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- ▲ **LNC First Employment: A Survey of Methods Used**
- ▲ **Informatics: Helping the LNC Adjust to Electronic Records**
- ▲ **Standards of Care**
- ▲ **The Clinical Maxim: Depression**
- ▲ **Subcontracting: Employer and Employee Perspectives**
- ▲ **Reconstruction and Resurrection: A Tale of Triumph**
- ▲ **Discovery of Sentinel Events and Root Cause Analysis Documents**

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Feature Articles

LNC First Employment: A Survey of Methods Used..... 3

Marjorie Berg Pugatch, RN MA LNCC EMT-B and Angela M. Duke-Haynes, RN

Using an electronic format, a cross-sectional survey of LNC's and others was conducted to obtain information about LNC first employment or consulting case. Most helpful approaches identified were attorney and LNC referrals, networking, and internships. Targeted e-mail/ mailing of a résumé and cold calls were reported as less effective.

Informatics: Helping the LNC Adjust to Electronic Records

Understanding the Transition – Part I: Moving from Paper to Electronic Records 9

Debra M. Wolf, PhD MSN BSN RN and Deborah L. Nellis, DNP RN LNCC

This article is the first of a two-part series that will assist legal nurse consultants (LNC) to increase their understanding of Health Information Technology (HIT) and how to be proficient in reviewing and requesting electronic health records (EHRs). In Part I, a foundation of knowledge will be presented that centers on why organizations are transitioning to electronic charting, the impact of political reform, the challenges of implementing an EHR, and the various organizations involved in the protection of health information. Part II will introduce the LNC to the various types of functionality found within EHRs and present a tool to assist LNCs in requesting an EHR for review.

Standards of Care 14

Rachel Cartwright-Vanzant, MS RN CNS LHRM FNC LNCC

All legal nurse consultants (LNC) have a duty to know standards of care that represent the care in question. Knowing the breadth of resources available for obtaining information applicable to the care issues is a major component in developing a solid case for litigation. This article will provide information and resource references that will guide a novice and expert LNC in their practice whether functioning in the expert witness role or case development role.

Departments

Editorial.....2

A Call for Authors

Bonnie Rogers, DrPH COHN-S LNCC FAAN

Clinical Maxim19

The Clinical Maxim: Depression

Kara DiCecco MSN RN LNCC

References and Resources.....23

Depression

Kara DiCecco MSN RN LNCC

Professional Practice, Trends, and Issues25

Subcontracting: Employer and Employee Perspectives

Holly Hillman, MSN RN and Eileen Watson, EdD MSN RN ANP

Book Review.....26

Reconstruction and Resurrection: A Tale of Triumph

Kathleen Ashton, PhD ARPN BC

Questions and Answers.....27

Discovery of Sentinel Events and Root Cause Analysis Documents

Judith M. Bulau, MSN RN

LNC First Employment: A Survey of Methods Used

Marjorie Berg Pugatch, RN MA LNCC EMT-B and Angela M. Duke-Haynes, RN

KEY WORDS

Employment, Marketing, Networking, In-house/Independent Consultants

Legal nurse consultants (LNCs) are employed directly as in-house consultants, or on a case-by-case basis as independent consultants in a variety of settings including law firms, government offices, insurance companies, hospital risk management departments, forensic environments, consulting firms, and health maintenance organizations. When marketing their services, LNCs will want to know what approaches work best for securing work. Using an electronic format, a cross-sectional survey of practicing LNCs was conducted to gather data about methods used to obtain LNC first employment or first consulting case. Results indicated methods rated as most helpful for obtaining a position or case were attorney referrals, internships, LNC referrals, and networking. Targeted e-mail/ mailing of a résumé with a cover letter and cold calls were considered least helpful.

According to the American Association of Legal Nurse Consultants (AALNC) the “primary role of the legal nurse consultant (LNC) is to evaluate, analyze and render informed opinions about medical issues, delivery of health care and/or the health outcomes as they relate to cases or issues within the medical-legal arena.” (American Association of Legal Nurse Consultants, 2009, p. 3) LNCs practice in a variety of settings including law firms, government offices, insurance companies, hospital risk management departments, forensic environments, consulting firms, and health maintenance organizations. Some LNCs are employed directly by these entities as in-house consultants, or on a case-by-case basis as independent consultants. Those who remain clinically active may be hired as expert witnesses to opine regarding the standard of care in medical malpractice cases at depositions and trials. Some LNCs offer both expert and behind the scenes consulting services.

