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NICHE ROLES IN LNC

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PURPOSE

The purpose of The Journal is to promote legal nurse consulting within the medicallegal community; to provide novice and experienced legal nurse consultants (LNCs) with a quality professional publication; and to teach and inform LNCs about clinical practice, current legal issues, and professional development.

MANUSCRIPT SUBMISSION

The Journal accepts original articles, case studies, letters, and research. Query letters are welcomed but not required. Material must be original and never published before. A manuscript should be submitted with the understanding that it is not being sent to any other journal simultaneously. Manuscripts should be addressed to JLNC@aalnc.org. Please see the next page for Information for Authors before submitting.

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We send all submissions blinded to peer reviewers and return their blinded suggestions to the author. The final version may have minor editing for form and authors will have final approval before publication. Acceptance is based on the quality of the material and its importance to the audience.

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The Journal of Legal Nurse Consulting (JLNC), a refereed publication, is the official journal of the American Association of Legal Nurse Consultants (AALNC). We invite interested nurses and allied professionals to submit article queries or manuscripts that educate and inform our readership about current practice methods, professional development, and the promotion of legal nurse consulting within the medical-legal community. Manuscript submissions are peer-reviewed by professional LNCs with diverse professional backgrounds. The JLNC follows the ethical guidelines of COPE, the Committee on Publication Ethics, which may be reviewed at: http://publicationethics.org/resources/code-conduct.

We particularly encourage first-time authors to submit manuscripts. The editor will provide writing and conceptual assistance as needed. Please follow this checklist for articles submitted for consideration.

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- Manuscript length: 1500 – 4000 words
- Use Word© format only (.doc or .docx)
- Submit only original manuscript not under consideration by other publications
- Put title and page number in a header on each page (using the Header feature in Word)
- Place author name, contact information, and article title on a separate title page, so author name can be blinded for peer review
- Text: Use APA style (Publication Manual of the American Psychological Association, 6th edition) (https://owl.english.purdue.edu/owl/resource/560/01/)
- Legal citations: Use The Bluebook: A Uniform System of Citation (15th ed.), Cambridge, MA: The Harvard Law Review Association
- Live links are encouraged. Please include the full URL for each. Be careful that any automatic formatting does not break links and that they are all fully functional.
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- Include a 100-word abstract and keywords on the first page
- Submit your article as an email attachment, with document title articlename.doc, e.g., wheelchairs.doc

INSTRUCTIONS FOR ART, FIGURES, TABLES, LINKS

- All photos, figures, and artwork should be in JPG or PDF format (JPG preferred for photos). Line art should have a minimum resolution of 1000 dpi, halftone art (photos) a minimum of 300 dpi, and combination art (line/tone) a minimum of 500 dpi.
- Each table, figure, photo, or art should be submitted as a separate file attachment, labeled to match its reference in text, with credits if needed (e.g., Table 1, Common nursing diagnoses in SCI; Figure 3, Time to endpoints by intervention, American Cancer Society, 2003)

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Acceptance will be based on the importance of the material for the audience and the quality of the material, and cannot be guaranteed. All accepted manuscripts are subject to editing, which may involve only minor changes of grammar, punctuation, paragraphing, etc. However, some editing may involve condensing or restructuring the narrative. Authors will be notified of extensive editing. Authors will approve the final revision for submission.

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Susan Carleo
RN, CAPA, LNCC

President, AALNC

A Message from the President

Dear AALNC Members,

As I write this message we are finishing up some final touches preparing for AALNC's 28th Annual Forum in Portland, Oregon. This year's Forum promises to be our best educational and networking opportunity ever for legal nurse consultants.

Our Pre-Forum starts on Thursday, April 6, 2017 with two amazing sessions to choose from.

- SEAK expert witness presenter Nadine Nasser Donovan, Esq. will be teaching "How To Write A Bullet-proof Expert Witness Report" all day. Attendees will learn how to draft a powerful, persuasive, and defensible expert witness report.
- LNC business classes on "Polishing Your Skills To Make Your Work Products Shine," "Research & Resources," and "Power Point During Closing Arguments".

Thursday night is our exciting networking event at Hip Chicks Do Wine urban winery. Watch my fun networking power point to earn CEUs and then come and enjoy several wine tastings, food, and dancing throughout the night while you "Uncork Your Potential!"

Friday's and Saturday's presentations are filled with up-to-date LNC professional, business, practice and clinical issues. The complete schedule can be viewed at http://www.aalnc.org/. You don't want to miss out on staying at the beautiful Hilton Portland & Executive Tower for the AALNC Forum and meeting aspiring, beginner, junior, and experienced successful LNCs.

As the year is winding down I'd like to thank all of you for giving me the incredible opportunity to serve you as president of AALNC. It has been my honor and privilege to help AALNC as we continue to be the premier professional "go to" organization for legal nurse consulting. It has been my pleasure to represent our members and to be involved in important decision making on your behalf. I am very proud of our accomplishments this year and I plan on staying active to assist in any way I can towards our continued success.

I'm looking forward to seeing all of you at the Forum.

Sincerely,

Susan Carleo

Susan Carleo, RN, CAPA, LNCC
President AALNC

I'm attending the AALNC Annual Forum 2017. Join us in Portland this April!

Editor's Note

Wendie Howland
MN, RN-BC, CRRN, CNLCP, LNCC

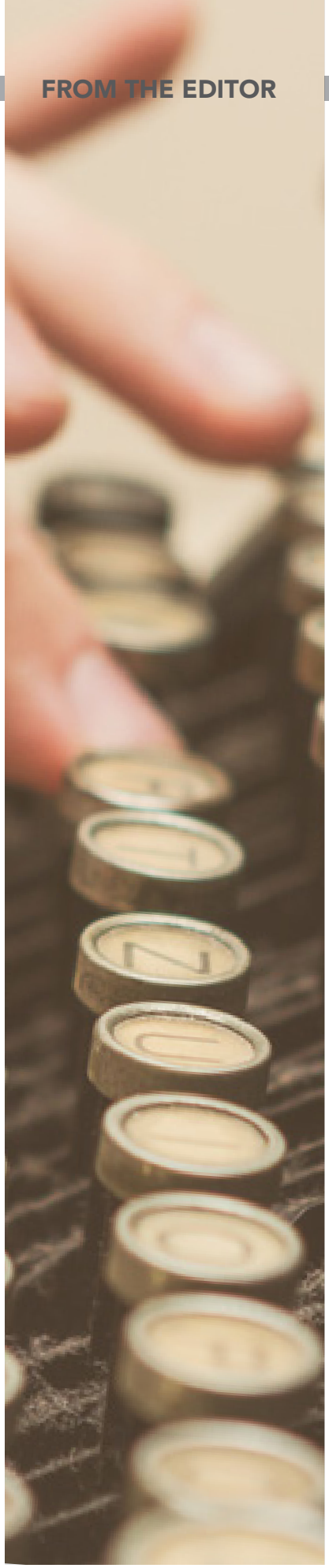
Editor, JLNC

Welcome to the March issue of the JLNC. I have had the great honor to serve as Editor for three years, working with a great group of legal nurse consultants of many backgrounds but sharing one passion: seeing that you get a publication that's useful, readable, and timely.

Some of you know that I didn't exactly jump at this opportunity. First I took several weeks to read every single past issue. One thing that leaped out at me was that every single Editor's note for at least several years included a plea for more authors. I wan't exactly sure why this was necessary. Truth to tell, it felt a bit … unseemly. It surprised me to learn that sometimes people hesitated because they didn't think they had anything of value to share. Anybody who's sat down at a table for a meal at our annual educational forum knows better than that, right? Then there were the ones who feared some kind of retribution, perhaps in the form of pointed questioning at deposition or loss of business. And the ones who said, "Oh, I can't write anything like the articles in the Journal!"

Well, sure you can. The issue you have in your hands should be an eye-opener to folks who hesitate to share their thoughts and experiences here. This issue on niche roles in legal nurse consulting is packed with interesting ideas for aspiring, new, or seasoned legal nurse consultants to consider when doing a business plan, speaking to potential clients, or just making your work a little more personally rewarding. And all written by … working LNCs.

This, and other initiatives, arise from your editorial committee's commitment to giving legal nurse consultants opportunities for recognition. This April's will be the second educational forum at which we will recognize the best article written by a nurse from the previous year's JLNC. Heads up: Some past authors have reported that they got referrals because somebody saw what they wrote for the JLNC. This is one reason we publish contact information for all authors!



We are also planning what we're calling a "potpourri supplement" to every December issue, where in addition to the issue theme we'll have articles by first-time nurse authors on the topics of their choice. Interested? The lead time is to encourage you to think about it, and to match you up with somebody who will help you do a great job. Imagine seeing your name in the table of contents of your professional journal!

One of my favorite writers, so gifted in evoking time and place, Garrison Keillor, offers the following. He's talking about shy people writing letters, and it's good advice for anybody who has to write anything.

> *A blank white eight-by-eleven sheet can look as big as Montana if the pen's not so hot - try a smaller page and write boldly. … Get a pen that makes a sensuous line, get a comfortable typewriter, a friendly word processor - whichever feels easy to the hand. … If you don't know where to begin, start with the present moment: "I'm sitting at the kitchen table on a rainy Saturday morning. Everyone is gone and the house is quiet." Let your simple description of the present moment lead to something else …*

"Let your simple description of the moment lead to something else." Wish I'd said that. See you in Portland! Bring your ideas. We'll be waiting!

Wendie A. Howland
whowland@howlandhealthconsulting.com

Keillor, Garrison. "How to Write a Letter." The Norton Sampler: Short essays for Composition. Thomas Cooley, ed. New York: WW Norton and Company. 2003.

LETTER TO THE EDITOR

Thank you for you continued efforts and great work with our journal. Enjoyed the National Anthem link and also the Page 6 article link on Medical Errors as the third most common cause of death in the US (December 2016).

Best wishes for great success in all your endeavors!

Rosie Oldham, BS, RN, LNCC
Founder/Executive Advisor
R&G Medical Legal Solutions LLC
Peoria, AZ

Test Your Case Screening Skills

You're an in-house LNC in a med-mal firm, and your secretary took these notes from phone calls and passed them along.

You decide: reject, or investigate? Answers on page 27.

