Licensure required in all states	\$124,300	10% increase	Decision-making skills Detail-oriented Interpersonal skills Speaking skills
Orthotists and Prosthetists	Design and fabricate medical supportive devices, such as artificial limbs, and measure and fit patients for them.	Master's	Varies by state	\$75,440	17% increase	Communication skills Detail-oriented Patience Physical dexterity Physical stamina Problem-solving skills
Pharmacists	Dispense prescription medications to patients and offer expertise in the safe use of prescriptions.	Doctorate or professional degree	Licensure required in all states	\$128,570	2% increase	Analytical skills Communication skills Computer skills Detail-oriented Managerial skills
Physical Therapists	Help injured or ill people improve movement and manage pain.	Doctorate or professional degree	Licensure required in all states	\$95,620	17% increase	Communication skills Compassion Detail-oriented Dexterity Physical stamina Resourcefulness Time-management skills

Occupation	Description	Entry-Level Education	Credentialing Requirements	Median Wage	Job Outlook (2021-31)	Skills
Physicians Assistants	Examine, diagnose, and treat patients under the supervision of a physician.	Master's	Licensure required in all states	\$121,530	28% increase	Communication skills Compassion Detail-oriented Emotional stability Interpersonal skills Problem-solving skills
Physicians and Surgeons	Diagnose and treat injuries or illnesses and address health maintenance.	Doctorate or professional degree	Licensure required in all states	≥\$208,000†	3% increase‡	Communication skills Compassion Detail-oriented Dexterity Leadership skills Organizational skills Patience Physical stamina Problem-solving skills
Podiatrists	Diagnose illnesses, treat injuries, and perform surgery for people with foot, ankle, and lower leg problems.	Doctorate or professional degree	Licensure required in all states	\$145,840	2% increase	Communication skills Compassion Critical-thinking skills Detail-oriented Interpersonal skills
Psychiatric Aides	Help patients who have a mental illness or developmental disabilities in their daily activities and ensure a safe and clean environment.	High school diploma or equivalent	None	\$30,260	5% increase	Compassion Interpersonal skills Observational skills Patience Physical stamina
Psychiatric Technicians	Provide therapeutic care and monitor the conditions of patients with mental illness or developmental disabilities.	Postsecondary nondegree award	Licensure required in some states	\$36,570	11% increase	Compassion Interpersonal skills Observational skills Patience Physical stamina
Psychiatrists	Diagnose, treat, and help prevent mental disorders.	Post-doctoral training or doctorate	Licensure and certification	\$226,880	10%	Critical thinking Detail-oriented Integrity Interpersonal communication Listening skills Problem-solving skills
Radiation Therapists	Administer doses of radiation to patients who have cancer or other serious diseases.	Associate's	Varies by state	\$82,790	6% increase	Compassion Detail-oriented Interpersonal skills Technical skills

Occupation	Description	Entry-Level Education	Credentialing Requirements	Median Wage	Job Outlook (2021-31)	Skills
Recreational Therapists	Plan, direct, and coordinate recreation-based medical treatment programs to help maintain or improve patients' physical, social, and emotional well-being.	Bachelor's	Licensure or certification required in some states	\$47,940	4% increase	Communication skills Compassion Leadership skills Listening skills Patience Resourcefulness
Registered Nurses	Provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their families.	Bachelor's	Licensure required in all states	\$77,600	6% increase	Critical-thinking skills Communication skills Compassion Detail-oriented Emotional stability Organizational skills Physical stamina
Respiratory Therapists	Care for patients who have conditions that cause them to have trouble breathing.	Associate's	Licensure required in all states except Alaska	\$61,830	14% increase	Compassion Detail-oriented Interpersonal skills Patience Problem-solving skills
Speech-Language Pathologists	Assess and treat people who have speech, language, voice, and fluency disorders.	Master's	Licensure required in all states	\$79,060	21% increase	Analytical skills Communication skills Compassion Critical-thinking skills Detail-oriented Listening skills
Surgical Assistants	Help surgeons with tasks such as making incisions, placing clamps, and closing surgical sites.	Associate's or postsecondary nondegree award	None; certification may be preferred by employers	\$48,320	6% increase	Communication skills Detail-oriented Dexterity Integrity Listening skills Physical stamina Stress-management skills
Surgical Technologists	Prepare operating rooms, arrange equipment, and help doctors and first assistants during surgeries.	Associate's or postsecondary nondegree award	None; certification may be preferred by employers	\$48,530	6% increase	Communication skills Detail-oriented Dexterity Integrity Listening skills Physical stamina Stress-management skills

*Information on Behavior Analysts contributed by Sarah Kent.