When marketing their services, LNCs must reach out to various types of companies/firms and collaborate with professionals from other disciplines. New LNCs frequently contact experienced LNCs seeking advice on how best to make these new connections. The AALNC and local chapter-leaders also receive similar inquiries. LNCEXchange, a non-fee based listserv at LNCEXchange@yahoogroups.com often generates posts asking for “tips” on how to get started in the field. Anecdotal advice given to a new LNC by practicing LNCs, although important, can be limited.

One of the standards of professional practice for all LNCs is collegiality defined as contributing to the professional development of peers and colleagues (Peterson & Kopishke, 2010). Likewise, the AALNC Awareness Committee is charged with assisting LNCs to succeed in this field as well as educating the nursing community about the field of legal nurse consulting. To this end, committee members conducted a cross-sectional survey of practicing LNCs in order to gather data about methods used to obtain LNC first employment or first consulting case. The results will be of

interest for new LNCs, practicing LNCs, and clinical nurses considering entering the field. Practicing LNCs may glean some strategies they can incorporate in their own marketing and networking plans. The results will also serve to educate clinical nurses who may be considering legal nurse consulting as a career change or expansion.

Methods

A cross-sectional survey design using an electronic format was chosen as a cost-effective means to reach a large community of LNCs. Survey questions were developed by committee consensus based on committee members' collective, long-standing experience, and knowledge base as LNCs in multiple different practice settings and practice areas. The survey instrument was comprised of sections including demographic and practice information (i.e., experience, education, general practice area, internships), marketing approaches, initial methods used by LNCs to secure employment, and LNC professional development activities. A five-point Likert-type scale was employed to rate the various methods used by LNCs to obtain their first employment or case. Another related question focused on methods to find work by the type of practice in which the LNC was engaged, either in-house or expert witness/independent consultant.

Sample Participants

Two LNC groups were invited to complete the survey. Group one included all current AALNC members (3,426). Group two derived from the LNCEXchange listserv, contained both AALNC and non-AALNC members. In April 2009, an e-mail describing the purpose of the survey with a link to access the survey was sent to group one. Group two received a listserv message sent to exchange participants inviting non-AALNC members to contact the national organization to participate in the survey. The survey remained available online for two weeks.

Results: Demographic and Practice Information

Table 1. Demographic Description of Sample Population

Demographic	%	n ¹
Current Age		
30 or less	<1	1
31-40	8	41
41-50	35	169
51-60	46	224
60 or older	11	52
Highest Nursing Degree		
Diploma	5	25
Associate	24	116
Baccalaureate	47	226
Master	21	101
Doctorate	3	14
Years in Clinical Practice		
1-5	2	12
6-10	13	61
11-15	14	68
16-20	17	81
>20	55	266
Current Hours Per Week of Clinical Practice		
0	48	231
1-10	12	59
11-20	4	21
21-30	12	56
31-40	16	79
>40	8	39
Completion of LNC Education Course		
Yes	62	304
No	38	186
Completion of Internship Prior to First Employment LNC		
Yes	11	55
No	89	432
Location of Internship		
Law firm	45	24
LNC Mentored in their setting	38	20
Other	20	11
Years Practicing as an LNC		
1-5	44	209
6-10	27	127
11-15	13	60
16-20	9	46
>20	7	32

Demographic	%	n
Primary Practice Setting		
Independent	50	242
Law Firm	18	80
Not Working as LNC	7	36
Consulting Firm	7	34
Expert Witness ²	4	21
Hospital	4	20
Insurance Company	3	15
Government Agency	1	7
Business/Industry	<1	4
HMO	<1	2
Other ³	3	15
Primary Practice Area		
Medical Malpractice	47	232
Personal Injury	19	93
Expert Witness ²	12	60
Worker's Compensation	7	35
Case Management	6	29
Product Liability	6	30
Risk Management	6	30
Elder Law	3	15
Life Care Planning	3	14
Toxic Torts	3	14
Billing/Audit Review	2	10
Administrative Health Law	2	9
Criminal/Forensics	2	12
LNC Education	1	7
Regulatory Compliance	1	7
LNC Billable Hours Per Week		
0	18	89
1-10	26	124
11-20	12	58
21-30	11	53
31-39	11	53
≥ 40	22	105
LNCs Wanting More Billable Hours		
Yes	62	302
No	38	189

Continued on page 5

1. Total number for each category does not sum to the total number of respondents (n=494) due to item non-response or missing data.