Test Your Case Screening Skills

Elizabeth Zorn, RN, BSN, LNCC

Case #6

On Dec. 3 2010 I had 3 stents put in my heart by the VA in City ST. I was discharged the following day. I was home for two hours when I went into cardiac arrest and was taken by ambulance to General Hospital. Come to find out that the VA missed the fact that my main artery known as the widow maker was almost totally blocked. It should have been discovered when they were in there and shooting their dyes etc. I very easily could have died because of their mistake. I then received three more stents from General Hospital. I am told that I have a case and if so I would like to pursue it.

Case #7

I was prescribed Effexor at the age of 18 the year it came out [12/93]. I have tried to get off it several times without much success. Also I was prescribed Vioxx when I was in high school and have 2 heart conditions called myocarditis within the last 3 years. The doctors in the case were uncertain as to what may have caused these abnormalities. I am furious that I was given these drugs at such a young age and not informed about the dangers. The nightmares that Effexor have caused me will affect me for the rest of my life I am sure, and I want retribution.

Patient's Fall: Court sees evidence of faulty nursing assessment of patient's injuries

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The sixty-nine year-old patient was admitted to a medical facility for rehabilitation after back surgery. Her admission assessment pointed to a high fall risk based on a history of multiple falls, chair-bound status, poor vision and her current medications. Two-person assists with transfers and extensive assistance with activities of daily living were required. She was considered to have good potential for physical rehabilitation even with her limitations.

Deep vein thromboses in her legs were a major concern. Her physician ordered bed rest, Coumadin, Lovenox, and INR and prothrombin time checked twice weekly, which was not done after two initial readings. Her prothrombin time was more than twice the higher value of the normal range three days before she fell.

The day she fell the patient was found sitting on the floor next to her bed. A nurse noted that she had tried to get back into bed by herself but was unable. The physician was notified. X-rays showed no fractures. The next day the nurses noted there were no injuries from the fall except purple bruising on her right buttock. The day after that the patient was pale and her breathing was labored. She was sent to an acute care hospital.

The patient died the next day. The autopsy revealed retroperitoneal hemorrhage and multiple organ failure. The cause of death was blunt force trauma associated with Coumadin therapy.

COURT ACCEPTS FAMILY'S EXPERT'S OPINIONS

The Court of Appeals of Texas accepted the opinions of the patient's family's physician expert witness. The expert's principal focus was on the nurses' faulty assessment of the patient's condition after she fell. The expert made only passing reference to allegedly inadequate fall-risk assessment and precautions.

According to the expert, the nurses should have realized that a patient on anticoagulant therapy is at risk for internal retroperitoneal bleeding after blunt force trauma to the lower back. The patient's vital signs should have been frequently monitored for signs of shock from internal bleeding. The nurses should have realized that a rapid pulse, labored breathing, mental confusion and increased pain are potential signs of hemorrhagic shock and alerted the physician so that transfusions, medications to reverse anticoagulation, IV diuretics to save the kidneys, and intubation could have started sooner. ❧

Nexion v. Townsend, 2015 WL 3646773 (Tex. App., June 12, 2015)

My life as an LNC

Lynda K. Sheehan RN, LNCC

It has been more than thirty years since I first experienced how nurses were being used in the legal arena. I was working as a department head in a hospital in Florida in the mid-1980s at the time. The President of Nursing, who was reviewing cases for law firms in South Florida, called me to help her understand issues that involved questionable neurological care. Around that same time, a patient on my floor "fell" and filed a law suit against the hospital. It was the first case taken to trial in many years. Because I had interviewed the patient at length and provided the detailed documentation, I was called as a witness for the defense. In preparation for my testimony, I worked closely with the legal department including a nurse who had her JD.

Two years later, I moved to Massachusetts. I was working on a neuro rehab unit when I decided it was time to change my focus. So, I signed up for a weekend course in Boston given by Vickie Milazzo. At that time, there were no LNC courses other than Ms. Milazzo's. Next I took several paralegal courses at a local community college where I learned the basics of civil litigation. That's how I started down my uncharted path to becoming an LNC.

My first job as an LNC was in 1992 with a medical review company. The nurse that had been doing record reviews for the company was leaving to study for the bar. One of my clients was the local transportation authority. I worked as an outside consultant with the law department for almost a year

when the new general counsel offered me a fulltime job. The pay wasn't great, but the experience was invaluable. I reviewed records, attended depositions, went to court hearings with the attorneys and even assisted with jury selection. Our motto was that I supplied the bullets and the attorneys aimed and fired. It was one of the most interesting and stimulating jobs I have had as an LNC.

Unfortunately, politics being what they are in state authorities, the general counsel was replaced and my position was cut to make room for a "friendly hire." I was eventually rehired as an independent consultant and I worked in that capacity for several months.

Then, a fulltime position became available in a newly established defense firm. Ironically, the nurse who had worked with the attorneys prior to their departure from another firm championed my cause. She no longer wanted to work full time and we essentially switched jobs. I became the full time LNC at the new firm and she took over the part time independent work at the transportation authority. That was in 1997.

I have worked for that firm for the better part of the last 19 years. I did leave twice, however. The first 3-year hiatus was to work independently for an expert. My second hiatus was also for 3 years. I worked for two years for another firm and then returned to clinical nursing for a year. Also during that time, I was a part-time instructor in the LNC Certificate program at Northeastern University, I developed and taught training classes for paralegals involved in medical work ups, and I wrote position papers and conference presentations for experts.

I joined the AALNC in 2000 and became certified in 2001. I have recertified three times, twice by credit hours and once by retaking the exam. I intend on working full time for several more years and then hope to retire and consult independently on a part time basis. ❧

LS

Lynda K. Sheehan RN, LNCC can be contacted at lsheehan@legalnursing.net

Round Table: LNCs talk about their niche roles

Curated by Stormy Green Wan, RN, BSHS, RNFA, CLNC

Focusing on a niche market has led many nurse legal consultants (LNCs) to success. We interviewed six LNCs who have done so. This article outlines their pathways and offers suggestions for readers who would like to do the same. Developing a niche can be the way to make an LNC business soar.

Have you ever wondered how some legal nurse consultants (LNCs) have achieved success within a seemingly narrow area of practice? While having a niche is not required to succeed as an LNC, some readers may find the topic worth exploring. We interviewed six LNCs with defined niche markets. These hardworking, steadfast LNCs reveal their stories and suggestions.

BD **Beth Diehl**
Neonatal ICU
BDSConsultants@comcast.net

Beth Diehl's legal nurse career began in 1988 shortly after she completed graduate school. She was approached by a neonatologist asking her to review a case for a nursing colleague who wanted to know if nursing standards of care had been violated. After this, her legal nurse career continued to grow over a period of about 10 years.

Beth was informally self-taught until about 2003 when she realized that LNC is a specialty in and of itself. She attended her first LNC conference in 2004. While there, she recognized the need to formally establish a business for her LNC practice. This is also when she realized that she has a niche market.

Beth joined AALNC because she believes if you do something, you should do it well. She took it upon herself to learn everything she could about LNC. She also joined her local AALNC chapter to take advantage of networking opportunities.

Beth practices as both a consultant and a testifying expert, but her focus is on testifying expert opportunities for both the plaintiff and defense. The majority of the cases that Beth reviews are related to neonatal concerns.

Having this defined niche has contributed to Beth's success. She has worked diligently to develop sound business practices. She is meticulous and detail-oriented, consistently produces an excellent work product, and responds promptly to e-mails. She also understands the importance of networking.

To stay current in her field, Beth participates in professional organizations. She works full time and takes advantage of educational classes in LNC and neonatal nursing. Her clinical practice and her legal nurse practice complement and enhance each other. Having dual roles has afforded more opportunities in both.

Beth has leveraged her niche by offering education to attorneys, LNC colleagues, and clinical co-workers. She takes advantage of every opportunity presented. Beth recommends LNCs remain open-minded. She says, "You don't have to do everything, but check it out even if you don't feel qualified." Beth also recommends you monitor your listservs and online networking groups for additional opportunities.

What are Beth's recommendations to LNCs who wish to develop a niche market?

- Investigate every opportunity that comes your way…you don't have to do it, but at least investigate.
- Look for your passion; this is what drives you; be passionate and you will be successful.
- It takes patience and time to develop a practice; have patience; do not expect overnight success.

Beth's advice to new LNCs:

- Take advantage of the AALNC website
- Use the Core Curriculum
- Take the on-line LNCC course
- Network, network, network

Although Beth has a successful LNC practice, she has continued to work in the hospital because she enjoys clinical nursing. She feels that she has been fortunate over the course of her career. She received support from many others and believes in the principle of giving back by sharing knowledge.

JG **Jane Grametbaur**
Corrections
jgrametbaurrn@aol.com

DH **Donna Hanson**
Corrections
RNDLMH@hotmail.com

Donna Hanson never formally trained to become an LNC. She became the "go to" person within her network whenever legal questions about corrections arose.

Donna currently provides her services to LNCs and attorneys.

Prior to becoming a jail nurse, Donna collected evidence from people who had been arrested for DUIs. Since the test results were evidence used to prosecute arrestees, she was familiar with rules regarding collection of evidence. In addition, Donna performs Title 15 (CA penal code) jail inspections under contract through the state and jail accreditation surveys (much like CMS surveys of hospital). She has done this for many years.

Neither Donna nor Jane Grametbaur have needed to market their services. Word of mouth, referrals, and networking with other LNCs have driven a steady stream of work to them. Like all correctional nurses, Jane and Donna are acutely aware of legal issues involving inmate medical, mental, and dental care. Jane works as both a consultant and as a testifying expert. As an expert, Jane does not advertise. Many of her cases come from referrals from attorneys she has worked with, or from other LNCs.

Jane explains that working up correctional cases is very different from regular med/mal, personal injury or wrongful death. First, there are many sources along with the medical record that the LNC needs to request and review. Whenever there is an issue with an inmate, security staff will write a report; these reports are discoverable. There may be video and audio, because many areas of the jail or prison are monitored by cameras. In addition, inmate telephone calls out to family and friends are recorded. There are housing logs and cell check logs, security policies and procedures, and medical, mental health, and dental policies.

In corrections, the nurse is the first responder. The nurse evaluates the inmate before any referral to a midlevel provider or physician. Most facilities have nursing protocols with standing orders for over-the-counter medication.

Donna's advice for any LNC who wants to find a niche market is, "Do something you are passionate about."

Jane further emphasizes how important it is to know RN, LPN, and EMT scopes of practice. Some facilities expect the LPNs and EMTs to work outside their scopes. LPNs, EMT-B, and EMT cannot assess or develop a nursing diagnosis nor can they function independently. These are functions of an RN. They can assist with the assessment by the RN and assist with development of the care plan. They can obtain subjective data regarding the inmate patient's chief complaint and perform an objective examination of the patient. Any abnormal findings require an assessment by the RN, midlevel provider, or physician.