†Nurse anesthetists, nurse midwives, and nurse practitioners are also known as advanced practice registered nurses

(APRNs).

‡The median wage and employment outlook for physicians and surgeons vary by specialty. See the Occupational Handbook for more information.

TABLE A6: OTHER HEALTH-RELATED OCCUPATIONS

Note that additional health-related career paths exist, such as those in public health and social services. See the table below for a selection of occupations.

Table A6: Other Health-Related Occupations

Occupation	Description	Entry-Level Education	Credentialing Requirements	Median Wage	Job Outlook (2021-31)	Skills
Community Health Workers	Act as intermediaries between residents and healthcare and social services providers.	High school diploma	None	\$46,590	16% increase	Communication skills Instructional skills Interpersonal skills Problem-solving skills
Emergency Management Directors	Prepare plans and procedures for responding to natural disasters and other emergencies.	Bachelor's	Varies by state	\$76,730	3% increase	Communication skills Critical-thinking skills Decision-making skills Interpersonal skills Leadership skills
Health Education Specialists	Teach people about behaviors that promote wellness.	Bachelor's	Certification may be preferred by employers	\$60,600	8% increase	Analytical skills Communication skills Instructional skills Interpersonal skills Problem-solving skills
Psychologists	Study cognitive, emotional, and social processes and behavior by observing, interpreting, and recording how people relate to one another and to their environments.	Doctorate	Licensure required in most states	\$81,040	6% increase	Analytical skills Communication skills Integrity Interpersonal skills Observational skills Patience Problem-solving skills
Social Workers	Help individuals, groups, and families prevent and cope with problems in their everyday lives.	Bachelor's or master's	Licensure	\$50,390	9% increase	Communication skills Compassion Interpersonal skills Organizational skills Problem-solving skills

Appendix B: Image Credits

CHAPTER 1

Image 1.1. Photograph #13719. CDC/ Amanda Mills. Licensed under a public domain license.

Image 1.2. "Student Studying." Paul O'Mara/The University of the South. Licensed under a CC BY-NC-SA license.

CHAPTER 3

Copyrighted images used with permission through a TechSmith Snagit license.

Athletic trainers. Copyright (c) 2018 Kamil Macniak/Shutterstock. No use without permission.

Audiologists. Copyright (c) 2019 cinematri/Shutterstock. No use without permission.

Behavior analysts. Copyright (c) 2018 Ground Picture/Shutterstock. No use without permission.

Bioengineers and biomedical engineers. Copyright (c) 2019 Chutima Chaochaiya/Shutterstock. No use without permission.

Cardiovascular technologists and technicians. Copyright (c) 2018 Roman Kosolapov/Shutterstock. No use without permission.

Chiropractors. Copyright (c) 2019 Okrasiuk/Shutterstock. No use without permission.

Clinical laboratory technicians. Copyright (c) 2021 True Touch Lifestyle/Shutterstock. No use without permission.

Clinical laboratory technologists. Copyright (c) 2018 leungchopan/Shutterstock. No use without permission.

Community health workers. Photograph #13731. CDC/ Amanda Mills. Licensed under a public domain license.

Dental assistants. Copyright (c) 2016 Tyler Olson/Shutterstock. No use without permission.

Dental hygienists. Copyright (c) 2018 SofikoS/Shutterstock. No use without permission.

Dentists. Copyright (c) 2018 Aliaksandr Barouski/Shutterstock. No use without permission.

Diagnostic medical sonographers. Copyright (c) 2019 Frame Stock Footage/Shutterstock. No use without permission.

Dietitians and nutritionists. Copyright (c) 2019 Blue Titan/Shutterstock. No use without permission.

