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of
Nurse Life Care Planners
Journal of Nurse Life Care Planning

Topics in
Working in
Life Care Planning
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Practice alert: Registered nurses who hold current CCM certification and wish to obtain the ANCC designation for case management, RN-BC, may do so by reciprocity (no exam) if they apply and pay the fee before December 31. Go to the ANCC website at www.nursecredentialing.org. Click on the link at the top for American Nurse Credentialing Center, click on certification tab at the top, then scroll down to choose your specialty, Case Management. The announcement that Certification by Reciprocity ends 12/31/10 appears. The link to the page with various applications appears at www.nursecredentialing.org/Applications.aspx. Scroll to the bottom of the page, General Applications, and click on the magenta cover for the Reciprocity Application. Effective January 1, 2011, ANCC certification by reciprocity will no longer be available; printing and mailing by certified mail is recommended as materials received after Dec. 31 will not be processed.
"Nursing is a thing, which, unless we are making progress every year, every month, every week, take my word for it, we are going back." - Florence Nightingale

Florence Nightingale can seem remote in our electronic world. What does a Victorian woman of privilege who died a century ago have to say to us of any relevance? How's this, from her 1859 Notes on Nursing?

"Every day sanitary knowledge, or the knowledge of nursing, or in other words, of how to put the constitution in such a state as that it will have no disease, or that it can recover from disease, takes a higher place. It is recognised as the knowledge which everyone ought to have-different from medical knowledge, which only a profession can have."

As nurse life care planners we advocate for our profession every time we describe the nursing process and the science behind it. Nursing is relevant more now than ever. Some of you may be aware of the recent move towards creating an Office of the National Nurse within the United States Public Health Service, analogous to the Surgeon General. Our country can increase nursing's visibility and credibility to the benefit of all by creating this bully pulpit. Our profession progresses with our leadership. What can you do to help?

- Ask the US Representative in your district sign on as a co-sponsor to Bill HR 4601, The National Nurse Act of 2010.
- Contact the health policy aide of your district US Representative and ask them for an appointment to discuss HR 4601.
- Become a fan of the National Nursing Network Organization (NNNO) Facebook group.
- Email Teri Mills (teri@nationalnurse.info), President of the NNNO, and ask to sign up for the Newsletter so you can stay updated with the details, website www.nationalnurse.org
- See the video! http://www.youtube.com/watch?v=YgkQ6iDScww
- Share your enthusiasm with fellow members and Boards of Directors of your professional organizations. Ask about the process for requesting an official endorsement from your organization to join the hundreds of other prominent organizations that are currently endorsing this campaign!
- Get an article about the National Nurse Act of 2010 in your organization’s newsletter to educate others about the bill.

This issue looks at some working aspects of nurse life care planning. We have a piece on mobile technology and how you can use it in your business, a report of a descriptive study of how expert clinical nurses chose to change their nursing practice to life care planning, and a new look at a book on the basis of our profession, nursing diagnosis. What do you think? Let us know.

Cordially,
Wendie Howland
Editor, Journal of Nurse Life Care Planning
whowland@howlandhealthconsulting.com
Information for Authors

AANLCP invites interested nurses and allied professionals to submit article queries or manuscripts that educate and inform the Nurse Life Care Planner about current clinical practice methods, professional development, and the promotion of Nurse Life Care Planning within the medical-legal community. Submitted material must be original. Manuscripts and queries may be addressed to the Editorial Committee. Authors should use the following guidelines for articles to be considered for publication. Please note capitalization of Nurse Life Care Plan, Planning, etc.

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Manuscript length: 1500 – 3000 words
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• Submit only original manuscript not under consideration by other publications
• Put the title and page number in a header on each page (using the Header feature in Word)
• Set 1-inch margins
• Use Times, Times New Roman, or Ariel font, 12 point
• Use double-spacing, using the Word formatting feature
• Place author name, contact information, and article title on a separate title page, so author name can be blinded for editorial review
• Use APA style (Publication Manual of the American Psychological Association)

Art and Figures
All photos, figures, and artwork should be in TIFF, EPS, JPG, or PDF format. 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 on a separate page, 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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• 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.
• The author, not the Journal, is responsible for the views and conclusions of a published manuscript.
• Submit your article as an email attachment, with document title articlename.doc, e.g., wheelchairs.doc

All manuscripts published become the property of the Journal. Manuscripts not published will be returned to the author. Queries may be addressed to the care of the Editor at: whowland@howlandhealthconsulting.com

Manuscript Review Process
Submitted articles are peer reviewed by Nurse Life Care Planners with diverse backgrounds in life care planning, case management, rehabilitation, and the nursing profession. Acceptance is based on manuscript content, originality, suitability for the intended audience, relevance to Nurse Life Care Planning, and quality of the submitted material. If you would like to review articles for this journal, please contact the Editor.

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Contributing To this Issue

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Laura M. Lamar RN JD (“Using Video in Legal Cases”) is an Attorney licensed in Illinois. She received an ADN degree in 1975, a Bachelors Degree in 1979 from the University of Illinois at Chicago and a Juris Doctor in 1984 from The John Marshall Law School. After passing the Illinois Bar Exam, Ms. Lamar initially worked for a law firm representing plaintiffs in medical malpractice cases. She then worked for insurance defense firms representing defendants in personal injury, premises liability and institutional sexual abuse cases. For ten years, she worked as a Risk Manager at Cook County Hospital, now known as the John H. Stroger, Jr. Hospital of Cook County. She is now Of Counsel to Evidence Video in Chicago.

Victoria Powell (“Smartphone Comparisons for Nurse Life Care Planners”) is CEO/President of VP Medical Consulting. She is a Nurse Case Manager, Nurse Life Care Planner, Medical Set Aside Allocator, Legal Nurse Consultant, and Ergonomic Assessment Specialist.
From Clinical Nurse to Entrepreneur: Becoming a Life Care Planner

Patricia Brock MSN RN CLCP LNCC

Why do nurses move from the bedside to become independent life care planners? What are the challenges they will face, and what are the rewards that will entice them to venture into the unknowns involved in the entrepreneurial process? Who would even consider such a venture?

To answer these questions for a thesis, the author interviewed seven independent nurse life care planners who shared their individual experiences and the effects the transition had on their lives. There were some common themes of course, but there were also unique, very personal stories.

