Transcript: Episode 7: Writing in Nursing Leadership with Mallory Hamilton

[Introductory Music]

Dr. C: The writing at work podcast gives you a peek behind the professional writing curtain, interviewing people in a variety of fields about the writing they do at work. I’m your host, Dr. Clayson. Let’s talk about writing.

[Introductory Music ends]

Hi, everyone! Welcome back to the Writing at Work Podcast! Today I’m chatting with Mallory Hamilton, registered nurse and clinical nurse leader. Mallory works as the Supervisor of Administrative Nursing in a major metropolitan hospital in the southeast. She graduated with a bachelor’s degree in Music from Louisiana State University and then switched gears with an MS in nursing from the Medical College of Georgia.

[Begin interview.]

Dr. C: Welcome to the show, Mallory!

MH: Thank you, thank you.

Dr. C: You’re very welcome. So let’s start, um. I’m going to ask you to tell me a little bit about the work that you do.

MH: Okay. So, um. I’m a registered nurse. And I’m in nursing leadership. And my title is, “supervisor of administrative nursing.” It’s kind of slang, it’s called “house supervisor.” That’s what it’s usually known to most medical professionals, and basically, when all the management teams and administrators for the hospital go home for the night, me or one of my coworkers come in, and we take over the management and administrative side of the hospital for those twelve hours. Overnights and weekends also.

Dr. C: Ooh! Wow. Cool! So, what kind of things do you do for writing when you’re at work. What kind of documents do you write?

MH: So, every shift, I put out two reports no matter what happens. One of them is entitled a “safety update.” It goes through any huge concerns that come up throughout the night, and that email goes out to 480 recipients, so I try not to say anything stupid. ((laughs))

Dr. C: ((laughs)) For sure.

MH: And then, I have to think carefully about what I put out in that report because you want to say what’s happening, but then, you know, on the administrative side of the hospital, you don’t want to say too much.

Dr. C: Right, because that could be a liability, depending on—
MH: Exactly.

Dr. C: Mm-hmm. Okay.

MH: We also go through any kudos that the staff have received from patients or families, and then there are some announcements included in that report.

The other report I put out every day just goes to a handful of people, I think ten or fifteen of the top administrators in the building. And that has to do with our behavioral health holds, which are people who are held in the hospital, um, against their will for suicidal tendencies. And those only last for a few hours, and they are legal holds. So, we keep a tally of those people. Keep a tally of people who need sitters just for safety, and people who are currently in our morgue.

Dr. C: Oh, wow. Okay.

MH: In addition to that, I have to write up any situations that come up in the different areas of the hospital, usually in an SBAR format, and send those out to the managers that would be involved in that, and they would follow up on those things.

Dr. C: What's SBAR format?

MH: It's used a lot in the medical setting. SBAR stands for situation, background, assessment, and recommendation.

Dr. C: Okay. Cool. So it's basically a particular kind of recommendation report.

MH: Yes.

Dr. C: Okay. And all of these things that you are writing go out through email?

MH: Yes.

Dr. C: Okay. Um. Are there, so are they in the body of the email, or are they in, kind of, forms, or attached to things? What does it look like?

MH: Those first two reports that I said, the safety report, which goes out to the 480 recipients, and then the secondary report that goes out just to the top administrators are both, there's a form already that I change every night. So, basically just erase and fill in the new information. And then I send it out as a PDF.

Dr. C: Okay, cool. Are these really, really lengthy reports or shorter, or….

MH: No, they're one page each, and that SBAR format does go into the body of an email and depending what's going on, I try to keep as concise as possible, because these people get a lot of emails, and the quicker and to the point, the more likely I am to get a response.

Dr. C: Oh, for sure. So with these different types of reports, are you usually looking for someone to respond to you directly or is it more of, just a, you know, here's this information, we have it, you guys have it, and it's sort of out of your hands, and it goes on to, if they need it, they have it, or, are you really, is it more of a, you're really looking for a response and communication kind of thing?