Most correctional cases are filed in both state court and federal court. Inmates have rights: to access to care, to a professional medical opinion, to care that is prescribed, and to care for serious medical needs. Failure to provide these services is a civil rights violation. Therefore, the LNC must be familiar with criteria that indicate a violation of the inmate patient's civil rights.

If an inmate dies while in custody then there will automatically be a homicide investigation. The results of that investigation are also discoverable. Also, arrest reports, ER and Hospital records, EMS records, and employment records are all discoverable and should be requested by the LNC reviewing the case.

Donna reports that to be successful, the LNC must remain abreast of current issues in corrections. Many types of professionals work with prisoners; not all are healthcare providers. The LNC needs to understand all sides of the issues, keeping in mind that this is a population of people who have made poor life decisions. Those decisions have a far-reaching impact, not only on the prisoner, but on their families, communities, and providers.

The National Commission on Correctional Healthcare (NCCHC) has promulgated national standards of care (SOC), has related certifications for providers, accredits jails, and offers several correctional conferences a year. The American Correctional Association (ACA) provides additional national standards. While medical SOC are the same as in the community, many operational and administrative issues are very different, making in-depth knowledge of corrections essential to review cases effectively. Therefore, it's important for the LNC doing the initial review to have correctional experience or access to someone familiar with corrections as a resource.

The Academy of Correctional Health Professionals (ACHP) is closely aligned with NCCHC. Donna and Jane are both former ACHP board members. NCCHC and ACA provide frequent conferences and other educational opportunities. Immigration and Customs Enforcement (ICE) and the federal government also provide education and define regulations. Most states have regulations pertaining to state and county jails, prisons, and juvenile facilities.

Both Donna and Jane hold CCHP (certified correctional health professional) certification. This is obtained

through testing by NCCHC. Donna and Jane are always prepared to share their extensive knowledgeable regarding corrections.

Donna's advice for any LNC who wants to find a niche market is, "Do something you are passionate about. Understand your topics from all sides, such as (in her corrections niche) understanding nursing needs versus sheriff deputy needs." If you want to develop a niche in corrections, Jane recommends:

- If you have current or recent experience in corrections, consider becoming a testifying expert (TE).
- Develop a database of providers with experience in corrections. These can be difficult for an attorney to find, but the LNC can have professional TEs at her/his fingertips.
- Know the field inside out.
- Understand the penal code.
- Have reliable resources to contact and/or collaborate when needed.

KLG

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Katie Leon-Guererro has spent most of her nursing career learning and working in obstetrics and newborn care. She is passionate about obstetric and newborn nursing. People remember this, and call her when they need an expert. Katie believes that having this niche was a natural step for her.

As a new LNC, Katie had very little business experience. She dedicated her time to learning everything she could through reading, networking, and working with mentors. Katie discovered she had a unique combination of skills and experience to offer the LNC world. Working and maintaining skills in multiple obstetric and neonatal specialties sets her apart, making her able to offer perspective on most cases across the spectrum of care.

Katie shares her extensive knowledge with others, giving free webinars to nursing and attorney groups. She also enjoys helping other LNCs with their obstetric and newborn questions, and will share an article or talk about obstetrics with anyone who asks.

Katie tried many different marketing techniques but most were not very successful. She makes it a practice to always ask her clients how they found her or who made the referral. Sometimes they have found her through LinkedIn or on the AALNC website, but most often it is through word of mouth. If someone referred her, she sends that person a small thank you gift and a note to show her appreciation.

According to Katie, the other important marketing tool everyone should have is a stellar CV. Katie says she was fortunate to have another LNC take the time to dissect her original CV and help her rebuild it into something that showcased her skills and experience. It is worth putting some effort into this project. It is the first item your potential client will see. Find a mentor or friend to review your CV and give you honest feedback. Your CV is your first chance to make a good impression.

Becoming an LNC has reignited Katie's interest in learning. Keeping up to date means staying clinically active, seeking opportunities to learn and grow within the specialty. She says one of the best ways to maintain your education is becoming a member of your national professional group. Katie is a member of Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and American Congress of Obstetricians and Gynecologists (ACOG) which provide daily and weekly updates in her inbox. Also, Katie attends webinars, reads books, and goes to conferences. Katie reports her success is due to being knowledgeable beyond basic bedside care.

She also teaches AWHONN Fetal Monitoring classes. Teaching is important because it gives authority on a subject and gives evidence of speaking ability; it takes talent to delve into the intricacies of a specialty and be able to explain it to others.

Occasionally attorney clients reach out to Katie for cases outside of her niche. Sometimes she keeps those cases, but often refers them out to an appropriate colleague. She has also done some nontraditional work like collaborating with a testifying nurse expert to prepare demonstrative evidence for trial.

Katie did not originally set out to be an LNC. However, she came to recognize that she had to know the kinds of problems for which her clients needed solutions. As her business evolved, she noticed her clients voiced same problems over and over. Once she recognized the patterns and realized she could solve the problems, she capitalized on that by focusing her learning and teaching opportunities within that market.

The kinds of obstetric and newborn nursing cases that make it to filing and trial are complex and nuanced. Having the experience to recognize, differentiate, and explain the minutia of a case is critical when every second of the case could be blown up on a trial display.

The fact that Katie is an expert in the niche areas of Fetal Monitoring and High Risk Obstetrics piques the interest of potential clients and helps her stand out from the crowd. The best way to get new clients is by showing how you can solve their problem. One of the most difficult topics in obstetric cases is the fetal monitoring strips. Having the experience and authority to speak to that subject solves a big client problem.

Katie concurs with the other advice of learning and diversifying your experience in your area. Other words of advice:

- Pull out your CV and a red pen. Be sure attorneys understand what you do or what skills you really have by reading your CV.
- Include your niche-related education on your CV. If you don't teach in an official capacity, you can list staff inservice offerings. Use your CV to establish credibility and authority in your area.
- Don't rely solely on your experience. Two questions Katie is almost always asked by prospective clients are, "Are you clinically active?" and "What things are you doing now involving [your niche]?"
- Not every area of expertise requires clinical activity, but participation is crucial. That could mean being speaking, teaching classes, participating on a professional board or committee, or engaging in learning activities.

Keeping up to date means staying clinically active, seeking opportunities to learn and grow within the specialty.

LH Lynn Hadaway
Infusion Therapy and Vascular Access

Lynn Hadaway's nursing career began in 1972 when she graduated from a diploma program. She found her niche in nursing with her first job after graduation as a member of an IV Team. She loved it and never looked back!

Lynn never viewed herself as an LNC, but she testifies exclusively on cases involving infusion therapy and vascular access. Her entire nursing career has been spent in this specialty, working on hospital IV teams, then for a catheter manufacturer, and then in her own consulting and education business.

By the time Lynn started her own business, infusion therapy had become a recognized nursing specialty. She always had an interest in education. Even though she hadn't planned on being an expert witness, attorneys found her through her publications on infusion topics.

Like other niche experts, Lynn keeps up to date through active participation in professional organizations. She has served on the Infusion Nurses Society (INS) Standards Committee three times to revise the standards of practice. She has also served on committees for the Association for Vascular Access, the Society for Healthcare Epidemiology of America, and Association for Practitioners in Infection Control and Prevention. As a result, Lynn's hard work has contributed to the standards of care by which others are measured in these cases.

Lynn continually reads, studies, attends conferences, and publishes. Lynn will frequently respond to general questions on public forums about infusions and vascular access, and presents classes nationally and internationally at every opportunity.

As a result, Lynn is renowned worldwide and has never needed to market actively. Keeping herself highly visible in the world of infusions allows her to rely on word of mouth, her publications, and her relationships with professional organizations for exposure to potential clients.

When asked what she would recommend to an LNC who wishes to develop a niche market, Lynn offered the following suggestions:

- Follow the clinical specialty of your main interest.
- Volunteer to support activities of your professional organization.
- If you want to be noticed, write for your professional journal.

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When asked if she knew that she would someday have this area as a niche, Victoria Powell laughed. She had no idea at all! She also never knew life care planning existed and she had little to no amputation experience. About 13 years ago, working as a workers compensation case manager, a patient with a below-elbow amputation provided her with a significant learning experience..

The case was extremely complex and Victoria was stretched beyond all previous capabilities. It was during this case that she learned the importance of addressing the psychological aspects associated with limb loss. She also realized that case management often did not attend prosthetist appointments with the workers comp patients. This was disturbing. As Victoria says, she did not have a niche; she developed one. Finding herself fascinated with prosthetic technology, she wanted to do more amputation cases. So she set out to read everything she could get her hands on to improve in this area and make her mark.

Victoria invested in herself, in her knowledge, and in her experience! She volunteered to serve as guest editor for an amputation issue of the Journal of Nurse Life Care Planning. She reached out to the contacts she already had and worked to make more. Also, she read every article, asking questions for clarification along the way. Using these contacts, she began to build relationships. The relationships developed into friendships, and now she has enough confidence in these friendships to ask for information she needs, obtain invitations to prosthetic training events, and to find the best facilities and practitioners to further expand contacts, knowledge, and experience. She says everything comes full circle.

Although Victoria has testified as an LNC in a variety of roles and settings, most of her testifying experience with regard to amputation has been as a life care planner. She is able to testify regarding the medical course in the post amputation period, anticipated trajectory of care over the lifespan, and related costs.

Victoria does not market specific to amputation cases, but she has incorporated amputation care into her marketing materials. For example, she has a photo of a lower limb amputee jumping a cliff as the background graphic for her exhibit booth. She has a case study of an amputee as part of her marketing materials. Victoria's speaking and writing engagements act as marketing for her.

Victoria emphasizes that "loads of education" is required to remain current within any niche market. She has several certifications which require continuing education hours in addition to her nursing license requirements. Any time one of her professional organizations or groups hosts an educational event connected to amputation injury or prosthetics, she is sure to attend. Victoria also subscribes to orthotic and prosthetic (O&P) industry news. She attends limb loss educational events in her area.

In addition, Victoria signs up for business related webinars, teleconferences, and courses which can enhance her professional image, including courses on marketing, testimony skills, interviewing techniques, and working with subcontractors. While these topics are not directly associated with her niche, they round out her expertise and help to make her a better business owner and expert witness.