One of the readers of the original thesis was particularly struck by the similarities of experience given by the participants. A nurse educator, she came to one point in her clinical career when she found it necessary to leave bedside nursing because of a physical problem. That was many years before legal nurse consulting and life care planning were as mainstream as they are today. “Life care planning was unheard of,” she said, “and to be honest, I had never heard of a legal nurse consultant in the early 1960s.” It was her impression that these nurses who have told their stories all have one thing in common. “They all love what they do, and want to make that count for their patients.” She went on; “It takes courage and strength of character to stand up and talk about what is wrong with a profession. It is easy to go along with the party line and the path of least resistance. These participants seem to me to be the nurses who are leading the way for those who will come later.”

Nurses are leaving the bedside in part due to drastic changes in the management of health care facilities.

The shortage of nurses places stress on those

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who feel an obligation to provide excellent care, but who have too few resources to accomplish that goal. The historical subordinate / paternalistic relationship between nurses and institutions has driven individual nurses to change jobs, pursue higher education, leave nursing altogether, or become a nurse entrepreneur. “Nurses are feeling a loss of control, devaluation and disrespect, overextension, fragmentation, and frustration along with professional diversity that leads to a lack of understanding about what other nurses do.” (Jacobs, Fontana, Kehoe, Matarese and Chinn, 2004) According to the American Federation of State, County and Municipal Employees (2009), “Nurses may constitute the most dissatisfied profession in the United States today. Autonomy, control over the practice environment, and collaboration with physicians have an impact on staff nurses’ trust in management and ultimately influences nurses’ job satisfaction and their assessment of patient care quality.” Holidays, weekends, night shift rotations and the increasing patient ratios make entrepreneurial options very attractive to those nurses who have skill and desire to succeed in a nontraditional field of nursing. There are too many very sick patients and too few nurses. Hospital administrators do not, will not, or cannot listen. Healthcare downsizing affects both patients and nurses. Because of shorter length of stays there are more patients to care for, more medications to dispense, and an increased patient load due to rapid discharges and admissions. Twelve-hour shift work is not friendly to the nurse who has been in practice for twenty or more years. As one nurse explained “After spending the bulk of my career in critical care, middle age was invading my body, making long shifts physically difficult.” Another participant said she got the idea when observing a certified nurse life care planner who was consulted on a difficult case. One of the nurses worked twenty years in a big city medical center while she was continuing her education and achieved her master’s degree. However, when she later moved to a rural community she found potential employers told her she was overqualified. Whatever the reason, each of the seven nurses in the study found it was their clinical experience that prepared them to make the transition. Nurses have been creating care plans since Florence Nightingale. In contemporary society, “Nightingale would be involved in quality workplace representative programs; she viewed nurses as educators, advocates, health promoters, facilitators, leaders, administrators, researchers, statisticians and managers.” (Ferguson, 2004) A registered nurse, especially an Advanced Practice Nurse (APN), is highly qualified to perform the duties of a life care planner. Many of the characteristics of entrepreneurs are shared by APNs. They are “visionary, creative and energetic team leaders. They are self-motivated and autonomous, innovative, savvy and knowledgeable about how to work the
system; they are self-confident, persistent and skilled at building a coalition of supporters to minimize the barriers of introducing an innovation into practice.” (Austin, Luker, & Ronald, 2006)

Additionally, the nursing process is a way of life for experienced nurses, so they naturally apply it during the development of a life care plan. “Standard of nursing practice, interdisciplinary collaboration, and appropriate resource utilization enhance the Nurse Life Care Planning process.” (American Association of Nurse Life Care Planners, 2009) Several of the nurses in the study found life care planning to be a natural progression from their work in case management. One had worked for an insurance company in association with workers compensation cases and found life care planning was, “Simply the next step.”

All felt prior experience was critical to their success; five of the seven respondents felt a bachelor’s degree in nursing (BSN) should be the entry level for nurse life care planners. They cited positive professional status, enhanced critical thinking skills, and ability to evaluate and perform effective research. An important life care planning competency is basing a life care plan on established scientific principles. “The life care planner will strive to identify and participate in research independently or in collaboration with others, utilizing research tools and activities that will promote quality outcomes.” (Weed and Berens, 2010)

Evidence-based practice is essential to improving patient outcomes and is a priority when creating a life care plan. Ongoing education and research is critical to the life care planner and to the plan outcome. As one nurse put it, “I enjoy researching new technologies and medical care that when added to a plan will create a more fulfilled life for the injured person.”

A nurse who graduated from a diploma program in 1994 said, “I would hate to say that there should be an entry level required, but I do feel that as far as a nursing certification goes, we should probably look at the BSN level.” Another respondent pointed out, “It is a different world now and no form of basic nursing education today gives nurses what they need to know in order to practice.” Several of the nurses suggested that a new life care planner should work under an experienced life care planner, or enter into “a mentor program of sorts.”

As one respondent pointed out, “The advantage may not lie in having a degree, but in the person’s experience and ability to assess, perform skillfully, and...
plan and implement the appropriate recommendations."

The group as a whole agreed nurses have a definite advantage over non-medical life care planners. Simply put, the major difference in the nursing- and non-nursing-based care planning is use of nursing diagnosis in developing the plan of care.

The North American Nursing Diagnosis Association (NANDA) defines a nursing diagnosis as “a clinical judgment about individual, family, or community experiences and responses to actual or potential health problems and life processes.” It drives interventions and outcomes and provides for standardized language used in the electronic health record, thus providing clear communication between all team members. It also aids in the collection of information used for ongoing improvements in patient care. The difference between a medical diagnosis and a nursing diagnosis is the difference between disease and human response. Physicians deal with disease and pathology. Nursing diagnoses are concerned with “the human response to actual or potential health problems and life pressures” (NANDA, 2009). A nursing degree, clinical expertise, and experience combined with assessment, planning, implementation, and evaluation skills make them uniquely qualified for the life care planner role. When a life care planner who is not a nurse attempts to create a plan that contains nursing issues, there are sometimes missed pieces related to specific nursing care needs.

Physicians have created an image of being central to life and death. Nurses who use their skill, knowledge, and competency in settings that build on the foundation of nursing, evidence-based practice, and patient education are slowly but effectively banishing the concept that nursing is nothing more than following doctor’s orders. Nurse life care planners must be successful communicators. As experts, they speak in clear everyday language to attorneys, judges, juries and patients. Their number one job is to educate those involved in the life care planning process. Most of the group indicated assertive communication is the key to a successful outcome and essential to establish a nurse life care planner influence.