2. Expert witness was included as a choice for both primary practice setting and primary practice area.

3. Other primary practice areas included: corporate, forensic accounting firm, third-party administrator, university law school.

4. Case load promoting or developing activities include marketing, networking, administrative tasks.

Table 1. Demographic Description of Sample Population (continued)

Demographic	%	n
LNC Non-billable Hours Per Week in Promoting or Developing Case Load*		
1-10	87	409
11-20	9	44
21-30	2	10
31-39	1	5
≥ 40	1	3
LNC Non-billable Hours Per Week for Professional Development		
1-10	92	436
11-20	6	29
21-30	1	5
31-39	<1	2
≥ 40	<1	2

Of the 494 respondents, 92 percent were members of the AALNC and 8 percent were non-members. LNCs from 49 states participated in the survey. As shown in Table 1, more than 90 percent of respondents were older than age 41 years and more than 70 percent held at least a bachelor's degree. Nearly three-fourths (72 percent) of respondents had at least 16 years of clinical experience. Approximately one-half (52 percent) of the respondents continued in clinical practice and about two-thirds (62 percent) had completed an LNC course of study. Only 11 percent of the respondents had completed an LNC internship prior to first employment. When asked about LNC experience, 44 percent reported 1 to 5 years and 27 percent reported 6 to 10 years of this specialty experience.

Approximately 50 percent of respondents were independent practice LNCs and 4 to 12 percent of LNCs identified themselves as expert witnesses. Regarding employment setting, 18 percent of LNCs worked in law firms as in-house LNCs, 20 percent were employed in all other settings combined such as, government, hospitals, and insurance companies, and 7 percent of respondents were not working as LNCs. The largest practice areas reported by nearly two-thirds of responding LNCs were medical malpractice (47 percent) and personal injury (19 percent), respectively. Remaining respondents worked in all other practice areas combined.

With respect to billable hours, 26 percent of LNCs billed between 1 to 10 hours per week, 34 percent billed between 11 and 39 hours per week, 22 percent billed more than 40 hours per week, and 18 percent of respondents had no billable hours. However, 62 percent of respondents wanted more billable hours. Almost all LNCs spent between 1 to 10 hours per week promoting or developing a case load and in professional development activities. It generally took from one to six months to secure a first case or position.

Employment Methods

Various methods were reportedly used by LNCs to obtain first employment or a first case related to legal nurse consulting. Respondents were asked to rate each method used according to its helpfulness in leading to employment by choosing one of five possible answers (very helpful, helpful, somewhat helpful, neutral and not at all helpful). Respondents were not limited in the number of responses that could be made. As shown in Table 2, methods rated as very helpful by at

Table 2. Methods Ranked in Order of Helpfulness in Seeking First Employment or Case by LNCs

Method	Very helpful	Helpful	Somewhat helpful	Neutral	Not helpful
	% (n)	% (n)	% (n)	% (n)	% (n)
Attorney Referral	78 (125)	19 (30)	3 (4)	0 (0)	1 (2)
Internship	61 (16)	19 (5)	4 (1)	15 (4)	0 (0)
LNC Referral	54 (89)	18 (30)	6 (10)	5 (9)	17 (28)
Networking with Others in the Field	52 (122)	23 (55)	10 (23)	7 (16)	9 (20)
Responding to an Ad	49 (48)	18 (18)	17 (17)	6 (6)	9 (9)
Exhibiting (e.g. at meetings)	37 (19)	29 (15)	15 (8)	6 (3)	14 (7)
Professional Networking (e.g. Linked-In)	34 (36)	28 (30)	8 (8)	17 (18)	14 (15)
Targeted Follow Up to Mailings	24 (36)	19 (29)	23 (35)	11 (17)	23 (35)
Targeted Mailing of Résumé with Cover Letter	17 (37)	22 (47)	25 (54)	8 (18)	28 (62)
Cold Calling	11 (12)	22 (23)	22 (23)	11 (12)	35 (37)
Targeted Email of Résumé with Cover Letter	7 (6)	27 (23)	21 (18)	12 (10)	34 (29)
Other (filled in)	77 (23)	10 (3)	7 (2)	3 (1)	3 (1)