Victoria is fortunate to also have a family member who is a prosthetist. She gets him to share information about new devices and products being released. When his facility hosts a manufacturer event for training or patient fittings of new devices, Victoria wangles an invitation -- just one more way she stays on top of her subject.

Victoria focuses only on those events, courses, and conferences which are directly related to her business. She admits she used to concentrate only on professional association educational conferences, but now she concentrates primarily on spending her time involved in things which directly benefit her niche. She also continues to work as a workers' compensation case manager. She has learned to forego education opportunities that are not personally beneficial to her, even if she has to spend much more money to attend an event in a far-away city on a new prosthetic socket design.

Victoria has become the "go to" person in her area of expertise. People contact her for all sorts of amputation related issues; some legal, some not. While Victoria does accept cases other than amputation injury or limb loss, she knows the work she has invested in her niche has made her a better legal nurse consultant.

For LNCs who want to consider having a niche market, Victoria recommends:

- Read industry news, Google alerts and RSS (Rich Site Summary) feeds.
- Attend national conferences related to your niche.
- Attend educational days hosted by manufacturers.
- Discuss the topic with industry contacts.
- Speak and write on the subject. (Of course, this always requires additional research).
- Purchase textbooks on the subject.
- Collaborate with others who work within your niche.

Victoria makes this powerful statement, "The niche hasn't made me successful; the work I put in has made me successful! I don't think anyone just happens upon success. It is the ground work which directs your steps toward success. It is up to you to travel the path."

CONCLUSION:

It has been a privilege to interview each of these experts. Common threads clearly wove through each interview. These include:

- Enthusiasm for the topic; your passion will drive you
- Intense interest in new findings related to the topic with with ongoing education for updates
- Active participation in related professional organizations (volunteer)
- Willingness to share information through teaching and publishing
- Finely tuned networking and collaboration skills
- Awareness that success takes time; be patient. ❧

If you feel inspired to pursue your passion, pump up that CV, volunteer to help in your professional organization, and start sharing. See Victoria's article, Niche Marketing Concepts for the LNC (page 17).

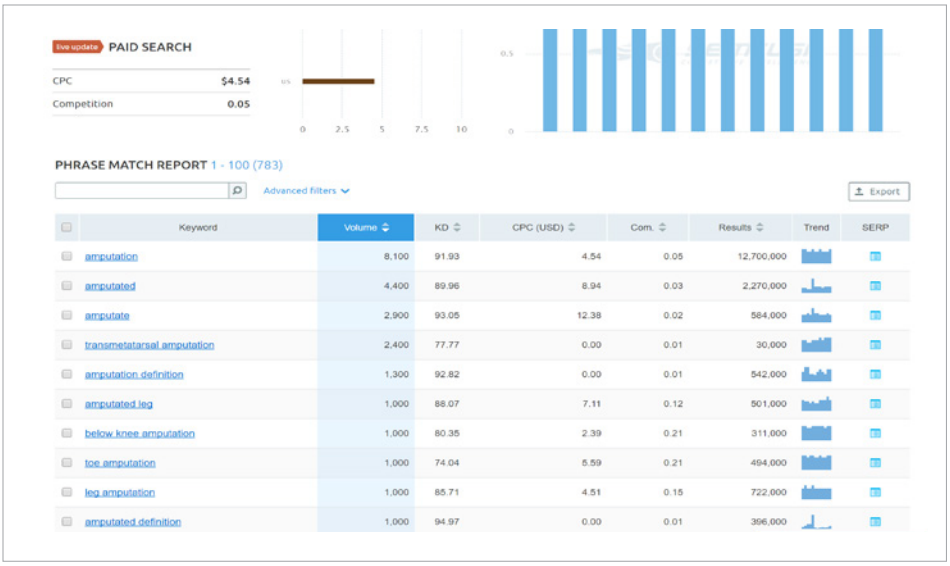
Niche Marketing Concepts for the LNC

Victoria Powell RN, CCM, LNCC, CNLCP, MSCC, CEAS, CBIS

When you have a case that involves a particular area of expertise, does someone quickly come to mind? What if an attorney called you and asked you to find an expert on infusion nursing? What if you were asked to find the best person in the industry to teach on patient transportation? Perhaps you were asked to obtain information on credentialing a surgery center. Do you know your "go to" person right away?

Merriam-Webster defines niche as a place, job, or activity for which a person is best fitted; the Free Dictionary defines it as a situation or activity especially suited to a person's interests, abilities, or nature. However, for our purposes, I think the Urban Dictionary says it best: a position or activity that particularly suits somebody's talents and personality or that somebody can make his or her own.

No legal nurse consultant can be all things to all people or cases. The more narrowly you can define your market the better. This niche development is key to success for even the biggest companies.



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CPC	$4.54
Competition	0.05

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Keyword	Volume	KD	CPC (USD)	Com.	Results	Trend	SERP
amputation	8,100	91.93	4.54	0.05	12,700,000		
amputated	4,400	89.96	8.94	0.03	2,270,000		
amputate	2,900	93.05	12.38	0.02	584,000		
transmetatarsal amputation	2,400	77.77	0.00	0.01	30,000		
amputation definition	1,300	92.82	0.00	0.01	542,000		
amputated leg	1,000	88.07	7.11	0.12	501,000		
below knee amputation	1,000	80.35	2.39	0.21	311,000		
toe amputation	1,000	74.04	5.59	0.21	494,000		
leg amputation	1,000	85.71	4.51	0.15	722,000		
amputated definition	1,000	94.97	0.00	0.01	396,000		

Figure 1: Online keyword tool

Walmart and Tiffany are both retailers, but they have a very different focus (Entrepreneur.com).

WHY?

There are about 3 million nurses in the U.S. Developing a niche can set yourself apart from the pack. It can also expand your market both nationally and internationally. Becoming an industry specialist narrows one's focus while expanding the client base. Think about the west coast attorney who hires an east coast physician because he is the best in the business. Generalists are a dime a dozen.

Just because a legal nurse consultant has a successful niche specialty does not mean one is unable to accept cases outside of it. We are not one-dimensional. All nurses have past employment roles and duties, varying education, and personal experiences to help us help other people. As you work in your niche, the more likely the increase of case work within the specialty simply due to your contacts, networking, and active participation in the specialty-- a natural byproduct of putting in the work. Meanwhile, it's perfectly acceptable to accept cases outside of your niche as long as you possess the appropriate expertise.

Successful legal nurse consultants should set themselves apart from others to showcase their knowledge and experience. However, don't simply declare yourself an expert in the field without first putting in the work. Fraudulent intentions are quickly discovered. While you might be able to fool an attorney who hasn't worked with a particular type of case before, a true niche expert will soon have you wishing you had never mentioned your specialty. Let's hope this doesn't happen on the stand!

WHAT IS NOT A NICHE?

Now you know what constitutes a niche specialty, remember this isn't just a subset of nursing as a whole; it's much more specific. A niche is not plaintiff work or defense work. It is not nursing malpractice. It is not OR nursing or OB nursing. It is not nurse life care planning or pediatrics. A niche could be in orthopedic surgical procedures of the spine. It could be ambulatory surgery center procedures. Rather than malpractice, the niche might be in hospital policy or risk management within the hospital setting. Rather than OB nursing, perhaps it's high risk pregnancy and delivery. Rather than pediatrics, perhaps it's pediatric birth injury. Or as in my case, rather than nurse life care planning, it's life care planning for limb loss or amputation injury.

SO HOW DOES ONE DEVELOP A NICHE?

As a legal nurse consultant, you can simply decide to do it, just make up your mind. However, this is only the very first baby step. Once you believe a niche specialty is the best for your practice, the next step is to consider what that specialty might be.

Play around with an online keyword tool (Fig. 1). These free tools allow the nurse consultant to find local and global search terms and the search volumes for specific or related keywords, as well as the competitiveness of those keywords. Then you can incorporate these terms into any marketing materials, website data, and even into one's elevator speech.

In order to be successful in a niche market you'll need more than a passing interest in the subject matter. Imagine, if you will, you decide to focus your niche in an area of OB nursing. This may make sense with a previous work history in OB. However, what is it about OB nursing that lights a fire under you? What do you talk about when "on your soapbox"? Have you advocated in the area of obstetrics for a particular cause? What infuriates you about OB nursing? What concerns or problems have you rallied to correct in your facility? Are you an active member of the professional organization for OB nursing? Are you presenting on OB nursing subject matter? Are you a leader for change in this area? Obstetric nursing isn't the niche, but rather it is the subject within OB nursing that sparks passion and action.

The passion is absolutely essential. Abraham Nicks said, "If you're not excited about it, it's not the right path." This is especially true when developing a niche expertise. Passion will kill the competition every time!

In order to have a true niche, immerse yourself in the subject matter. This means investing in yourself! Start by reading industry news. It is essential to evaluate everything possible on the subject matter; both positive and negative. The legal nurse consultant must be able to determine what the latest research reveals, who is making headlines, what industry events are happening. It is also important to be aware of conflicting studies or reports and form personal opinions on the divergent material. Things change quickly at times; a true specialist is aware of these changes and stays on top of the trends.

While staying current, you simply cannot focus your efforts solely on knowledge that provides CEU credits for participation. You must be willing to invest time and money on things that will improve your knowledge, standing, network opportunities, or reputation regardless of whether it offers continuing education credits toward licensure or certification. If you're truly willing to invest in your own knowledge base, you will soon find there are more than enough CEU credits out there. Many of the conferences I've attended are targeted to other disciplines, such as physical and occupational therapists or prosthetists. To give an example, I obtained more than 50 hours of continuing education credit in the past 12 months. Much of the education was in areas which complement, or help round out, the niche market (amputation injury life care planning). Some examples include amputation industry conferences, education on speaking/presenting with confidence, webinars on improving testimony experience, and onsite education focused on learning to collaborate with other disciplines.

Imagine bumping into an industry thought leader and being able to have a meaningful conversation about the news article in this week's industry journal. Being current in the industry could improve your reputation, network, and confidence. One really simple way to maintain knowledge in a niche area is to set up a Google alert for the subject matter. Google will then send you emails with links to articles, websites, or other postings on your topic. The alerts come daily so the information is current.

Just because a legal nurse consultant has a successful niche specialty does not mean one is unable to accept cases outside of it. We are not one-dimensional.

Consider subscribing to websites/blogs on the subject matter. One can utilize Google reader to find RSS feeds which can fill any downtime with plenty of reading or audio.