Effective collaboration emerged as a necessity when dealing with members of either the healthcare team or the litigation team. “Any life care planning association should be inclusionary and facilitate all life care planners (rehabilitation counselors, nurses, physicians and other qualified professionals) to work together to achieve common goals” (Johnson, 2009). The study nurses cited positive attitudes, willing spirits, good manners, common sense, focus on similarities and not on diversities, patience, and team play as the attributes that foster collegiality and success. As one participant pointed out, “Nurses collaborate with a multidisciplinary health care team on a regular basis.” Another agreed, “I think we are
used to the collaboration process” and said she had found some great new friends that way.

The study group was emphatic about the positive impact of life care planning on both personal and professional lives. They felt rewarded by independence, autonomy and a platform of sorts to promote nursing and life care planning at the same time. “My whole life has changed mostly for the better” wrote one, and went on to say, “I have never worked so hard in my life, but I have never felt as happy in my work.” Another said, “Life care planning can be very stressful at times, but I do love it….To work from home, even if it is 24/7 is a blessing. I own my own business and I am responsible for my own chaos and stress.”

All seven respondents found financial issues are a big concern for the independent life care planner. Several shared the need to plan for the slow periods that occur from time to time. One pointed out “It was difficult for me when I realized I would be living without a guaranteed income. The next huge realization was that benefits would no longer be provided by someone else; I was responsible for insurance, retirement, taxes and anything else demanded by or for the business.” Another nurse mentioned, “Business suits are required,” and wardrobe cost must be taken into consideration.

Collection of timely payment for work rendered presented a problem for several of the nurses in the study. Some of them maintained dependence on their spouse to provide insurance benefits, although all carry liability insurance for their businesses. The group consensus was that one can never fully anticipate the financial issues and strains when starting a business. Unexpected situations and struggles occur. Nurses do not get education or training in business practices in undergraduate education. Johns Hopkins University in Baltimore, Maryland, is one of several institutions of higher learning that have recognized this and offers a 12 credit, 10 month, post baccalaureate and post-master’s option in partnership with a business school (Johns Hopkins University, n.d.).

Although all seven participants indicated mostly positive financial status, only one felt she was greatly improved financially. For most of the independent practitioners, it has been difficult to work full time and grow a business to its full potential. One respondent said, “My business is well-known, but work sometimes takes a longer time than anticipated to come in and sometimes does not come in at
all. Getting a regular paycheck while working for others is nice, but the financial gain is not the complete picture of satisfaction.” Another nurse agreed, saying, “The benefits of working from home, setting my own hours, no holiday, nights or weekends unless I want to work them, all outweigh my present desire for the security of a steady paycheck. So far I make enough to pay the bills with a tiny bit left over.”

One participant best summed up what was said by all: “The responsibilities are definitely greater, but every hour that I work I am working for me, not for anyone else. I am hoping this affords me a much longer career than I would ever have had in clinical nursing. Even in my mid-forties, I am already too physically challenged to work at the bedside... I am hoping I can do case management, legal nurse consulting and life care planning well into my retirement years if I so desire.”

The study found stress from commitments and deadlines are by far the most difficult part of life care planning. The respondents agreed that marketing their businesses was important, but was dependent upon time and money availability. Networking, attending and presenting at conferences, exhibiting, and word of mouth were useful and actively practiced to some extent by all the participants. Each respondent indicated an active role in a professional organization for nurse life care planners also enhanced their visibility and contributed to a positive professional reputation.

A scientifically based study with a large and more generic sample would provide a more accurate picture of the financial aspects of nurses who become life care planners. Data with regard to the actual development of a life care plan with research methods, deposition and trial testimony were not sought in this study. The life care plans created by the nurses were most commonly spinal cord injury, traumatic brain injury, burns, amputations, low vision, pulmonary issues, and other catastrophic injuries. Trial and deposition testimony varied between no experience for one participant and more than 40 experiences for another. All participants had confidence in their ability to defend their completed plans due to strict adherence to the established methodology of the discipline.

The American Association of Nurse Life Care Planners (AANLCP) has a code of ethics. The American Nurses Association code of ethics and Nurse Practice Acts for the individual states provide ethical guidelines for all nurses to follow regardless of practice area. The International Association of Rehabilitation Professionals (IARP) code of ethics is thorough, helpful, and contains specifics for vocational members as well as general guidelines for nurses and other disciplines. Although specific ethical issues related to life care planning were not addressed in this study, several participants mentioned problems concerning attorney pressure to add items in order to enhance the “bottom line” of the life care plan. One
nurse made this key observation: it was important not to advocate for wants and desires, but rather, to advocate for the individual’s needs. How nurses deal with issues of advocacy versus need in life care planning could be a topic for future study.

The study nurses felt that sharing information to further the industry standards should be uppermost on the minds of each life care planner regardless of certification or practice specialty. One participant indicated there is no room for intimidation, negativity or elitism within the practice of life care planning. Networking and team effort should be emphasized and encouraged by everyone.

I feel the nurses in this study have achieved expert status. They use assessment and analysis to see the big picture. They consult with other nurses and members of the healthcare and legal teams, then diagnose, manage and document complex situations. They help to “further develop the scope of practice of nurses who wish to and are capable of achieving excellence.” (Benner, 2001).

I made a connection with these nurse life care planner colleagues. We can continue to learn from each other. Perhaps we can make a difference in forging a more inclusive relationship between the multiple disciplines involved in writing life care plans. After all, it is not about us; it is about the catastrophically injured person who depends on a nurse life care planner’s help to attain the highest quality of life in the least restrictive manner, according to our standard of practice. One participant summed it up best when she said, “The most rewarding part is making a difference for someone whose life has been shattered.”

References


Editor’s Choice

NANDA-I 2009-2011
Wendie A. Howland RN MN CRRN CCM CNLCP NLCP-C

Since our profession is based on the nursing process, this small volume is an essential reference for all Nurse Life Care Planners. Those whose only exposure was to the comparatively incomplete work of the North American Nursing Diagnosis Association in previous editions will be very pleasantly surprised by this completely rethought work. It has a great deal to offer the new and seasoned Nurse Life Care Planner in planning, education, and supporting nursing process as the theoretical underpinnings of our professional practice.(e.g., at deposition or trial).

Part I opens the volume with a chapter on clinical diagnosis and assessment, and how these are integral to nursing diagnosis in practice. As an aside, it also has material on nursing diagnosis in nursing education, informatics, research, and administration. These may also give the Nurse Life Care Planner some insight into using it in our non-traditional setting. A list of the 21 new nursing diagnoses in this edition, and their authors’ names, also appears here.