Emergency management directors. Emergency Preparedness Exercise – Aug. 28, 2012. Published by the Nuclear Regulatory Commission under a CC BY 2.0 license.

Epidemiologists. Copyright (c) 2016 Image Source Trading Ltd/Shutterstock. No use without permission.

Exercise physiologists. Copyright (c) 2018 Lopolo/Shutterstock. No use without permission.

Genetic counselors. Copyright (c) 2018 Ground Picture/Shutterstock. No use without permission.

Health education specialists. Copyright (c) 2017 dotshock/Shutterstock. No use without permission.

Health information technologists/medical registrars. Copyright (c) 2014 Rocketclips, Inc./Shutterstock. No use without permission.

Home health and personal care aides. Copyright (c) 2017 ALPA PROD/Shutterstock. No use without permission.

Licensed practical and licensed vocational nurses. Copyright (c) 2018 Rocketclips, Inc./Shutterstock. No use without permission.

Medical and health services managers and administrators. Copyright (c) 2017 bernatets photo/Shutterstock. No use without permission.

Medical assistants. Copyright (c) 2019 Lenar Nigmatullin/Shutterstock. No use without permission.

Medical records specialists. Copyright (c) 2016 carballo/Shutterstock. No use without permission.

Medical scientists. Copyright (c) 2018 Zoriana Zaitseva/Shutterstock. No use without permission.

Medical transcriptionists. Copyright (c) 2019 Volodymyr TVERDOKHLIB/Shutterstock. No use without permission.

MRI technologists. Copyright (c) 2016 Image Source Trading Ltd/Shutterstock. No use without permission.

Nuclear medicine technologists. Copyright (c) 2015 Maryna Pleshkun/Shutterstock. No use without permission.

Nurse anesthetists. Copyright (c) 2018 PixieMe/Shutterstock. No use without permission.

Nurse midwives. Copyright (c) 2017 Oksana Kuzmina/Shutterstock. No use without permission.

Nurse practitioners. Copyright (c) 2019 Rocketclips, Inc./Shutterstock. No use without permission.

Nursing assistants. Copyright (c) 2019 Frame Stock Footage/Shutterstock. No use without permission.

Occupational therapists. Copyright (c) 2019 Microgen/Shutterstock. No use without permission.

Occupational therapy aides. Copyright (c) 2018 Try_my_best/Shutterstock. No use without permission.

Occupational therapy assistants. Copyright (c) 2019 Sergey Novikov/Shutterstock. No use without permission.

Opticians. Copyright (c) 2018 Ocskay Mark/Shutterstock. No use without permission.

Optometrists. Copyright (c) 2018 Standret/Shutterstock. No use without permission.

Orderlies. Copyright (c) 2019 Erickson Stock/Shutterstock. No use without permission.

Orthotists and prosthetists. Copyright (c) 2019 bymandesigns/Shutterstock. No use without permission.

Pharmacists. Copyright (c) 2020 Juice Flair/Shutterstock. No use without permission.

Pharmacy technicians. Copyright (c) 2016 Caftor/Shutterstock. No use without permission.

Phlebotomists. Published by the New Jersey National Guard under a public domain license.

Physical therapists. Copyright (c) 2019 Ground Picture/Shutterstock. No use without permission.

Physicians and surgeons. Copyright (c) 2015 lenetstan/Shutterstock. No use without permission.

Physicians' assistants. Copyright (c) 2019 Pormezz/Shutterstock. No use without permission.

Podiatrists. Copyright (c) 2018 hedgehog94/Shutterstock. No use without permission.

Psychiatric aides. Copyright (c) 2017 thodonal88/Shutterstock. No use without permission.

Psychiatric technicians. Copyright (c) 2018 Rocketclips, Inc./Shutterstock. No use without permission.

Psychiatrists. Copyright (c) 2019 February_Love;/Shutterstock. No use without permission.

Psychologists. Copyright (c) 2019 TZIDO SUN/Shutterstock. No use without permission.

Radiation therapists. Copyright (c) 2019 goffkein.pro/Shutterstock. No use without permission.

Radiologic technologists. Copyright (c) 2017 Tyler Olson/Shutterstock. No use without permission.

