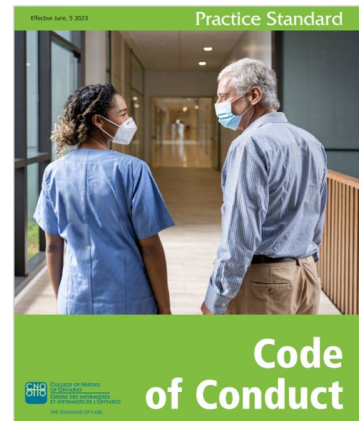


## Section 2: Code of Conduct Practice Activity

CNO's [Code of Conduct](#) is an overarching practice standard that describes the accountabilities nurses are expected to uphold. The purpose of this activity is to consider two (2) different principles and explain how you demonstrate these principles in your practice.

For complete instructions, including expectations for your submissions, please refer to the Quality Assurance Assessment: Part B - Practice Assessment Guide in your SharePoint folder.



### Instructions:

1. Review the [Code of Conduct](#) principles.
2. Select two different principles that best reflect your role and practice setting. Take time to review the specific statements under each principle to best inform your understanding about the principle and its application to your practice.
3. For each principle you select, write about a specific time in your own practice where you applied the principle. This can be an interaction, an event, or an experience. Each example should demonstrate at least one of the principle's statements. Do not include any confidential information in your responses. This includes any information that can identify a client, family member or colleague.

### The six principles of the Code of Conduct:

- Principle 1: Nurses respect clients' dignity.
- Principle 2: Nurses provide inclusive and culturally safe care by practicing cultural humility.
- Principle 3: Nurses provide safe and competent care.
- Principle 4: Nurses work respectfully with the health care team to best meet clients' needs.
- Principle 5: Nurses act with integrity in clients' best interest.
- Principle 6: Nurses maintain public confidence in the nursing profession.

### Example 1

Principle 2: Nurses provide inclusive and culturally safe care by practicing cultural humility.

One shift I was working in the ER, I had a patient come in with abdominal pain. As I was completing my assessment, I noticed the patient was looking to her daughter for translation assistance with some of my questions. The patient's daughter looked noticeably upset and worried. When I acknowledged this, the patient's daughter said she was very concerned about her mother but was also worried that she might not translate the questions correctly and didn't want to interfere with the assessment.

I thanked the daughter for sharing her concerns and asked them both what language the patient was most comfortable speaking in. When they stated Spanish, I knew I had a nurse colleague working who was fluent in Spanish who may be able to help me with this assessment. I proposed to the patient and daughter that I could get the initial assessment started to ensure the patient was stable, such as vital signs, some initial lab work and ECG, as per the abdominal pain medical directive, and then I could go and ask my colleague who spoke Spanish to help with the more in depth assessment questions. The patient and daughter were happy with this plan and the patient was able to consent to this initial testing.

### Example 2

Principle 3: Nurses provide safe and competent care.

I had a pediatric patient that arrived with their dad. When I approached the patient to perform my assessment, the patient got very scared and started screaming. The dad shared that the patient was on the spectrum for autism and would scream when they were anxious or afraid. While the dad tried to calm the patient down, I made sure the patient was stable and excused myself. I had not provided care to a patient with autism before, so I wanted to get some advice and strategies from someone with more experience.

I consulted with my Team Leader and we called the hospital's Child Life Specialist for help. While I waited for the Child Life Specialist to arrive, I went back into the room and asked the dad how the patient communicates best. He told me that the patient responded best when each step is narrated to them, using simple commands and reducing stimuli as much as possible. So I closed all the curtains completely and removed unnecessary portable equipment that was around the patient as the dad suggested. After speaking with the dad for a while, the patient appeared more relaxed and less scared. I was able to proceed with my assessment and the Child Life Specialist was also able to help support the family.

Click to Confirm Completion



**Nurse Practitioners (NPs) are required to fill out an additional template, the NP Case Example.**

The template can be found on [cno.org/qa](https://cno.org/qa)