Part II, the thirteen domains and diagnoses themselves, are completely reformatted and now include definitions, defining characteristics, and related factors. An easy-to-scan chart is included that includes all domains and classes (Fig. 1). Listing the domain and class of each allows easy cross-referencing. Many diagnoses have references from the current literature, some extensive.

While a busy Nurse Life Care Planner could be forgiven for stopping right there, Part III offers the interested reader more insight into the historical and contemporary development of the current taxonomy, how various organizations recognize it and use its

Nursing Diagnosis: Definitions and Classification 2009-2011

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contents as standards; this could be of use in litiga-
tion. Part IV lists diagnoses that have been retired;
Part V asks the reader to become involved in this
semenal work’s future and gives a full description
of the review process for new diagnoses.

This reviewer’s pet peeve about previous editions
was the weakness of the index, essentially a re-
listing of the headers from each diagnosis’ page with
no alternatives. This edition’s greatly expanded in-
dex does not disappoint, giving extensive cross-

references for many possible nursing diagnoses for a
given condition or risk factor. This opens up many
avenues for thought, research, and action, enriching
our work. For example, the entry for “Self care”
points to its place in the taxonomy, and then to en-
tries for deficits in bathing, dressing, feeding, toil-
ing, and readiness for enhanced self-care.

This classic work should be on every life care plan-
er’s reference shelf; it will gratify and reward the
working nurse in any setting.

Fig. 1 Taxonomy II, domains
and classes

*Nursing Diagnoses - Definitions and
Classification 2009-2011 (c) 2009,
1994 NANDA International, p. 368-
369. Used by arrangement with Wiley-
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As nurse life care planners develop best business practices, it becomes obvious that a phone is necessary for times when one is out of the office attending appointments, performing home assessments and even, perhaps, on vacation. We live in a society that expects immediate gratification. A nurse life care planner who is not available to a potential attorney client may be passed over for another who is readily reachable.

Cell phones have become a way of life with many disregarding land lines in favor of the mobile phone. Cellular phones have come a long way since they were first introduced in 1973. Those seeking more than a phone for their connection needs should consider a smartphone. A smartphone is any mobile phone which offers advanced capabilities with PC-like functionality. Smartphones include email and internet browser capabilities and most have a built-in keyboard. What makes the phone “smart” is its ability to handle data in advanced applications in addition to voice calls.

According to Neilson Mobile, one in every ten cell phone users now owns a smartphone. (Droid X Adds to the Challenge, n.d.) Functions and applications are becoming more plentiful and more useful. As prices begin to fall, many others may switch to a smartphone in the near future. According to the AMA, 72% to 94% of physicians already use smartphones professionally and personally (Dolan, August 23, 2010). Why are they so popular? Compared with desktop-based health technology, it is simple: smartphones allow for mobility, and desktops do not. This is critical for health professionals who do not spend their days sitting in one place (Dolan, August 23, 2010).

When choosing a smartphone, the myriad options may quickly become overwhelming. Some quick tips to help choose the most appropriate phone can be found in answering these questions:

- Which carriers have the best coverage in the area where you are and travel?
- How quickly do you need to access email messages?
- Do you want a large, readable screen for large amounts of text?
- Do you prefer a raised-button keyboard, or is touch screen okay?
- Do you need a high-quality camera?
- What about video? How about two-way video chat?
- Is there an existing contract to consider?
- What apps are most interesting?
- What is your budget? Don’t forget the cost of features like data plans and text messaging.
- How long to you plan to keep a particular model?

For the purposes of this article, comparison of phones was limited to three popular models:
The **Blackberry Tour** is a mobile phone released by Research in Motion (RIM) in 2009 as part of their 9600 series.

The **Droid X** is by Motorola and runs on the popular, open source, Android system.

The Apple **iPhone**, based Apple’s iOS.

Each has pros and cons, and selecting the best one for the nurse life care planner is all about options, service provider, and applications. (*See Comparison at a Glance, next page*).

Blackberry phones are renowned in business. The phone is great for those addicted to their email and those who require quick email access. Research in Motion was the first company providing instant email via “push” technology. This means the email messages are pushed to the mobile phone immediately rather than the phone checking the server every 15 minutes or so. Blackberry email capability also includes linking multiple accounts into one master inbox that includes social media inboxes such as Facebook. This allows the user to review one inbox rather than checking multiple sources.

Many praise the Blackberry for its security features as well. Any company running Microsoft Exchange server would be pleased with the simple integration of email with any of the Blackberry devices. The Tour model has terrific screen resolution albeit small in size. Lastly those who prefer a Blackberry device can choose from dozens of carriers. Blackberry models include those with QWERTY keyboards as well as touch screen models.

One of the most popular phones, the **iPhone 4** does the best work for photo and video users and those craving a multitude of applications. The Apple brand certainly demands respect. They sold more than 1.7 million iPhone 4 units in its first three days on the market. (*Droid X Adds to Challenge, n.d.*)

This phone also hosts two-way video chat, a first for a smartphone. It also includes video editing, and its 5 megapixel camera with flash takes great photos. It has “push” email and automatic syncing “in the cloud” with other devices including servers. Internet access is swift via WiFi or AT&T data plan. At present iPhone users are limited to AT&T as the only service provider, although change is rumored. There were also complaints about an antenna issue which resulted in dropped calls; this affected fewer than 1% of users and is resolved by using a case.

The **Droid X** is suited for heavy internet users. The Snapdragon processor is lightning-fast on this Android phone. The Droid X hosts a large display screen which is great for readability, but it also makes for a large phone which is not suitable for small pockets. Some users complain that the resolution is not up to par with the iPhone 4.

The Droid X has a touch keyboard with a feature called “Swype” which allows the user to swipe their finger from letter to letter on the touch keyboard without lifting while it “types” out each letter making for faster input with surprisingly few errors. Other models include QWERTY keyboards as well as touch screens. The Droid X is also great for photos with its 8 megapixel camera with flash and multiple scene settings.

While Apple has been the front-runner for many years, the Android phones spanning across a spectrum of carriers has made Android phones the fastest selling platform. There are now more than 30 Android-powered devices from 12 equipment manufacturers. Android devices are available from every major wireless carrier, including T-Mobile, Verizon, Sprint and AT&T (Hart, 2010).