MH: I'm not necessarily looking for a response. My role is, just kind of to manage the hospital at the time that I'm there, and to let the leaders know what has happened. So, otherwise, I'm
overseeing everyone when I’m on shift, but I don’t have any direct reports, I don’t write anybody’s um, I don’t write anybody up, and hold them accountable in any way. I just manage them on the shifts that I’m there.

Dr. C: Okay.

MH: So basically I’m passing on the information, you know, reply back to me with questions, but otherwise, I’m done with it.

Dr. C: Okay. Cool. So, and you’re writing both about patients and staff in those different reports.

MH: Correct. Anything that comes up that’s out of the norm that needs to be followed up on, I’ll send to the people who need to be following up on it.

Dr. C: Okay, cool. So kind of, to follow up on that, can you describe, um, if there is a typical day, can you kind of walk us through a typical day at your office?

MH: So, I come on shift, I try to get those reports started as soon as I walk in the door. Erasing the data from the day before. And checking through our electronic medical records of the patients on that secondary report who are still there who may have left, so I have an idea of who’s where that I need to be checking up on. Um. Print those papers out. Usually we try to work in twos. This is a 633-bed hospital, and we have the fifth busiest ER in the nation—

Dr. C: Whoa!

MH: --so we try to work two, but sometimes it’s one. Anyway. My coworker and I will split up rounding on the 35 nursing units and go about our way. But we carry two phones and any time, anybody can call us and we can respond to anything, traumas come in the ER, codes that are happening on the floor. Customer service complaints. Basically anything that can go wrong that somebody needs someone to make a decision, that’s where I come in.

Dr. C: Okay, cool. Can you tell me a little bit more about when you’re writing these reports, where are you doing that writing?

MH: We have an office. In the nursing administration office. And, I always proofread them and send them out from there, but I’m constantly doodling notes down on a piece of paper in my pocket as I walk around the hospital.

Dr. C: Okay, cool. Is it just kind of scrap paper that you just pickup, or do you have a notebook handy?

MH: I carry a notebook, but it’s kind of like a resource guide that I put together myself for things that might come up, with phone numbers that I may need. But those reports that I send out, I pretty much make blank copies when I first get there and try to fill them out as I go, or use the back of the sheets if I need more space.

Dr. C: Okay, cool. So it sounds like you, you know, if we’re thinking about the kinds of tools you use to do your writing, you’re using both, obviously email, and PDFs, and word documents, and things like that, but you’re also using, you know, pens and papers, and printouts and things like that.

MH: Right. I also go through several reports weekly that are on Excel spreadsheets, so I use Excel a good bit also.
Dr. C: Okay, cool. And are there other kinds of documents and things that you are interacting with when you’re writing these reports?

MH: Not really. I mean, we have humongous notebooks of printouts, and we also have, on our intranet, different policies and procedures that I sometimes refer to, but I think mostly they’re stored in PDF form, if I need something to refer back to.

Dr. C: Okay. Oh, I want to kind of jump back to something you said pretty much right off the bat, was, when you’re sending that big report out to the, you know, the 480 people in the hospital, you try really hard not to say anything stupid. ((laughs)) Can you say a little bit more about what you mean by that?

MH: I guess trying to give enough information ((laughing)) but not give too much information about things that have occurred. Because it is going out to such a large group you want to just give an idea of what’s going on; you don’t need to give a whole SBAR format, as I was talking about, because that would go to the leaders directly who can fix the problem.

Dr. C: Okay. And it’s sort of that issue of, especially with a hospital, when you’re dealing with, you know, patient information, and things like that, you have to be very careful about what you put in writing, and, because again, that can kind of cause liability issues…?

MH: Yes, that’s correct. And, you know, just for instance, there were many leaks in the hospital with the weather this past week, and, you know, while on the safety report I mention that there were various leaks throughout the building, that, facilities was following up on, you know, nobody really needed to know where the leaks were, how severe they were; that was for another report.

Dr. C: Right, because, so if you had tried to account for all of those, you know, and had missed one or something like that, that’s not really your, your department, you know, and if you had put that in writing you could have been held responsible for that, for that information. Is that sort of what you’re thinking about?