Another way to further develop expertise is to become a member of professional organizations. It is not enough to just sign up. It is important to maintain an active roles in the organization(s). It does not have to be a board position, but be more than a member in name only. Attend industry functions, educational conferences, or seminars. Subscribing to industry publications is important; it would even better to be one to write papers or articles on the subject matter. (Ed. note: You're reading one now!)

Now that you've has increased your knowledge and expertise, share them. This is critical to becoming an industry leader. Seek opportunities to educate other nurses, attorneys, and colleagues in webinars, at conferences, or even by exhibiting. Perhaps this will lead to inspiring another nurse to want to be more involved in the niche area.

This brings up another key point. Get to know leaders in the niche industry. Make those networking connections and stay in touch. These connections can lead to even more knowledge and experience in the subject matter. For example, I'm often invited to specialized patient fittings of new and exciting prosthetic devices I might not otherwise be privy to. Once, by taking extra time to discuss a hot topic with an industry leader, I landed an invitation to a private dinner by a world renowned expert and attended by numerous experts in the field. It was the opportunity of a lifetime!

While a target market is a specific group of people you work for, i.e. attorneys, insurance carriers, employers, hospitals, the niche is the service you specialize in offering them (www.designtrust.co.uk). As a legal nurse consultant I recommend harnessing the power of a specialty to channel new clients toward your practice. It can increase your knowledge, skills, and expertise, and lead to your becoming an industry leader. It can increase the market geographically while minimizing the competition. Take the next step in your practice and become a specialist. ❧

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Certified Forensic Nurse and Consultant

Lori Combs RN, LNC

Keywords: Certified Forensic Nurse; Certified Forensic Consultant; homicide cases; strangulation cases; child abuse cases; stabbing cases; Forensic Nurse; Nurse Consultant

I am very fortunate to have had the fantastic opportunity of taking my expertise in critical care nursing and forensics from the bedside to the legal arena. I work with criminal attorneys reviewing and analyzing their cases.

When I began my legal nurse consultant career, I did not specifically set out to market to the criminal attorney; my main focus was on medical malpractice and personal injury cases. However, through networking and educational opportunities, I learned that the legal nurse consultant could definitely assist attorneys in the criminal arena and was thrilled to be able to focus on this in my consulting work.

As a registered nurse of 22 years, my primary area of clinical practice was in emergency medicine. In the later 1990's, I had the opportunity to care for victims and perpetrators of sexual assault through the emergency department, learning the proper process of evidence collection. I underwent training as an adult sexual assault nurse examiner (SANE-A) in Dallas, Texas. In the years following, I took an online course in forensic nursing and an on-site course in Houston, Texas for nurse death investigation, participating in real-life death scene investigations that occurred in Houston, external examinations, and autopsies at the Harris County Medical Examiner's office. This opened my eyes even further about forensics and I went on to obtain a Bachelor's of Science degree in criminal justice, with focused studies in crime scene investigations. My forensic education led me to become certified as a forensic nurse and a certified forensic consultant.

Then I sought out a legal nurse consultant that I could work with to be able to understand the needs of the criminal attorney; there are big differences in analysis and case review between criminal and civil attorneys. Criminal attorneys understandably have less knowledge about medicine and injuries than attorneys who do medical malpractice cases. Their case evaluation focus is also very different: Typically, criminal attorneys do not want a long summary report of the case issues; they want to know how the injuries could have occurred and if there were any other possible explanation for them.

I most often review cases of homicides, typically from stabbings, gunshot wounds, and strangulation. I also consult on cases of assault, sexual predators, DUI, and child abuse and neglect cases. I find the homicides to be the most fascinating and I even had the opportunity a few months back to review a homicide from an approximately 20-year-old cold case. The most challenging and difficult cases involve child abuse, most often head trauma. These cases are very medically complex and complicated. If the child survives, the medical course is often very long and complicated.

Seeking out conferences and other educational opportunities help keep my knowledge current and progressive. There are plenty of educational opportunities out there to be able to gain forensic education and be able to effectively assist the criminal attorney. Maintaining education in forensics is an ongoing process. In working in the criminal arena, terminology, processes, and types of cases in the criminal environment are all important. For example, this past summer I attended a conference in which I had the amazing opportunity to listen to two forensic pioneers, Dr. Werner Spitz and forensic scientist Henry Lee.

While I also still market in the civil arena, I largely target criminal attorneys. In marketing to any potential attorney client, you need to be able to demonstrate relevant expertise. For example, in a homicide case involving stab wounds, the attorney is likely going to want to know the number of stab wounds, the positioning of the perpetrator and victim during the assault, the directionality of the stab wounds on the surface and internally, the depth of penetration of the stab wound and whether or not the "fatal stab wound" was possibly accidental or purposeful. It is important to be able to answer those types of questions. Another way I assist criminal attorneys is providing cross-examination questions. These can be a challenge, but are essential for your attorney client.

As an independent legal nurse consultant, I feel very lucky to be able to assist attorneys in cases involving my preferred passion and focus. Working with criminal attorneys was truly not on my radar when I first began my career in this area, but I am so glad I do it now. I obtained the education needed to start working on these cases and I continue to pursue further education in the area of forensics to move my business on to the next level involving testifying expert work. To that end, I have begun the process of obtaining my Master's Degree in forensic science. I have come to truly enjoy the specialty of ballistics and plan to pursue work as a testifying expert on gunshot wounds. ❧

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Nursing Behind Bars: The Differences Between Jail and Prison

Lauren Danahy, RN, BS, MBA, CCM, LNCC, CCHP

Before I worked in the jail system, like many people I didn't realize there was a difference between jails and prisons. Here's an easy breakdown (Table 1):

Jails: Provide short-term (a year or less, or awaiting trial) housing for inmates that have broken the law. Jails are staffed with deputies (usually). Please don't refer to them as "guards," as they consider it offensive.

Prisons: Provide long-term (over a year) housing to prisoners that have been sentenced. Prisons are staffed with prison guards.

JAIL

I remember receiving the phone call. I had just finished up my two year RN degree and was now eligible to work in areas that were off-limits to me as an LPN. I was enjoying doing some agency nursing, floating around town to see what was out there. The phone call came from the lead at the agency, "OK, so, I have a new assignment for you and I need you to keep an open mind." Hmm…okay, typically no great conversation starts with that, so I was all ears. "You have the perfect background for this assignment, it's at the jail." I responded to the caller with, "Are you kidding me? The jail?" She was persistent and I agreed to do one shift to see what this entailed. I instructed her not to "block book" me (a technique many agencies use to appease customers, they will book you into a month of swing shifts, or other shifts, but, it's a guarantee of the nurse working the shifts) and I'd let her know what my thoughts were after the first shift.

I arrived at the large county jail facility housing 700 inmates, both men and women, and the shift supervisor took me back into Medical. I was assigned to shadow one of the seasoned staff nurses to see what they did in a typical shift. It was swing shift, 3pm to 11:30pm. I will never forget the sound the door closing behind me made as I entered the secured area. I was in jail. My reaction to it was neither one of desperation nor one of isolation: I was actually excited to be there!

Once in the Medical administration offices, we listened to shift report, went to our assigned cubicle with our med cart and completed the narcotic and sharps count. (They count sharps in corrections settings as a way of controlling needles or other sharp objects.) We then sat down and began plugging away at a large pile of new physician orders from the day's clinic appointments to get them taken off and recorded. We faxed some to the pharmacy and updated medication administration records (MARs).

After that, it was time to hold some short sick call hours in the clinic. This is when inmates that have filled out a medical kite (a medical request form, MRF) are scheduled to come down to the clinic to see the nurse for various and sundry assessments and treatment of their ailments. Nurses would have to call the MD for orders and again, had to document new orders, take them off and ensure the updated order made it to the inmates' MARs.

After clinic was over, it was time to take our dinner break. Dinner consisted of whatever folks packed for themselves (no restaurants nearby) and we would sit around a big collection of tables in the break room, which also doubled as the shift report room. Everyone pretty much kept to themselves and most perused a newspaper or magazine left behind by someone else.

After dinner break, it was time to leave with our med carts to our designated pods. Living areas in jails are called different things. At this jail they were pods; at other jails they are referred to as blocks, modulars, or podulars.

As a jail nurse, you carry a radio and a duress pager (i.e., panic button). The radio is so that you can hear if someone is calling for you, possibly a nurse or maybe one of your assigned pod deputies that need to speak with you about an inmate that needs something right away. The duress pager is for just that: a situation causing duress. If something occurs such as an inmate fight, some type of medical emergency, a situation requiring large groups of correction staff to show up and also other medical

	Jails	Prisons
People living there are called:	Inmates	Prisoners
Corrections staff there are called:	Deputies	Guards
Jurisdiction:	County	State/Federal
Medical Department run by:	Private or County	Private or overseeing agency
Meant for sentences:	Sentences up to 1 year or awaiting trial	Sentences > 1 year
Milieu:	More controlled	Less controlled
Medical available?	Yes	Yes
Have organized teams for sports	No	Yes

Table 1: Differences between jails and prisons.

Nursing inside the walls has its own level of caution. Things that we take for granted such as setting a pen down on top of a med cart cannot happen. Inmates/prisoners will take advantage of this and fashion a shiv/shank from nearly anything.

staff, you push it and the brigade comes running. There is a "cease movement" announced over the radio and overhead speakers of the facility. This means that they won't let anyone anywhere at this time. Inmates may not move to other areas. Everyone and everything just stops, with the exception of the throngs reporting to responding to the duress pager area.

An important note to self: When you begin your work in a jail you learn that they don't negotiate for hostages. The takeaway is not to put yourself into a situation where you may become one. The nurses don't carry weapons. The deputies all have hand to hand combat classes and are exceptional at physical takedowns, they carry cuffs, and many of them now have tasers.

I remember once I had been working for a while as an agency nurse, I was selected to become part of their staff and work on-call. Not much changed with that arrangement.

Once I had worked as a staff member for a while within one county system, I did apply for a position with another county and I had the opportunity to become a staff nurse working 12-hour night shifts. This county was slightly smaller than the first county I worked with. The jail was referred to as "The Hilton" as it was newer, shinier, etc. We were reputed to have better food service, nicer deputies, and delightful inmate programs.

My favorite place to work was in booking, where police departments bring in their newly arrested perps and book them into the jail to await trial.
I enjoyed it because it tapped in to the raw triage skills that we all learn as nurses. Do you see the person who is intoxicated to the point of falling over first, or the inmate that was chased through the brambles by the police dog? Is this inmate stating he has allergies to the less desirable food choices so he could get different items brought to him, or does he truly have an allergy?