Android phones outsold Apple’s iPhone in first quarter 2010 U.S. smartphone sales. Android won this iPhone vs. Android battle, but Apple is still currently ahead in the iPhone vs. Android war. However, the
Android market is trending upward, while Apple iPhone sales are flat and Blackberry sales are down. Some analysts think those trends will continue, allowing the Android phone to tighten the iPhone vs. Android margin (Hart, 2010).

It’s all about the apps  In preparing this article, the author requested real life experiences with smartphone technology by legal nurse consultants and life care planners working in the field. Each participant was asked to provide the type of device used, whether the day in-the-life use was for an in-office day or a travel day, and what applications they used to complete their tasks. There were a total of 12 respondents. Three responses
were disregarded for lack of a smartphone and/or understanding of the survey. The remaining respondents were divided among devices two iPhone users; three Android phone users, and four Blackberry users.

When asked to explain how the consultant used their smartphone during the day, it was the apps that were mentioned most. Favorites were listed in the comparison chart (Fig. 1). Smartphone software typically included with the phone was mentioned several times when discussing the use in a typical office day. Software discussed consisted of the Calendar, Notes, Contacts, and email. Reminders and to-do lists were also favorites. The ability to sync data from the phone to the desktop was noted as essential.

The smartphones aren’t just for work. There are endless smartphone fun and leisure activities for young and old. There are social media connections for LinkedIn, Twitter, and Facebook. Check out the latest in media with CNN, New York Times, YouTube, or NPR radio, to name a few. Keep any child quiet with apps like Talking Tom, Zoo Shaker, Animal Sounds, Baby Giggles, Kid’s Piano, and many more. Music apps allow the user to try their hand at instruments such as the guitar, keyboard, bells, and even a tongue drum.

Smartphones really shine on the road. The access to online services and a host of travel-helpful apps makes for smooth sailing. Regardless of day travel or lengthier travel stays, the smartphone apps are available to assist the user in just about every aspect from GPS guidance, flight times and gate assignments, to searching for the nearest gas station restaurant, or even restrooms.

Most smartphones have a Bluetooth option which allows for hands-free driving. Many new model vehicles come equipped with Bluetooth integration which allows hands-free without use of an earpiece. Smartphones typically allow for voice dialing as well. For example say, “Call Jane,” and the phone will ask, "Jane Smith, Jane Jones, or Jane Robinson?" from the list in contacts, and then, “Home, work, or mobile?” Or you can just say, "Call Jane Smith mobile."

There is no reason to hang up to look up something from an app, database, or email because the data plan allows the phone call to continue while the phone is accessing the internet. Smartphones also allow mute, hold, and conference calls.

Nurse life care planners were quick to answer how they use their phones to collect data. The camera was used for photos of wounds, home layouts, recording durable medical equipment brands and styles, and other case-related data. Video on the phones can also be used this way. Add a PDF-maker app and convert documents or receipts to PDF for emailing.

Blackberry users all remarked about their email on the fly. Only one really used any applications to speak of, but RIM has the fewest apps available in comparison with Android Market and Apple App Store so this is to be expected.

Some quotes from the participants are provided below.

“I love the ReportAway! application on my Blackberry. It connects with my Freshbooks (our billing system) and allows me to bill from the road without my computer and helps us prevent dropped billing.”

“I can use my Blackberry phone as a tethered modem if there is not free internet access available.”

“My Blackberry is in my hand almost my entire
day. Emails answered from my phone are about 65-75 per day. I send or receive about 20 text messages per day. Having internet service [on my phone] is a must. I use this to check flights, reserve hotels and cars and use the Open Table app to make restaurant reservations. I use the note function to keep track of billing while I’m on the road. Today I took a couple of pictures to record living situations. Of course I also use Weather Channel when traveling.”

“As far as sync, we use a Microsoft Exchange for our email server so it syncs wirelessly throughout the day. On the road, I use a Mac Book Pro and sync Mac Mail, iCal, and Address Book with my Blackberry. In the office I use an HP desktop and sync Outlook. I reconcile the emails and appointments on my Blackberry with the computer systems to make sure I have recognized all my billing.”

This author found it interesting that a Mac user would prefer a Blackberry over the iPhone. This was found to be related to two main issues. One is the service provider while the other was related to syncing with the Microsoft mail server and its security. (iPhones can do this now, Ed.)

“I track phone calls on my Blackberry to keep up with billing.”

“I have had my Blackberry for about four months. I have four different email accounts that all come to my Blackberry phone. I use my phone attached to my laptop for wireless internet. I don’t use a great deal of apps.”

“I love the memo application. I use this to track all my tasks and contacts to assist with billing while away from the office.”

“I use Medscape a great deal from my phone.”

“I can't imagine life without it.”

“I love my Blackberry because it is always on my hip or in my pocket. I like having my email where- and whenever. I keep a few files/cases on my phone in case I am out and need to assess them quickly. I don't really have medical applications downloaded but do enjoy having social media [sites like] Twitter and Facebook with me at all times. I'm sure, with time, I will add more.”

“My Blackberry allows me to stay on top of all my emails. Most of my attorney clients email me regarding new cases, questions and updates. My Blackberry is password protected and always on my person.”

“I have apps that track my phone call times per client (easy billing); mileage (automatically connects when I'm in my car). I love the Business Card Reader (really saves time and always at my finger tips). Money Logs is also great, Drive Safely is a great app (reads texts and emails out loud), Evernote, Lister, Personal Assistant and Nice Office are also great. By the way, all the above apps are free. I have purchased some [such as] Word, Excel and Slide Show. “

**iPhone:** The iPhone users were very verbal about their use of this smartphone. Despite there being fewer iPhone respondents, they provided more information overall. This is indicative of the popularity of the phone, the length of time it has been available and the number of apps available in the Apple App Store. All iPhone users remarked on their use of the phone for both work
and play.

One user shared a favorite app which is really a package of favorite apps; App Box Pro, which is available in the iTunes store.

“App Box Pro, is a group of more than 30 apps that do everything from calculate days between any two dates, Google things, set an alarm clock, lists all holidays in any given year, do currency conversions, stores everything I might have in a wallet (licenses, bank acct numbers, combinations, birthdays, frequent flyer numbers...), translate from any language to any other, even a flashlight if the power goes out!”

Most iPhone users gave examples of their phone in use while traveling. “Before I leave, there's the GPS software to guide me. There are many on the market, each with its own advantages and disadvantages. Be prepared to spend a little money on a failure or two before you find exactly what you like. It comes with Google Maps, which works if you don't need turn-by-turn directions. I use Roadmate, $34.99, no charge for updates. AT&T gives you a free app, but it is ten bucks a month to subscribe to it. Tom Tom and Garmin also have iPhone apps, but I didn't choose them.” “GPS Drive” was another user’s preference. Also named was MapQuest, Say-Where (voice activated), and Magellan Roadmate.