least 50 percent of respondents for seeking a position or case were attorney referrals (78 percent), internships (61 percent), LNC referrals (54 percent), and networking with others in the field (52 percent) (e.g. attorneys, LNCs, risk managers). Responding to an advertisement and exhibiting at meetings and professional Internet networking was considered very helpful by one-third to one-half of respondents. Methods considered least helpful were targeted e-mail/ mailing of a résumé with a cover letter and cold calls. Combining a targeted mailing with a follow-up telephone call was reported by 24 percent of respondents as somewhat more effective than a simple mailing alone. Several write-in responses were offered by the respondents as very helpful including the AALNC directory listing (see searchable public part of the AALNC website), lecturing to attorneys, and social networking.

Table 3. Most Used Employment Methods by In-house LNCs Compared to Expert Witness/Independent Consultants

Method	In-house LNC (n=181)		Independent Consultant/ Expert Witness (n=235)	
	%	(n)	%	(n)
Responded to an advertisement	38	(69)	3	(8)
Professional networking with others in the field	21	(39)	24	(56)
Referred by another LNC	9	(17)	18	(42)
Social or personal networking with attorneys	6	(11)	8	(19)
Referred by other healthcare worker or healthcare organization	5	(9)	7	(17)
Social networking generally	4	(7)	6	(13)
LNC contact information passed from attorney to attorney	4	(7)	3	(8)
Mailing résumé via postal or email	2	(4)	18	(42)
Internship	4	(7)	0	(0)
Cold calling	0	(0)	6	(14)
Other answers uncategorized	6	(11)	7	(16)

A second set of employment questions was devoted to exploring if successful employment methods used by independent consultants/expert witnesses differed from those used by in-house LNCs (Table 3). Independent consultants and expert witnesses relied more on professional networking with others in the field (23 percent), LNC referrals (18 percent), and mailing their résumé through regular mail or via email (18 percent). On the other hand, 38 percent of in-house LNCs found their first employment positions from responding to an advertisement followed by professional networking with others in the field (21 percent). For both groups, internships and cold calling were least used (<6 percent).

Discussion

Professional networking with other colleagues in the field including LNCs and non-LNCs such as attorneys was considered almost equally valuable for in-house LNCs and independent consultants/expert witnesses. Networking opportunities can include participating in professional conferences and joining and becoming involved in local organizations where new LNCs can interface with potential employers and mentors and with individuals who might act as referral sources. Additionally, offering to lecture on a pertinent topic at law firms that specialize in medical malpractice or personal injury is another way to interface with potential clients. A lecture could also include information on the benefits of using an LNC with examples of work product.

Independent consultants who do not act as expert witnesses may have greater leeway in openly marketing their services when compared to testifying experts. As reported in the survey, mailing a résumé via postal service or e-mail to the hiring partner, trial attorney, or attorney specializing in practice areas in which the LNC has the most expertise was considered more effective when followed up with a telephone call. Other activities that new LNCs might consider to increase their potential for employment include publishing in legal journals, exhibiting at legal educational conferences, and advertising their services on the Internet through their personal website or in local legal journals.

Nurse experts reportedly relied mostly on networking and LNC referral methods to secure their first cases. Expert witnesses must remain clinically active and credentialed in their field to demonstrate clinical knowledge and current expertise. Nurse experts should be aware that any activity on the Internet (e.g. blogging, participation on listservs, social networking sites) may be used by the opposing side to undermine an expert's opinion or credibility. For these reasons, discretion in marketing and on the Internet is advised for nurse expert witnesses. Identifying and vetting an experienced clinical nurse who can serve as an expert witness sometimes is the responsibility of in-house or independent LNCs. LNCExchange members frequently use the listserv to find experts for their cases, and the AALNC's public directory is another way for attorneys and others to locate experts. Nurse experts who belong to an AALNC chapter may network with other members who may need experts for cases under investigation or in suit.