Other than triage, booking provided the initial intake screening for all inmates and this is where we learned what medications they are/were taking, their current medical conditions, what substances they may withdraw from while they are residing here, and the like.

My most memorable booking experience occurred one evening when a very clean-cut, polite young man arrived.
I was in the medical booking office conducting my normal intake interview and assessing for any immediate medical needs when all of the sudden the corporal on duty popped his head in to notify me that this man before me would be "smocked." A "smock" is a one-piece, tear-resistant anti-suicide garment. It has Velcro closures and is reserved for folks that either state they are suicidal or someone who the staff feels poses a significant risk to themselves. Both Medical and Corrections staff have the authority to put someone in a smock. Those inmates are then housed in the infirmary area and checked every 15 minutes. I had made it approximately halfway through this young man's medical screening and nothing had tipped me off that he was a threat to himself or others, so, I popped my head out to speak directly with the Corporal to ask what exactly their concerns were, as I wasn't seeing anything. He said that this gentleman, this clean-cut, polite, former med school student had committed a "heinous crime." Apparently this very polished-looking lad had just engaged in sexual activity with a female -- and cut her head and hands off. He put the head in one garbage bag and the hands in another and then deposited them in different dumpsters. He never admitted as to why he did it or where he dumped the body parts. He ended up incarcerated until his trial where he was charged with abuse of a corpse and aggravated murder and sentenced to life in prison. The only thing he ever complained about while incarcerated in jail were his nose being stuffy (head) and his palms were itchy with a rash (hands).

A close runner-up in the jail booking memories was when a 90-pound female came in high on an undetermined chemical, stronger than an ox. The male deputies were attempting to put her into a restraint chair and it took five of them to do it! She mocked them when they were trying to hold her down, one had his knee on her left knee and she was thrashing about so much his knee slipped down into her thigh area. She said "Oh! I love that, do it some more!" in a seductively shrill tone.

PRISON

While I have not personally worked in a prison setting, I have friends that have. I often found myself comparing notes with them to see what is different in a prison versus a jail.

The largest difference is that in prison, it is the prisoners' home. Some are there for a very long time, and some are there for life.

I was surprised to once hear a prisoner returning to the county for a deposition inform me that he "couldn't wait to get back so he could continue on with his horseshoe and baseball team." That stopped me in my tracks. I asked for an explanation, inquiring if they use actual horse shoes and real baseball bats. The inquiry was met with hysterical laughter by the inmate, he followed that with an explanation of how prison is their "home," so, yes, they do have such things as sports teams that use real equipment. They have to have reached a certain level with good behavior to be considered to be on a team.

SIMILARITIES

Job duties themselves in a prison are very similar to those in a jail. Nursing inside the walls has its own level of caution. Things that we take for granted such as setting a pen down on top of a med cart cannot happen. Inmates/prisoners will take advantage of this and fashion a shiv/shank from nearly anything. They are exceptionally creative!

I remember we had a new recruit for nursing. The med cart had an eyeglass repair kit in it which was for either the nurse and/or the deputy to use to fix an inmate's glasses. It was a piece of equipment that would be accounted for during the end of shift sharp count. During the count at the end of her shift, we realized one of the screwdrivers from the eyeglass repair kit was missing. She recalled using it in "seg" and had given the kit to the inmate! He had given it back, however, with one of the pieces missing. Needless to say corrections staff was not happy about this as it caused them to close down all other functions and focus on this "seg" area and perform cell searches in all cells. They managed to find it taped to the underside of his desk. When asked why he took it, he couldn't give an answer. He was moved from the moderate segregation to the high segregation area for this act. The nurse was terminated for this very dangerous mistake.

Nurses are caring by nature and have gone into this profession to "help people". One important factor to remember in a corrections setting is to not divulge any personal information about one's self to an inmate/prisoner. Where you may share something personal with a patient in a hospital setting, you are cautioned from doing so in the corrections setting.

In both jails and prisons, one thing is certain, a nurse must be seasoned and experienced, because in one shift you will pull from your experience in many different clinical areas, from primary care, urgent care, chronic disease management, mental health, or others. No two shifts are the same! This is where nurses are forged into Community Health Nurses and Public Health Nurses. ❧

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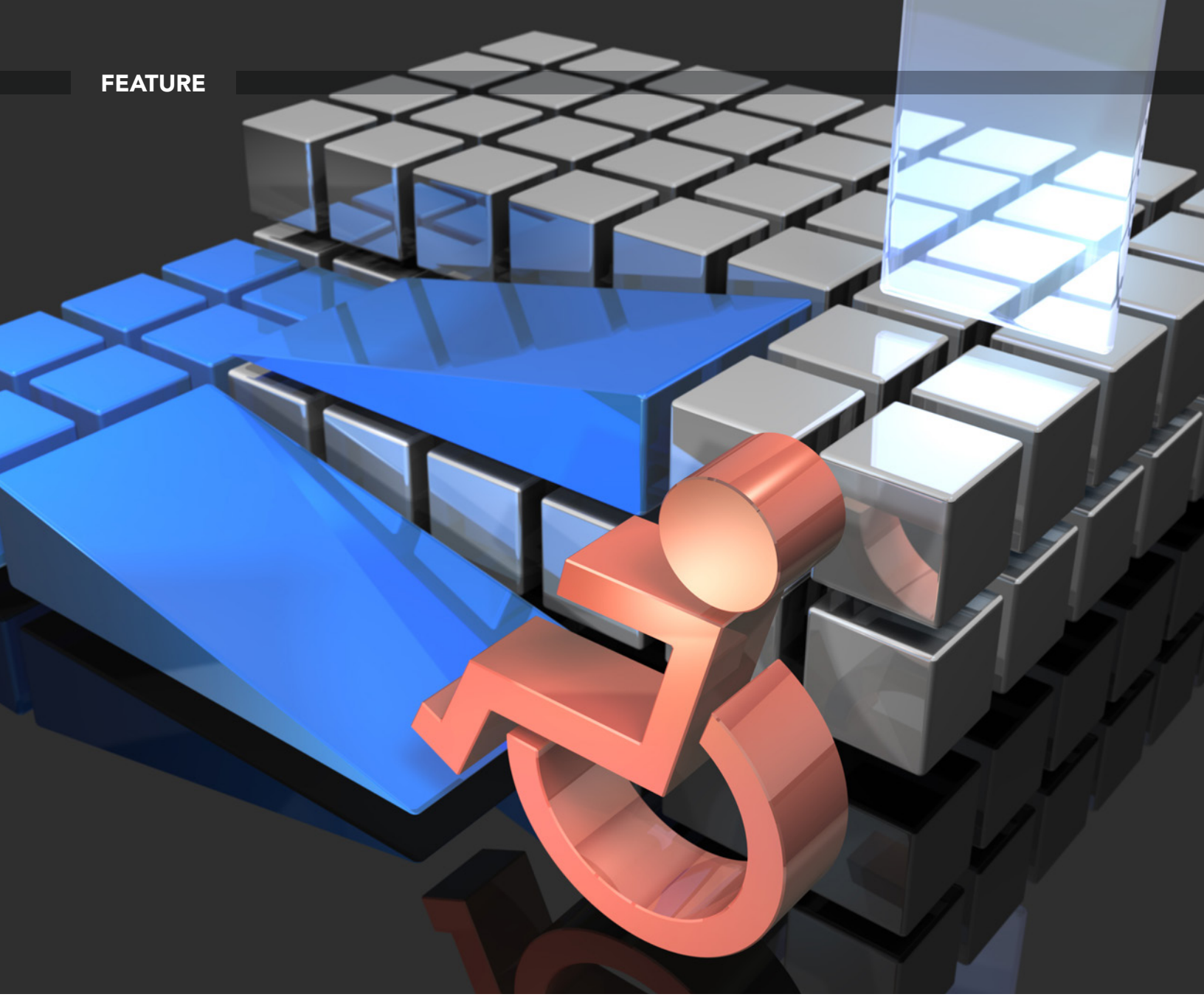

Industry ADA Compliance Officer

Regina Jackson, RN, BS, CCM, LNCC

I am the oldest daughter of my parent's seven children and grew up in a military household. My father was an officer in the United States Air Force working in the Strategic Air Command (SAC). My father's position required him to launch nuclear weapons in the event of war. I learned early on from watching my Dad how to "negotiate and influence" outcomes that I desired. Admittedly, exercising this skill landed me in a lot of trouble with my parents and teachers at times but in my adult and professional life, it has been invaluable.

While working as a contract nurse I signed up for literally any available assignment. If I lacked a skill set, I convinced the manager that I was a "fast learner" and would learn anything I needed to be proficient at any job. This led to me being trained to perform drug testing for the Department of Transportation, nurse education roles, and an introduction to occupational health nursing.

I began working for a multi-billion-dollar global company as a contract occupational health nurse (OHN). I studied the Core Curriculum for Occupational Health Nurses endorsed by the American Association of Occupational Health Nurses (AAOHN) on my days off and joined the local chapter. After 3 years, I was offered a permanent full-time position at the company and with the contract employer's permission, I accepted.

As a corporate RN, my roles and responsibilities were vast: organizing flu shot clinics for twenty thousand-plus employees, managing international medical events, assessing/treating occupational illnesses and injuries, assisting employees in crisis, OSHA recordkeeping, and workers' compensation case management were just a few. I developed expertise as an OHN and the left the corporation for a new position at a university hospital that offered a generous tuition reimbursement program for employees of the hospital. Since I was already enrolled in their RN to BS program, this offer was too good to pass up. While working in the ICU, I heard about legal nurse certification (LNC) credentialing. Having had an interest in compliance policies and serving on the unit's compliance team, I was intrigued and began to research the requirements and the different programs available.

Ironically, at the orientation for the university hospital's RN to BS program, I ran into the colleague who replaced me in my corporate OHN position. I asked her to let me know if any positions opened up at the corporation, and we kept in touch. After I'd spent 6 years in the medical and neuro ICU, a corporate position did become available and I returned to the corporation as an RN-medical case manager.

As a medical case manager I worked very closely with the corporation's legal team on ADA cases. ADA compliance law was a new area for me but given my strong interest in compliance, I began to immerse myself in learning about it. I researched the ADA process by reviewing the ADA.gov and Job Accommodation Network websites, considered the "gold standard" in ADA. I also began attending ADA webinars given by law firms in my home state, Oregon, and developed a niche in the ADA accommodation process and compliance. Over time, my peers started consulting with me on ADA cases. I developed a reputation among our corporate attorneys as "go-to" medical case manager for difficult cases.