“Search It lets me locate the nearest gas, restaurant, pizza, public transportation, movie theater, historic point of interest, school, public building, and more, and gives me a map.” Poynt and Around Me are similar apps.

“My phone includes a Dunkin Donutz app to locate my favorite coffee.”

“I love traveling with my phone. On a plane ride I might read books using my Kindle app.”

“I enjoy Pandora internet radio. It beats having to take an iPod on a trip”

But it’s not just about getting to a destination or doing something during idle time. Several users gave examples of built in software and apps that keep them productive and earning income while traveling.

“All of my email accounts are synced to my iPhone, so I never miss anything. Links in them are live, so I go right to the internet as necessary.”

“I use a lot of FileMakerPro databases in my work, so I really like the FileMakerGo app, which lets me access them, work on them, save things from my iPhone.”

“I save almost everything in my life in DropBox, so the iPhone app that gets me into that is terrific. I can also go to Mobile Me to upload files, and then email a link to anyone to access them. Really nice when the attorney calls and says, "I forgot your report on my desk, can you send me another right now?" and I'm in the middle of nowhere.”

“I use Harvest to keep track of all my time, billing, expenses, and payroll, so naturally I use the Harvest app to keep track on the road. Choose the project and client name from the drop-down menu or enter a new one, then input what I'm doing (travel, record review, phone call, patient interview, report/revision...). Click "start timer"
or you can just enter the time spent. The app tracks expenses and attaches receipts to my invoices. It even sends me an alert if I forget to turn it off! It is easy to edit and manipulate, and I can even send my records directly to my accountant.”

And for leisure…

“A five-item timer (DoneRight 5-item Timer) so I don’t burn dinner”

“What would a break be without a few games? Sevens, a mahjongg app, a little Scrabble, and the Moron Test are my favorites.”

“Going to camp? Knot Guide (animated instructions for common and uncommon knots and hitches), Compass, StarWalk (all constellations—just hold it up overhead and it will show you where to look as you move around) might be helpful. MyWeather gives national radar, satellite, and animated weather maps you can zoom right in on. Will we get that ball game in without a rain delay?”

“Speaking of ball games, there's the MLB and MiLB apps which let me watch every major and minor league game, listen to most of them (home or away radio stations) and get updates on my beloved Red Sox. There's iScore, if I want to score the games and keep stats. And of course, I gotta have my Air Horn to make noise!”

“I do a lot of bird watching and really like iBirdYard (North American birds, pictures, and songs).”

Other apps were mentioned as well.

- Evernote—for keeping notes to self and transcribing useful things, even from pictures
- LogMeIn—full access to your desktop computer
- WhitePages.com—all residential and business, links addresses to GPS software
- SitorSquat—how to find nearest bathroom; try also Bathroom Finder
- Gas Buddy—locate the cheapest gas
- Local eats—local restaurants
- Gopedometer—keeps track of steps you take
- W&Y pages—white and yellow pages

One user had this to say: “When I attend IMEs I am seeing more and more often the physicians are using their iPhones to measure range of motion angles. It is very cool, the way they place the phone on top of the head with cervical ROM and the angles are measured.”

Now how cool is that? Despite research, as of this writing, the name of the app for this remains unknown. (There’s a clinometer in AppBoxPro. Ed.)

Droid: The Droid users were similar in their responses to the informal survey. Applications were a big favorite with these users as well, but several users had not accessed many apps yet. The majority of the Droid users surveyed were brand new to the phone (less than four months).

“I have Amazon on the droid which enables me order texts and/or search for Journals at my fingertips. I also use it when I get a call from a prospective new client. I am able to pull up Martin-dale Hubble while on the phone and research the law firm and specifically the attorney I am on the phone with to get information regarding his/
her firm.”

“This phone can be a pain sometimes....but has quick access to Facebook, Twitter etc and automatically syncs with my Gmail account, so NO contacts are ever lost, even if phone is lost, broken, stolen etc.”

“My boss likes the barcode application on this phone. You can scan any item in any store and it automatically tells you where you can buy it and the BEST price around.”

“I have an application on the Droid called 'Goggles.' I am able to take a picture of an item or barcode, such as a prosthetic leg, and it automatically searches the internet for the item or one with similar features and gives me the various products available, with the company website, as well as, purchasing information for cost comparison.”

“This phone has a lot of great (free) applications to download....I have only done a few of them.”

“My Droid is synced with my Bluetooth in my car allowing me to have phone meetings when I am on the road on my way to appointment. This way my time is productive every minute of the work day, especially during long drives. I use it to update contact information which automatically uploads to my Gmail account which is a great back-up. By putting contact information right into my Droid it saves the collection of business cards.”

“I use it for emailing throughout the day when I on the road. It is especially useful in my case management duties. After I attend a physician visit with a patient I email the adjuster as I leave the office so that they are updated on the claimant's condition and receive approvals for ongoing care if necessary. I am also able to immediately send documentation from the physician visit by downloading the physician notes and emailing them to my direct supervisor in the case.”

As with the iPhone, the Droid users remarked about the use of the phone as a phone, calendar, reminder, alarm, GPS, and so forth. They also used their phone’s camera for documenting in the field.

These nurses are onto something. It appears the camera is being tested as a diagnostic tool for medical professions.

Dr. Neal Sikka, an emergency physician at George Washington University Hospital in Washington, D.C., is currently conducting research to explore the viability of using cell phone pictures in the emergency room to diagnose and treat minor wounds and skin ailments. His research is exploring some of the barriers to adoption of this technology and how they might be addressed (Dolan, October 11, 2010).

One use of the camera might be to assist with nurse help lines. Hospitals which have 24 hour help lines could use a cellphone photo as one more piece of information to help triage the patient when giving advice. For example, a child falls and suffers a laceration. A photo might help to determine if the wound would require sutures.

Dr. Sikka cited another example in follow-up wound care. In patients who already have been seen by a physician and do not require an in
depth interview at each return visit, a quality picture would be enough for a physician to determine whether or not a laceration is healing properly and cut down on unnecessary visits (Dolan October 11, 2010).

Of course with any new use of technology in medicine, there are numerous factors that need to be worked out before smartphones will become a common tool, including security, privacy, liability, ethics, technical quality as well as payment issues.