Recreational therapists. Copyright (c) 2019 Nejron Photo/Shutterstock. No use without permission.

Registered nurses. Copyright (c) 2019 Rocketclips, Inc./Shutterstock. No use without permission.

Respiratory therapists. Copyright (c) 2018 RomanR/Shutterstock. No use without permission.

Social workers. Copyright (c) 2017 Elena Nichizhenova/Shutterstock. No use without permission.

Speech-language pathologists. Copyright (c) 2016 Ground Picture/Shutterstock. No use without permission.

Surgical assistants. Copyright (c) 2018 FERNANDO MACIAS ROMO/Shutterstock. No use without permission.

Surgical technologists. Copyright (c) 2016 nimon/Shutterstock. No use without permission.

CHAPTER 5

Copyrighted images used with permission through a TechSmith Snagit license.

Image 5.1. Copyright (c) 2020 marekuliasz/Shutterstock. No use without permission.

Image 5.2. Copyright (c) 2012 Brian A Jackson/Shutterstock. No use without permission.

Image 5.3. Copyright (c) 2016 Chepko Danil Vitalevich/Shutterstock. No use without permission.

CHAPTER 7

Copyrighted images used with permission through a TechSmith Snagit license.

Image 7.1. Copyright (c) 2013 Monkey Business Images/Shutterstock. No use without permission.

Image 7.2. Copyright (c) 2013 Monkey Business Images/Shutterstock. No use without permission.

Image 7.3. Copyright (c) 2012 violetkaipa/Shutterstock. No use without permission.

Image 7.4. Copyright (c) 2019 Golden Dayz/Shutterstock. No use without permission.

Image 7.5. Copyright (c) 2013 maxstockphoto/Shutterstock. No use without permission.

CHAPTER 8

Copyrighted images used with permission through a TechSmith Snagit license.

Image 8.1. Copyright (c) 2010 Ollyy/Shutterstock. No use without permission.

Image 8.2. Copyright (c) 2014 Brian A Jackson/Shutterstock. No use without permission.

Image 8.3. Copyright (c) 2017 Africa Studio/Shutterstock. No use without permission.

Appendix C: Offline Copies of Test Yourself Quizzes

CHAPTER 1 TEST YOURSELF

Choose the correct answer.

1. ____ is the facts, examples, or sources used to support a claim. (Evidence/Facts)
2. ____ are words that hold the essence, or the key idea, of what you are trying to find. (Keywords/Wildcards)
3. ____ a word allows you to search for multiple variations of a word at once. (Abbreviating/Truncating)
4. A ____ is a word or phrase that is assigned to an article or other resource and describes the topic of the resource. (boolean operator/subject heading)
5. An ____ provides a big-picture overview of what the article is about and synthesizes the most important information. (abstract/introduction)

Answers

CHAPTER 2 TEST YOURSELF

1. ____ organizes the relationships between words in a sentence, especially between the doer and action, so that the reader can understand in detail who's doing what. (Paraphrasing/Grammar)
2. A ____ is incomplete usually because either the main-clause subject or predicate (or both) is missing. (sentence fragment/run-on sentence)
3. ____ is the general character or attitude of a work, and it is highly dependent on word choice and structure. (Tone/Point of view)
4. ____ is the practice of giving credit to the sources that inform your work. (Quoting/Citing)
5. ____ is the unauthorized or uncredited use of the writings or ideas of another in your writing. (Plagiarism/Collusion)

Answers

CHAPTER 3 TEST YOURSELF

1. A ____ is the capability to use a set of related knowledge, skills, and abilities required to successfully perform "critical work functions." (proficiency/competency)

2. A ___ is a credential awarded by a governmental licensing agency that gives legal authority to work in an occupation. (license/certification)
3. To understand what type of work suits and to be able to convey that to others to get hired, you must become an expert in knowing ___. (employment trends/who you are)
4. A ___ is a credential awarded by a professional organization or other nongovernmental body that demonstrates competency. (certification/license)