MH: Yes, yes.

Dr. C: Okay, cool, cool. So, can you pick one of the documents that you’ve mentioned and kind of talk about—you’ve given us a little bit, but tell us in a little bit more detail, kind of, what the process of writing that document is like, sort of from the beginning to the end?

MH: Okay, I guess I’ll go into the SBAR format because those two other reports I put out, I mean, they’re already generated. I just kind of erase and fill in the new data. So, I’ll go into the SBAR.

Dr. C: Mmkay.

MH: So, let me try to think of a situation that could’ve occurred. Okay, just say a patient had a complaint about the food. They didn’t like the food. They were upset enough to want to speak to somebody in administration, so here I come in my white coat, with my piece of paper to take down their complaint.

Dr. C: Uh-huh.
MH: So, I’ll listen to them, talk, write down some notes about what they’re saying and what they’ve already tried to do to solve the problem. Of course, after that, I’ll see if there’s anything I can do to fix the situation as much for them at the time, if I can, you know, get them a sandwich, we have little bag lunches, if that will fix it for the moment. And then I go back to my office to write the SBAR and send it out to nutrition services and the manager of that nursing unit.

Dr. C: Oh okay, cool.

MH: So, with the situation, I’ll put, “I responded to room such-and-such, Ms. Such-and-such, to take complaint about the food. She said it was cold, and it was not what she ordered.” And then, my assessment would be, if she still had the food, I’d say, “it was ice cold, and it was not what she ordered at the previous meal time.” And then the recommendation would be, “Please provide her with a special meal voucher to correct this, you know, poor experience.” And I would send that out to the manager, and the nutrition manager, and hopefully that morning when they arrived to work, they could take care of that and follow up again with Ms. Such-and-such.

Dr. C: Mm-hmm. Cool, and so it sounds like you’re using very, sort of, as straightforward as possible language, not really editorializing on the situation, just kind of very, almost like a, I mean it is a report, but almost, you know, very declarative sentences, things like that?

MH: Yes.

Dr. C: Okay. Cool. Um, do you have a particular memorable writing project? And this can be either with, you know, something that you’re working, something that you’ve encountered while you’re working where you’re at now, or in any sort of your previous nursing experience, or even in nursing school. Um, sort of either one that you’re really, really proud of or really hated working on.

MH: This has kind of been a theme throughout this conversation, which I really haven’t realized so much until we’re talking about it, but I guess every writing experience, even as a staff nurse, you write nursing notes in the electronic medical record, and just. Being sure to describe what’s going on without any kind of judgement, using very black and white language, without putting your spin on things, is difficult, and you just, have to proofreading it over and over to make sure of that. Because these are all documents that could be pulled up in court. So, I don’t really have any one memorable experience with writing, but, just very careful writing throughout my six years in nursing ((laughs)).

Dr. C: Absolutely! Do you have any particular strategies that you sort of have to manage that?

MH: If the report is going out to somebody I’m concerned about, or if it’s a sticky situation that I’m having a hard time describing, I’ll try to pull a coworker in to read it before I send it out to the involved parties. Also, with that huge report, if there’s two of us on, I almost always get someone to read it behind me because if there’s anything on it at all, you know, and I’m sending this report out at five a.m. after I’ve been at work for eleven hours—

Dr. C: Right.

MH: --um, a second set of eyes to have is great to have.

Dr. C: Absolutely. I, ((laughing)) I love to hear working professionals say, “Oh, I do peer review”—
MH: ((laughs))

Dr. C: --basically, because it’s a thing that a lot of students have had some negative experiences with, so they’re often very resistant to it, which is understandable, but also, a thing that I like to stress is that it’s, it’s something that you’re going to continue to do throughout your career, you know, pretty much any profession that you’re working in, if you’ve got something, you know. Either being able to pass it off to a coworker and get their eyes on it, or being the coworker that they ask for you to put your eyes on it, is really, really valuable.

MH: Absolutely, and I can’t say enough that the proofreading and peer review’s gonna continue. Because if I do say something stupid on one of those reports, for lack of a better term, I’m going to be hear about it possibly 420 times—

Dr. C: ((laughs)) Right!