It’s all about the apps

Apps, or applications, are third-party software programs that access the internet, and are downloaded to the phone. Their costs vary from free or nominal to reference applications of $70-90 or more. The Apple iTunes store boasts 250,000 apps since beginning in 2007, while Android began in October 2008 and has 80,000 apps already.

When it comes to clinical applications, the mHealth Initiative compared the number of clinical applications on seven leading smartphones, and the iPhone led with 1,600 clinical applications by the end of 2009. The next closest was the HTC Pro, which runs on a Windows platform and had 370 clinical applications. (Dolan, January 25, 2010) Applications will likely be the ultimate deciding factor for most users shopping for a smartphone, but applications shouldn't be the only deciding factor. Application development changes very quickly. What's not available today could become available a week later. So whether you’re tethered to your iPhone, loyal to your BlackBerry, or trying an Android device, the chances are good that the app you are looking for will soon be available for your device.

Before hitting the app store for the latest and greatest new app consider:

**Know your smartphone.** Get used to navigating the keyboard and touch screen. Learn about the software that came preinstalled on the phone, such as map and weather features. Learn how apps could be worked into your everyday life.

Before adding apps one must have a basic understanding the phone’s features and how it can assist you. If you don’t know what it can do, then there really is no use in downloading additional applications.

**Read reviews.** Spend some time reading what other users have to say about a particular app. This will help you decide how and if it will fit in with your current lifestyle and work flow. The reviews will often indicate problems with a particular model as well.

**Mind the money.** Many smartphone apps are free. Other more sophisticated apps may have a free “lite” version. Always try the lite version first and determine if it is worth the few dollars for the upgrade. Many companies may have similar applications with different prices. Some of the larger medical reference apps can be quite costly. It is a good idea to stick with a reputable or familiar company, so you can have confidence in your purchase.

**Try them.** Every app is different: some will update automatically and some won’t; some e-mail
alerts while others have pop-up notifications. Check the functionality and the settings for the apps, and take them out for a “test drive.” Consider checking to see if the app requires Internet access, just a cell phone signal, or no access at all. There are many, many apps that do essentially the same thing. You want yours to be convenient and useful. If you find you don’t like one, you can always delete it.

Be patient. Incorporating smartphone apps into your daily routine will not happen automatically or overnight. Smartphone apps should make your day-to-day life easier, not more complicated! If you access the internet often during the day to read the news, check the weather, or make reservations, replacing that with an app might be just the ticket. Before long you may find you have transformed your day.

For the Nurse Life Care Planner
There are hundreds of medically-related apps to choose from, promising assistance with drug interactions, textbook reference, converters, and algorithmic tools for various specialty-specific needs. There are also many applications to make quick work of business operations. Here are a few which consistently show up as the most recommended apps for nurses and physicians.

- **Business Card Reader**
  Make ease of adding all those new business contacts to your electronic address book after a conference or trade show. Business Card Reader uses the phone's camera as a scanner and enters the scanned data into the appropriate fields of your contacts list. It is compatible with your iPhone, BlackBerry or Windows Mobile Pocket PC.

- **Dragon Dictation**
  Open this app, touch the red "record" button and start talking. The app will transcribe your message and give you the option to e-mail, text message, or copy it to a clipboard.

- **OpenTable**
  Making lunch or dinner reservations are easy with this app, whether you are entertaining a client or traveling and need a place to grab a quick bite. The OpenTable app allows you to search for available restaurants near your current location and shows you available reservation times. If you have a free account on their Web site, you can make a reservation right from your phone.

- **WolframAlpha**
  WolframAlpha is a knowledge engine. Consider it an encyclopedia with a calculator or a Wikipedia with numbers. For example, typing "pediatrician" into Wikipedia will give you information about what a pediatrician does. Entering the same word into the WolframAlpha app will give you mathematical and statistical information about pediatricians.

- **Netter Anatomy**
  Netter’s Atlas of Human Anatomy is a highly functional and useful app for students and health care professionals who desire an alternative to lugging around the physical atlas. Full color versions of the well known images are available, but it doesn’t come cheap.

- **Taber's**
  Defining 30% more medical terms than any other app, Taber’s is the leading medical dictionary used by health care professionals. Taber’s Medical Dictionary contains over 60,000 terms, 1,000 photos and more than 600 Patient Care Statements making it the most comprehensive health science dictionary app available.
• **Normal Lab Values**
  This app displays normal laboratory values to help medical professionals interpret test results. View by categories or alphabetical list. Includes search field to find values quickly.

• **Handbook of Nursing Diagnosis**
  This app helps nurses reach an accurate diagnosis with speed and confidence by indentifying collaborative problems, addressing the special needs of specific populations and linking to clinical situations using the latest NANDA-approved list. However, it does not include rationales.

• **Epocrates**
  This application provides quick access to thousands of drug formularies, drug-drug interactions, a pill identifier tool and more. There are both free and paid versions depending on your needs. This well known app is available for Blackberry, iPhone and Android.

• **NEJM**
  The New England Journal of Medicine released this new app which offers a selection of procedure videos, images of medical conditions, audio read of articles, and copies of the journal articles published online in the past seven days.

• **5 Minute Consult**
  This medical app from Lippincott, Williams, and Wilkins is a comprehensive clinical resource for rapid access, up to date information on diagnosis, treatment, medications, follow up and associated conditions for 715 of the most common medical conditions.

• **Medscape**
  This free app is great for looking up medication dosages, interactions and pricing. It includes a section for medical news and a facility locator. No internet connection required.

• **Drug Facts**
  This app combines the most comprehensive drug database with interactive tools for point-of-care coverage. Get access to drug-to-drug or drug-to-food interactions at your fingertips.

• **Oxford Medical Dictionary**
  This dictionary application has over 10,000 terms used in modern medicine. It will allow the user to download the dictionary data to the phone’s memory or a memory card. Download the whole dictionary to work in offline mode.

Nurse life care planners hoping to streamline should consider the addition of a smartphone to their business tool kits. As the prices for smartphones continue to fall and functionality improves, one can only anticipate more uses for this technology in the near future. The nurse life care planner who is on the move should find plenty of apps to assist with travel needs. By using this guide, one should be well prepared to select the most appropriate phone for their business. The nurse life care planner unfamiliar with smartphones should find these enhancements are just the “smarts” needed to take business to the next level.