I was able to influence my manager to support my career goal of becoming a certified legal nurse consultant, both financially and professionally, with ongoing discussions about AALNC, how LNCC credentialing could be leveraged in my current role, and the value of having the advanced certification. As a result, my manager paid for all aspects of my LNCC certification out of our organization's professional development fund.

I sat for the LNCC examination in April, 2013. Fast-forward nearly 4 years later: I have had the privilege of speaking at the Annual AALNC Forum, been sought out as an expert in ADA by a well-known Oregon law firm to co-present at a risk management conference on the practical considerations of ADA case management, spoken at many local seminars and conferences regarding incorporating ADA obligations into professional case management and vocational rehabilitation counselor practice, and most recently presented a LNCC webinar on ADA case review being a possible new niche for LNCs.

I would encourage any LNC to use their power of influence and fierce negotiating skills to dream big and not to be afraid to ask for what you want! ❧

Regina Jackson RN, BS, CCM, LNCC is a case manager and ADA compliance resource. She can be contacted at reginahilljackson@ymail.com

Check Your Answers

Test Your Case Screening Skills

6. Reject

- It was probably improper to miss an LAD occlusion
- However, this person had minimal harm, unless he suffered myocardial damage
- "I could have died!" – this is a common refrain, but one cannot recover damages for what didn't happen.

7. Reject

- SOL expired for both Effexor med mal case and Vioxx products case
- It's not malpractice to prescribe Effexor to 18 yr old; it's a legitimate physician judgment call.
- Besides, she is still taking it!
- Nightmares are a common, not rare, side effect of antidepressants
- Vioxx does not cause myocarditis

The LNC Role in Describing Damages

Pat Iyer MSN, RN, LNCC

You are sitting in the courtroom with all eyes on you. Carefully you explain the highlights of what the plaintiff went through during the last 17 months of her life: her pain, her side effects from chemotherapy, and her loss of independence. This 25 year-old died from a rare form of choriocarcinoma, leaving behind a 2-year-old daughter. The jury awards $4.6 million dollars, including $3.2 million for pain and suffering. The award is reduced by 25% because of the woman's pre-existing disease.

The role that I filled in this case included reviewing over 20,000 pages of medical records and preparing two reports that totaled nearly 100 pages. The trial took place in October 2016.

PURPOSE

Federal Rule of Evidence 1006 allows an attorney to introduce a summary of medical records when it is inconvenient or unwieldy to use the original writings, recordings or photographs. Variously called pain and suffering testimony, Federal Rule 1006 testimony or expert fact witness, the role enables an expert nurse to convey the content of medical records cogently. The summary, coupled with the testimony of the person who prepared it, is effective in reducing volumes of medical data to clearly assist the opposing counsel, claims adjuster, and

jury to understand the medical records. It gives a voice to a plaintiff, particularly those who are unable to testify due to disability or death.

In my experience having prepared more than 500 of these types of reports, typically it is the plaintiff attorney who requests this type of service. This report and testimony can be quite helpful whenever there are significant personal injuries, such as seen in medical malpractice, personal injury, workers compensation, product liability and toxic tort cases. Plaintiff attorneys readily see the value in cases with extensive injuries and understand that the expert's report can bring other experts in the case up to speed on the damages, as well as to help settle cases.

This role does not provide opinion testimony. In other words, the expert does not form or offer opinions about liability.

QUALIFICATIONS

Who can prepare this type of summary? In theory, a physician expert witness could but the reality is that it is time consuming to read, synthesize and summarize medical records. It is often more cost effective to retain a nurse to do so. The nurse/LNC who takes on this assignment should be

- Detail oriented
- Thoroughly familiar with how to analyze medical records
- A skilled writer
- Able to withstand the pressure of being deposed or testify in court

Since this expert does not offer opinion testimony, the restrictions on current clinical practice at the time of the incident, which some states impose, are not applied.

PROCESS

Although many states adopt the Federal Rules of Evidence verbatim or make slight changes in wording, often attorneys have not considered using an expert witness to prepare a detailed summary of medical records. The first hurdle for the expert is to explain the role to the attorney client, stressing the benefits of having a report that details the injuries and treatment. As one plaintiff attorney said to me, "I get it. You speak for my client."

Federal Rule of Evidence 1006 allows an attorney to introduce a summary of medical records when it is inconvenient or unwieldy to use the original writings, recordings or photographs.

Defense counsel may be counted on to object to the role, particularly if they are not familiar with FRE 1006 or do not want the jury to focus on damages. They may file briefs to have the expert's testimony excluded. In New Jersey, I worked with an attorney to help him understand the role. He hired a nurse to prepare the report in a delay of lung cancer case. A judge's decision to allow the nurse to testify paved the way to eliminate objections. The case established the acceptability of involving an expert in this capacity and has made it so much easier to avoid defense objections.

LNCs who have clients in other states may need to review FRE 1006 and talk with their clients about how the state's rules mimic or modify FRE 1006.

Once the LNC receives the case to summarize, the focus shifts to making sure the client has sent an adequate size retainer (these cases are time consuming) and knowing the deadline for completing the report.

The report typically starts by listing all of the documents reviewed. Next, if you are taking on this role, determine if you should prepare a chronological or problems based framework. Most often, a chronological report starts with the records generated after the incident or whatever precipitated the lawsuit. A problems based report is written using a nursing framework such as detailing pain and other symptoms. Explain treatment, responses, and complications.

The expert prepares a report that is a fair and accurate description of the information contained in the medical records. The Federal Rules of Evidence define the usefulness of this role; state rules often support it. Adding this role expands your LNC practice. Why not give it a try? ❧

Pat Iyer MSN, RN, LNCC shares her expertise through lessons learned from being involved with thousands of cases since 1987. As an independent legal nurse consultant, Pat founded Med League Support Services, Inc. in Flemington, which she owned for 28 years and sold in 2015. She currently works with LNCs to make more money, get more clients and avoid expensive mistakes. Her websites include legalnursebusiness.com, LNCAcademy.com, legalnursepodcasts.com and editingmybook.com. Pat works with authors who want to share their brilliance and need an editor or ghostwriter. She may be reached at patriciaiyer@gmail.com

Defense Medical Exams

Lisa Kuipers RN

Defense Medical Exams (DMEs)/ Independent Medical Exams (IMEs) are plentiful in California. I know three California LNCs who work DMEs full time. If I worked all DMEs myself, I would be attending and writing reports full time. I have four in the next two days, and I have several great colleagues who assist me all over the state of California.

Some attorneys attend DMEs themselves. Most attorney firms hire medical professionals: MDs, RNs, or chiropractors to observe and report, because we have the medical knowledge to report if testing was appropriate and performed correctly (this knowledge comes with experience), and to evaluate testing outcome. During the physical exam, was there symmetry? Was pain, weakness, numbness, tingling reported?

Was weakness of a body part observed? We also observe if plaintiff seemed to give full effort, reported any complaints during testing, or had any painful expressions that were not verbalized. Recording exact times of history and physical exam is very important as some physical exams only last three-five minutes. State laws differ, but in California we audio record the entire exam. Also, if testifying is necessary, an independent observer might seem more credible and unbiased to a jury than a law firm employee.

I have attended DMEs since the year 2000. I have testified as a fact witness twice, in one jury trial and one arbitration.

The nurse-physician relationship is different in a DME. The insurance company hires the physician to evaluate plaintiff's injuries; the plaintiff's attorney hires the nurse to be sure the examination meets the restrictions in the attorney's Response or Objection letter (R/O). Most R/Os list stipulations: typically, that the physical exam is to be limited to body parts injured from the accident or date of loss (DOL), medical history may be taken only as it relates to the injuries from the DOL, audio recording is allowed, representative (me) is allowed to be present, no invasive testing, no x-rays, no filling out forms, no waiting longer than 30 minutes, no defense personnel allowed, etc. Some object to the term "IME" in any way, shape, or form, as this can suggest to a jury the exam was an unbiased, "independent" exam.

Nurses usually have a difficult time holding the physician to limiting the medical history. Many nurses cannot, or will not, do it. Some physicians will use the opportunity to ask detailed questions about the accident, fault, previous accidents, and medical history which have nothing to do with the DOL; these questions can essentially be a second deposition. Some attorneys think it's not cost effective to pay a nurse just to attend, observe, and to write a report, so this is why attorneys attend themselves. The take-home is: if you cannot, or will not, hold the physician to the stipulations of the R/O, then DME observation might not be for you.

You have your first DME. Yay! The following guidelines might be helpful:

- Get a copy of the Demand Letter (DL), the insurance company's or defense's demand to have plaintiff evaluated by their chosen physician.
- Get a copy of the R/O, which are the plaintiff's rules for the exam. Most attorneys respond or object to a DL, some don't. R/Os can go back and forth several times between defense and plaintiff attorneys until everyone agrees. The final letter is the authority regarding stipulations for the DME, so check dates and be sure you have the final version.
- Be prepared to follow the R/O and use the DL for reinforcement. Many times the defense's DL will stipulate the that the history and examination is limited to only injuries and body parts from the DOL.
- Ask the paralegal, legal assistant, or attorney about attorney preferences. Call client beforehand? Meet client 15-30 minutes before examination? Verbal or written report? Write detailed notes to compare with the defense physician's report?
- Remember, the defense physician is not in charge of the DME unless your hiring attorney wants the physician to be in charge. I've had the experience that the physician did not want to follow the R/O. We stopped the exam, and we both talked with our hiring attorneys, who decided how to proceed. Sometimes we left without the physician evaluating the plaintiff. But most of the time the defense attorney told the physician to keep history only to the current accident injuries and then perform the physical exam just as the R/O specified. ❧

Lisa Kuipers RN is the owner of The Medical Detective. She and her associates have attended hundreds of independent/defense medical exams. They have testified as fact witnesses in depositions, mediations, arbitrations, and jury trials. She can be contacted at 661-810-0523, lkmeddetective@rglobal.net

Volunteering: State Nursing Practice Advisory Panel

Wendie Howland MN, RN-BC, CRRN, CCM, CNLCP, LNCC

Here's something different you can do with your LNC experience: Volunteer for your state Board of Nursing or one of its support services. I volunteer on the Nurse Practice Advisory Panel. As the name pretty much says, we advise the Board of Nursing (BoN) on practice issues. We're a group of about 15 nurses in all kinds of specialties from all over the Commonwealth of Massachusetts, in clinical practice, academia, and administration. We're all volunteers.