Answers

CHAPTER 4 TEST YOURSELF

1. Hard skills can be defined as skills that are: (easily quantifiable and objective abilities that you have learned and perhaps have mastered/more general and pertain to the way you relate to people, the way you think, or the ways in which you behave).
2. A ___ is a person who can vouch for your skills, knowledge, and experience as they relate to the jobs you apply for. (referral/reference)
3. ___ refers to building and maintaining relationships so that you can connect to career opportunities. (Networking/Marketing)
4. A strong resume describes your ___. (accomplishments/job duties)
5. An effective job search strategy includes submitting a ___ cover letter with each application. (generic/customized)

Answers

CHAPTER 5 TEST YOURSELF

1. An ___ refers to a tool or approach for practically addressing ethical challenges that often includes a stepwise procedure. (ethical framework/ethical theory)
2. An ethical theory that focuses on action or, more properly, the rules governing action, is ___. (utilitarianism/deontology)
3. ___ refers to a society's shared, stable beliefs about what is good and bad, right and wrong. (Principles/Morality)
4. The ___, written in 1947, is a set of 10 ethical principles for human research. (Nuremberg Code/Declaration of Helsinki)
5. ___ means obtaining and documenting people's agreement to have a medical procedure or participate in a study, having informed them of everything that might reasonably be expected to affect their decision. (Autonomy/Informed consent)

Answers

CHAPTER 6 TEST YOURSELF

1. ___ means conducting oneself with responsibility, integrity, accountability, and excellence. (Style/Professionalism)
2. ___ can be defined as interrelated knowledge, skills, and attitudes that allow teams to work together to accomplish interdependent goals. (Interprofessional collaborative practice/Teamwork processes)
3. ___ refers to the structured process by which information is clearly and accurately exchanged among team members. (Communication/Leadership)
4. A ___ is a brief meeting before and/or during a shift to establish situational awareness, reinforce plans already in place, and adjust the teamwork plan as needed. (debrief/huddle)
5. ___ is the ability to anticipate and support team members' needs through accurate knowledge about their responsibilities and workload. (Mutual support/Situation monitoring)

Answers

CHAPTER 7 TEST YOURSELF

1. ___ involves professionals undertaking interdependent roles working together, investing in shared strategies, problem-solving, and decision-making to design care plans supporting patient outcomes. (Communication/Collaboration)
2. ___ is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. (Personal health literacy/Organizational health literacy)
3. Examples of ___ include facial expressions, hand gestures, eye contact, and body language. (non-verbal communication strategies/therapeutic communication)
4. ___ is helpful when therapeutically communicating with others. (Sympathy/Empathy)
5. All aspects of communication are influenced by ___. (culture/netiquette)

Answers

CHAPTER 8 TEST YOURSELF

1. ___ is being in good physical and mental health. (Wellness/Fitness)
2. ___ is a feeling a person gets when faced with a challenge. (Worry/Stress)
3. ___ is a way of thinking that lets one put off doing something that should be done now. (Time management/Procrastination)
4. ___ are tricks for memorizing lists and data. (Study hacks/Mnemonics)
5. An important component of personal wellness is ___ health. (financial/emotional)

Answers

CHAPTER 1 TEST YOURSELF ANSWERS

1. Evidence
2. Keywords
3. Truncating
4. subject heading
5. abstract

CHAPTER 2 TEST YOURSELF ANSWERS

1. Grammar
2. sentence fragment
3. Tone
4. Citing
5. Plagiarism

CHAPTER 3 TEST YOURSELF ANSWERS

1. competency
2. license
3. who you are
4. certification

CHAPTER 4 TEST YOURSELF ANSWERS

1. easily quantifiable and objective abilities that you have learned and perhaps have mastered
2. reference
3. Networking
4. accomplishments
5. customized

CHAPTER 5 TEST YOURSELF ANSWERS

1. ethical framework
2. deontology
3. Morality
4. Nuremberg Code
5. Informed consent

CHAPTER 6 TEST YOURSELF ANSWERS

1. Professionalism
2. Teamwork processes
3. Communication
4. huddle
5. Mutual support

CHAPTER 7 TEST YOURSELF ANSWERS

1. Collaboration
2. Personal health literacy
3. non-verbal communication strategies
4. Empathy
5. culture

CHAPTER 8 TEST YOURSELF ANSWERS

1. Wellness
2. Stress
3. Procrastination
4. Mnemonics
5. emotional