**References**


Popular apps for Nurse Life Care Planners

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A life-changing event can happen to anyone in an instant. Sarah, a ten-year-old child, is riding her bike to school when she is hit by a speeding car; she sustains a traumatic amputation of the left leg. Bill, an otherwise healthy father of three is admitted to the hospital for minor knee surgery after a work-related injury and is given the wrong medication. He suffers a cardiac arrest and is now brain damaged, requiring twenty-four hour care. Eleanor, a woman on a business trip, is killed in a plane crash, leaving her family adrift. These types of unfortunate events affect the lives of millions of people every year. As a Nurse Life Care Planner, you are familiar with these types of cases. Due to knowledge, clinical assessment skills, experience and ability to communicate with various professional disciplines a Nurse Life Care Planner is uniquely qualified to make a difference in the lives of these individuals who suffer from catastrophic injury, disability, and chronic illness.

This paper will discuss the importance of using video to capture and communicate the devastating affects that the injury/disability has on the client’s life, appropriate uses of the various video formats, and tips for hiring a videographer.

In contemporary society, video images are part of our daily routine. Video’s power is evident every time we turn on the news and view a story regarding an accident, a terrorist attack or natural disaster at home or in a distant country, or happily, the more uncommon heartwarm-

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Video demonstrates in a few frames what would otherwise take several paragraphs of written text or minutes of spoken language to describe. Although in most instances the people in the video are strangers, we identify with them more easily.

Furthermore, we are persuaded by what we see more than by what we read or hear. Studies have shown that most human learning is based on sight; people who have simultaneously seen and heard evidence retain information better and more accurately. This is partly due to how video communicates: more information, faster, with more detail, and in a way that enables the viewer to retain that data more successfully. Video can communicate the subtleties of facial expressions, gestures, mannerisms, and personalities. This allows the viewer to identify with the subject of the video. Seeing is believing.

Recognizing the high premium that our society places on visual images and the ability of video to bring an argument to life, it is not surprising that nurse life care planners and attorneys have discovered the value video at trial and for out-of-court settlement purposes. A less-experienced attorney may not know about this service, or fails to recognize the importance of early involvement by the videographer to capture valuable early footage. The nurse life care planner is an important asset in this situation, being in a position to advocate for the client by educating the attorney.

**Types of Video**

Day in the Life videos are used at trial, mediation and settlement conferences. Deciding which of several types and formats of video depends on the audience and the nature and extent of the client’s injury.

**Day in the Life** The purpose of a Day in the Life video is to accurately depict the client’s injury and its adverse effect on daily life. The video features the plaintiff in a variety of everyday acts that the average person takes for granted: bathing, dressing, eating, mobility, interacting with family members, and other activities of daily living. If appropriate, video may be taken of dressing changes, physical and occupational therapy, or other treatments. While actual filming may last for six to eight hours, the video will be edited to a final version...
lasting about twenty to thirty minutes. Sometimes
the video will include a short lead-in showing the
plaintiff in a healthy, pre-injured, active state. This
dramatic contrast between the client’s prior active
state and current daily struggle makes a major psy-
chological impact on the viewer. This format is ideal
for Bill, the man who suffered brain damage after
receiving the wrong medication during knee surgery
and is now seeking to recover monetary damages
from the hospital.

**Progressive**

The Progressive Video is essentially a
series of Day in the Life films. It is well-suited to
demonstrate the client’s pain and suffering over a
lengthy course of treatment through stages of recovery.

Videotaping should began as soon as feasible after
the injury, and continue at intervals until trial to cap-
ture the narrative of hospitalization, therapy, and in-
home care. Since it may be a few years before the
case reaches trial and the client may have adapted to
(or recovered from) the injury after extensive ther-
apy, the Progressive Video is very effective at con-
veying the extended effort in reaching treatment

endpoint. Sarah, the ten-year-old child who sustained
the traumatic amputation, would be an ideal subject
for a Progressive Video. The nurse life care planner
and attorney should retain a qualified videographer im-
mediately to film the child in the im-
mediate postopera-
tive state to depict
dressing changes,
treatments, and
limitations in mo-

bility. Additional
footage should be
made at appropriate

intervals to depict the child while she undergoes
physical therapy and prosthetic fitting, training, and
adjustments.

Depending on the nature and extent of the injury, it
may be necessary to tape three or four films over a
few years to effectively establish the client’s pain,
suffering, and mental anguish in addition to the ef-
flect of the injury on the family. A final film is done a
few months prior to the conclusion of the case to re-
inforce the permanent nature of the injury.

**Living Plaintiff Documentary / Wrongful
Death Documentary**

A Documentary of a Living Plaintiff
is an out-of-court settlement tool that com-
bines a Day in the Life film with a narrated docu-
mentary and interviews with key people in the in-
jured person’s life. Using interviews with family members, friends and loved ones, photos, home videos, and awards received by the client, they describe life prior to the injury and the extent to which that life has changed. The Documentary is an effective method to promote settlement with an insurer because of the strong visual impact and because it personalizes the client. This format would be also be appropriate for the man with the knee injury who is now attempting to obtain disability benefits.

A Wrongful Death Documentary is used where there are higher insurance policy limits, such as in a case involving a truck or plane crash, like Eleanor. This narrated presentation of chronological, factual information develops the narrative of her life. These videos often use interviews with co-workers, family and friends, home video, and photographs to paint a living picture of the decedent before death, and the effect that the death has had on their lives. This personalizes the decedent, allowing the viewer to get to know her.

Tips for Hiring a Qualified Videographer

The nurse life care planner must utilize a well-credentialed and experienced videographer. To find a qualified videographer, obtain references from other nurse life care planners and attorneys who specialize in medical malpractice, personal injury, aviation law, trucking accident and medical disability cases. Ask whether the videos were effective settlement tools or useful at trial. It is important to determine whether any of the videos were excluded from presentation at trial as this may reflect inexperience or staging.

The National Court Reporters Association and the American Guild of Court Videographers promote legal video in the legal support industry, providing an additional dimension to the legal record. They both have certification programs for legal videographers; you may want to ask for this.

It is essential that the videographer and staff are responsive if footage needs to be obtained immediately, because time is of the essence. Consult with the videographer immediately regarding the client’s injuries and disability so that valuable, early footage can be obtained and preserved for later use.

Finally, the videographer should not do “side work,” such as weddings and parties, as credibility will be called into question.

Conclusion

Videotape is more powerful than any verbal description of psychological injury and is uniquely well adapted to demonstrate noneconomic damages such as pain and suffering, mental anguish and future damages. The knowledgeable life care planner should consider using a videographer when working with a seriously injured or disabled client.
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