In-house LNCs are most often employed by law firms. The most frequently reported method in-house LNCs utilized to find employment was by responding to advertisements, followed by professional networking, and LNC referrals. Advertisements for in-house LNC positions are often found in nursing publications such as *Nursing Spectrum* or *Nursing Network*, and also in the help wanted section of newspapers or local legal newspapers. LNCs seeking in-house positions may find it helpful to contact employment agencies that specialize in the legal field and submit their résumés for employment consideration. These agencies keep LNC résumés on file in

anticipation of requests from companies or firms for LNC services. There are also a number of employment sites on the Internet that post LNC positions including general employment agencies and legal specialization agencies. In addition, Internet-driven LNC job blogs compile Internet advertised positions. Other LNC positions may be found on national law firm websites that have a "careers" or "hiring" section. The AALNC has recently added an LNC job openings section as a member benefit on the organization's website. AALNC chapter leaders may receive local inquiries from law firms and employment agencies which can be shared with chapter members. Occasionally, chapter websites may include an advertisement placed by an employment agency or a company. LNCExchange members frequently post requests for experts or advertise available LNC positions.

One of the most important hurdles in entering any field in business is how to overcome a lack of experience which can make finding a first position difficult. As reported in the survey, the majority of respondents completed a course of LNC study. While completing an LNC course of study (e.g., <http://www.aalnc.org/edupro/Courses.cfm>) is not mandatory to becoming an LNC, it may offer an advantage to obtaining a first legal case or first legal nurse consulting employment position especially when coupled with appropriate clinical experience and excellent writing and analytical skills. LNC course writing assignments can be submitted as writing samples to prospective employers as can published articles in the clinical nursing field.

Depending on the length and depth of an in-person course of study, the LNC student may build a professional and collegial relationship with the instructors and be able to secure references. Another advantage of some LNC courses is assistance in internship placement. Internships were rated very helpful by both in-house LNCs and independent LNCs. There are numerous benefits that derive from internships and employers will generally consider prior internship experience in the hiring process as the internship can result in valuable work experience. The LNC can build relationships with mentors who can provide networking contacts with prospective employers in the field, and can be an excellent reference source for potential employers. Interns may find employment with their mentoring organization because their capabilities are already known. Lastly, the internship experience can be used to build a résumé.

The majority of respondents wanted more billable hours which suggests a greater supply of LNCs than demand for their services. Market saturation may in part be attributed to lack of awareness on the part of attorneys and others who work on medical-legal matters about the value of using LNCs in the delivery of high quality legal services. Thus, LNCs need to be prepared to educate some potential attorney clients and other employers, such as insurance carriers, regarding the value LNCs bring to the adjudication of medical-legal claims. In states that have passed tort reform, this has likely adversely impacted the employment of LNCs to some extent.

Limitations

There were several survey limitations identified. The sample was a convenience sample of AALNC members and others interested in legal nurse consulting rather than a random sample. Those who responded to the survey were likely to be more interested in the survey purpose and also to respond to professional society topics.

The instrument developed was not subject to pilot testing which would have been beneficial in finding and correcting weaknesses and problem areas prior to general release of the survey to the two groups. For example, there were some issues with categorical response choices such as, the current age groupings included choosing "51-60" and "60 or older". Likewise "0" hours was not offered for non-billable hours but was offered for clinical practice and billable hours. Also, "expert witness" was included as a choice in both categories of primary practice setting and primary practice area which would make it confusing for respondents. Furthermore, instead of grouping independent consultant and expert witness together more discrete identification of types of LNCs should be used (i.e., in-house, independent consultant, expert witness). More careful attention to the construction of the instrument would have eliminated these deficits. In a future survey, the list of "most used employment methods" should be expanded to include some of the more frequently cited methods found in the write-in section of this survey.

Conclusions

This survey demonstrated that the most effective way to obtain first employment is likely to depend on whether the LNC intends to work in-house or as an independent consultant/expert witness. In-house LNCs were most likely to find employment by applying for open-posted positions while independent consultants/expert witnesses were most likely to find cases via more direct contact or through referrals. Some specific activities such as, interning, exhibiting at legal conferences, lecturing, and networking in all its forms (Internet, professional and social) can assist the new LNC to find work. For some LNCs, directory listing and mailings with follow up can lead to employment.

Experienced LNCs may also benefit by reviewing the list of activities that new LNCs used to find work such conference exhibiting, speaking at legal conferences and law firms, and joining local bar associations with the aim to integrate these new networking strategies in their employment efforts. The survey findings can help raise the awareness of clinical nurses before they enter the LNC field. Understanding the needed initiatives and efforts by new LNCs to find work and about the prevailing job market conditions for LNCs are important considerations for the clinical nurse.

In the future, the effects of tort reform on employment patterns and specific results of providing lectures to lawyers and joining local bar associations on LNC employment success should be examined along with exploring why some attorneys choose not to hire LNCs.

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