MH: --um. ((laughs)) So that’s only going to get worse for your students as they enter the working world, not better.

Dr. C: ((laughing)) Right, right, right. For sure. Um, so, switching gears. How did you get your current gig.

MH: Okay, so. I have my master’s degree, so leadership opportunities presented themselves quickly. And also, I’ve done many different, I’ve worked in many different areas in the hospital in the six years I’ve been in this profession. So, um. Having the different experiences of working in the ER, working in women’s services, working in the ICU, and also, um, managing a nursing unit for a short time, I was a good fit for the house supervisor role, because you literally have to know everything. Nobody knows everything, but know as much as you can ((laughing)) to keep the hospital running overnight. So, since I’d worked in all those different service lines and I had my master’s degree, it was a good fit for me.

Dr. C: Okay, good. So it was an internal, kind of shifting of position, a promotion kind of.

MH: Correct. Yes, it was a promotion, and um. Having six years at the facility also helps. A house supervisor is not a job that you would get usually not having any experience in that hospital. It’s almost always an internal transfer because even if you have a lot of nursing experience, if you haven’t worked in that hospital, you don’t know exactly how things run, the policies and procedures and that sort of thing.

Dr. C: Absolutely. Okay. Um, and so can you say a little bit more about what that process was like? Was there any sort of formal, super formal process, or was it just someone calls you into their office and says, “Hey, there’s a thing happening.”

MH: So, as I kind of mentioned before, I had briefly gone into management of a nursing unit, which, I love those employees, I’d worked as a staff nurse on that unit. However, I had 24/7 responsibility for those employees, uh. Lots of text messages and calls all hours of the night, plus being on call over the weekend, and, you know, with my personal life, having my children at home, that was a lot. So I knew that this position had an opening, and the great thing is, you’re still in leadership, however, I clock in and I clock out. When I’m not at work, I don’t have any responsibility, unless there was something, you know, that had occurred on my shift that somebody wanted to follow up with me on, you know, I have no direct reports. There’s nobody working underneath me that I am responsible for always. I’m only responsible for the hospital
when I’m actually there. So, with my young family that was a great fit for me. So, um. I applied internally, got an interview. Interviewed for it; they had me shadow for two shifts to make sure that was something I was actually interested in and to kind of see how I did in the role. It’s very stressful, as you can imagine, so um. They want to make sure people know what they’re getting into.

Dr. C: ((laughs)) For sure!

MH: ((laughs)) I take probably anywhere from 50 to 75 phone calls a night, and some people, I mean, sometimes I want to throw the phone. I’m not—

Dr. C: ((laughs))

MH: --above that, for sure, but, you have to kind of, know that the candidate can handle that.

Dr. C: Right, right, right. So, do you have any advice for students who are just starting out in the workplace, either in writing or in nursing, or just kind of in general?

MH: Anybody in the workplace who’s starting to write, proofread, proofread. If you can get one of your peers to check your work, that’s a great idea. And don’t be afraid to ask questions.

Dr. C: Nice. I fully, fully support that.

MH: And use spellcheck! ((laughs))

Dr. C: ((laughs)) Yes! Spellcheck is everywhere now, even in Google. Totally. All right. Well, those are all the questions I have for you. Is there any last things that you’d like to say?

MH: I don’t think so. I think that’s about what I have.

Dr. C: All right, well thank you for being on the show!

MH: Thank you.

[End of interview.]

Dr. C: And that’s the end my interview with Mallory Hamilton. Thanks so much for listening to the show. If you’re interested in learning more about writing in nursing leadership, be sure to check out the show notes at writingatworkpodcast.wordpress.com. If you have questions, or if you’d like to suggest a show topic or an interviewee, you can email me at writingatworkpodcast@gmail.com, or you can find us on Facebook at Facebook.com/writingatwork. Subscribe, rate, and review us on iTunes, Stitcher, or wherever you find your podcast love. Until next week, keep on writing. [Outro music ends.]