Although as we know legal nurse consulting is not regulated by an Board of Nursing since it doesn't meet the ANA definition of nursing, I volunteered based on my experience as a nurse case manager and my current practice as a nurse life care planner, which do. I thought it would be useful to offer my perspectives on nursing practice outside of the traditional clinical model, and the Panel Chair agreed. And although I didn't think about it at the time I applied, I rapidly came to realize that official advisory rulings from any state entity can usually benefit from a fair amount of judicious editing.

The process works like this: The BoN receives a question from the field about some aspect of nursing practice asking for clarification. If the answer isn't immediately clear, for example as a matter of unambiguous language in the Nurse Practice Act, the Board refers it over to the Panel Chair for review. She pulls any past advisories and sends us the link with a request to update prn.

From there it's a fairly ad hoc process. We look at education requirements and competence acquisition, if applicable (it usually is); practice details, documentation, and provide references from authoritative sources. Those of us with relevant current practice expertise usually chime in first on what's actually being done, since old advisories are sometimes outdated; others search current standards of care from professional organizations (and thanks to my LNC colleagues who have helped me identify some); others read it for general utility.

All our comments get cc'd to all members. It won't come as a surprise to hear that most often I take all the comments and edit the thing for clarity. Then when we're all happy with it, our Chair sends it back to the Board. When they approve it, it goes up on the Board of Nursing Advisory Rulings on Nursing Practice page at http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/nursing-practice/advisory-rulings/

While we're not allowed to comment on advisories on which we're actively working, here are excerpts from some of the ones we've done in the last few years to give you an idea of the range:

Cosmetic and Dermatologic Procedures: … *to guide the practice of the Registered Nurse and Licensed Practical Nurse (nurse) who may perform cutaneous procedures that utilize non-ablative laser and non-laser light sources and/or who may perform aesthetic procedures that utilize chemical solutions, micro-particles, soft tissue augmentation, or injections of solutions/medications or soft tissue fillers as part of their nursing practice*

Use of a Vagal Nerve Stimulator Magnet: … *to guide the practice of the Registered Nurse and Licensed Practical Nurse (nurse) training of unlicensed persons when managing the care of an individual with a Vagus Nerve Stimulator (VNS) device who requires the use of a hand-held magnet to activate the generator transcutaneously if the individual experiences an aura or if an observer witnesses the individual having a seizure. An appropriately-trained unlicensed person can use a hand-held magnet to activate the VNS generator. The use of a VNS magnet is not the practice of nursing.*

Cardiopulmonary Resuscitation in Long-term Care Facilities: … *to guide the decision-making of the nurse regarding cardiopulmonary resuscitation (CPR) when a patient or resident (patient) in a long-term care facility with 24-hour skilled nursing staff on duty has experienced a cardiac arrest.*

This last might come as a surprise, but there was apparently some concern that LTC nurses had inadequate guidance as to their responsibilities in the case of cardiac arrest — call EMS, start CPR, what about a DNR order? The upshot was this:

The nurse licensed by the Board is expected to engage in the practice of nursing in accordance with accepted standards of practice. It is the Board's position that these standards, in the context of practice in a Massachusetts long-term care facility with 24-hour skilled nursing staff on duty, require initiating CPR when a patient has experienced a cardiac arrest. In the event of an unwitnessed patient cardiac arrest, the nurse is expected to conduct an immediate sequential assessment of the patient and initiate CPR without delay, except when:

- *The patient has a current, valid DNR order; or*
- *The body condition clearly indicates signs of irreversible death (e.g., decapitation, decomposition, transection, dependent lividity, rigor mortis); and*
- *The patient assessment confirms ALL of the following clinical signs are present:*
- *Responsiveness: No response;*
- *Respiratory Status: No respirations for at least 30 seconds (the use of pulse oximetry is not appropriate for this assessment);*
- *Cardiac Status: No pulse for at least 30 seconds by carotid artery palpation or apical auscultation;*
- *Pupillary Response: Dilated bilateral pupils (if assessable), unresponsive to bright light; or*
- *A situation exists where attempts to perform CPR would place the rescuer at risk of serious injury or mortal peril*

Here's something different you can do with your LNC experience: Volunteer for your state Board of Nursing or one of its support services.

LPNs in the Charge of Supervisor Nurse Role: … *to guide the practice of Licensed Practical Nurses (LPN) employed or assigned to function as charge nurse, supervisor, or other similar role regardless of title. For the purposes of this Advisory Ruling, the role of charge nurse or supervisor is administrative, designed to accomplish nursing care delivery to a designated group of patients for a designated period of work time.*

It is within LPN scope of practice to function in the charge or supervisor nurse role. This role may include, but is not limited to: making patient care assignments; creating schedules; contributing to personnel evaluations; budgetary management; and educating others to organizational policy and procedure. To "make a patient care assignment" means to appoint or designate a Registered Nurse (RN), LPN or unlicensed person (UP) the responsibility to implement an established nursing care plan for a designated group of patients for a designated period of work time. The patient care assignment must be consistent with the assignee's scope of practice and/or competency, the assignee's job description, and the employing agency's policies. The job description of charge nurse or supervisor must include the duties and responsibilities of its administrative role. The charge nurse or supervisor directs nursing service personnel to comply with the organization's policies and procedures.

The non-clinical, administrative functions of the supervisor or charge nurse roles, such as making a patient care assignment, differs from the clinical function of delegation.

Pretty interesting lot, isn't it? Other advisories include guidance on such varied topics as:

- administering immunizing agents or vaccines
- foot care
- holistic nursing and complementary integrative health approaches
- infusion therapy, management of patients receiving analgesia by catheter technique
- peripherally inserted central catheters (PICC)
- school nursing
- APRN prescriptive authority in Federal entities
- accepting, verifying, transcribing, and implementing prescriber orders
- pain management
- nurse practitioner as first assistant in cardiac catheterization

As you can imagine, legal nurse consultants may encounter cases involving these and other issues. Your state's Board of Nursing probably has a similar advisory panel and posts their findings as advisories on a website. The advisories posted there could be a very useful first step in looking at what's acceptable practice.

I have found membership in this panel to enhance my LNC practice by getting me to think more broadly about practice issues that may underlie nursing malpractice cases, and by widening my circle of nursing experts with whom to consult. And it's been very gratifying to know that it's making a difference in nursing practice. ❧

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Non-traditional Legal Nurse Consultant Roles: The Role of the Defense LNC in Licensure Investigations

Julie Dickinson MBA, BSN, RN, LNCC

Note: *The process described herein is based on the author's experience in Connecticut. Nuances may vary by state.*

Professional liability insurance companies retain defense counsel to represent their insureds (healthcare providers) in administrative investigations by the state Department of Public Health (hereinafter the "Department") and in actions before the licensing boards. The legal nurse consultant (LNC) can play a valuable role for the defense.

Ideally, the defense team is retained at the outset when the licensed practitioner ("respondent") is notified by the Department that a complaint has been received about the licensee and is requested to provide a complete copy of the patient's chart. (The person who made the complaint to the Department is the "petitioner," frequently, but not always, the patient.) The LNC works with the respondent to compile the patient's entire record and any other requested information (e.g. proof of compliance with statutory requirements

The LNC's role in preparing for and participating in an administrative hearing is very similar to that for a civil trial. The LNC works with the attorney to strategize on the defense, identify and prepare exhibits, and prepare the respondent and defense expert to testify.

such as continuing education and/or malpractice insurance coverage). The LNC should be familiar with the practice act for the regulated health profession in question (e.g., nursing, medicine, dentistry, chiropractic) and with the administrative laws governing licensure investigations and proceedings that are designed to enforce the practice acts. Because administrative investigations are usually foreign and upsetting to the respondent, the LNC assists with educating the respondent, answering questions, and maintaining communication. The LNC also researches the respondent's license to identify any prior disciplinary actions.

Once the records are received, the Department provides the allegations made about the respondent and requests a response thereto. The attorney, respondent, and LNC discuss the care rendered, the allegations, and a defense strategy. Using persuasive writing skills, the LNC prepares a draft response to the allegations. The LNC ensures the attorney's final draft is submitted by the response deadline.

Upon receipt of the response, the Department obtains a review by a consultant who is a similar healthcare provider to the respondent. If the consultant's review is unfavorable, the Department provides the consultant's report to the respondent and requests a rebuttal response. The LNC reviews this report to identify whether the consultant was provided additional records (e.g., subsequent treatment records). If so, the LNC works with the attorney to obtain these records from the Department so the defense has the same information as the consultant. The attorney, respondent, and LNC will discuss the report, any records, and a defense strategy. This may include procuring additional supporting documents (e.g., affidavit, phone records, etc.) and obtaining an expert review. The LNC will research, screen, and propose expert(s) for approval, upon which the LNC sends records and conferences with the expert and attorney to discuss the expert's opinions. If favorable, an expert opinion letter will be submitted to the Department along with the rebuttal response and any supporting exhibits. The LNC prepares the initial drafts of these documents and again ensures the final rebuttal response, exhibits, and opinion letter are submitted by the deadline.

If the rebuttal response does not change the Department's consultant's unfavorable opinions, the Department refers the matter to its legal department. The defense team obtains the Department's investigative file, and the LNC ensures receipt of all exhibits and documents referenced therein.

The LNC may attend a compliance conference between the Department's attorney and the defense attorney. This is an opportunity to clarify the allegations and refutations, present additional evidence, and discuss whether a mutually-agreeable resolution can be reached. If one cannot be reached or if the respondent wishes to continue defending the matter, the case proceeds to an administrative hearing before the appropriate state board (e.g., Board of Nursing, Board of Medicine, etc.).

The LNC's role in preparing for and participating in an administrative hearing is very similar to that for a civil trial. The LNC works with the attorney to strategize on the defense, identify and prepare exhibits, and prepare the respondent and defense expert to testify. During the hearing, the LNC educates the defense attorney on clinical topics as needed, participates in strategy discussions and on-going analysis of the proceedings, maintains the exhibits, runs the audio-visual equipment, takes detailed notes, keeps a list of key testimony for use at closing arguments, and supports the respondent and defense attorney.

Working on administrative matters is an exciting, challenging, and rewarding role for LNCs, one that holds many similarities to work on civil cases but also has distinct differences. ❧

JD

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