PROFESSIONAL STANDARDS IN NURSING

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Fall 2015 Lecture Notes

APOLOGIES: NO RECORDING ALLOWED

➢ Recording of this lecture is not allowed
➢ Please review Policy #761 Audio/Video Recording – Student
➢ I am sorry for any inconvenience
➢ You are more than welcomed to stop me at anytime to repeat myself or ask a question
   ☑ You can also email me at any time with questions to gescuderodhs.lacounty.gov

PROFESSIONAL STANDARDS OF CARE

➢ Skills & learning of profession
➢ Provide direction for nursing practice
➢ Evaluate quality of care
➢ Legal guidelines
➢ Protect the public
➢ Classified into Internal and External standards
COMPETENT PERFORMANCE

- Competence
- Competency
- Legal safeguard
- Nurse must:
  - Adhere to legal boundaries and policies/procedures
  - Use and apply the Nursing Process

BRN: DEFINITION OF COMPETENT NURSING CARE

- Title 16 Section 1443.5
  - www.rn.ca.gov/pdfs/regulations/npr-b-53.pdf
- “Shall be considered to be competent when he/she consistently demonstrates ability to transfer scientific knowledge from social, biological & physical sciences in applying the nursing process”. (pg. 1 of document)

INSTITUTIONAL STANDARDS

- Provide professional standards
  - Define policies & procedures
- Health care facilities
  - Hospitals
  - Clinical
  - Extended nursing facilities
- Joint Commission
  - See Role Expectations of the Nursing Student lecture for slide on Joint Commission (levels of expectations)
COMMUNITY STANDARDS

- Acceptable behavior within a specific community
- In hospital
- In nursing schools

NURSE PRACTICE ACT (NPA)

- Defines and describes
- Regulates and governs
- Each state has own NPA
- Protect the public

NURSE PRACTICE ACT: STUDENT NURSE

- Article 2. Scope of Regulation 2729 states:
- Nursing services may be rendered by a student when these services are incidental to the course of study of one of the following:
  (a) A student enrolled in a board-approved prelicensure program or school of nursing.
  (b) A nurse licensed in another state or country taking a board-approved continuing education course or a postlicensure course.
### Entry into Practice

<table>
<thead>
<tr>
<th>Various ways to be an RN</th>
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<tbody>
<tr>
<td><strong>Diploma</strong></td>
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<tr>
<td>o 1860 up to mid 1960s, 3-year program, no degree, hospital based, very few left, immediate immersion into patient care</td>
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<tr>
<td><strong>Associates degree</strong></td>
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<tr>
<td>o Began in 1950, take place in community colleges, ADN degree, focus on research and controlled experimentation</td>
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<tr>
<td><strong>Baccalaureate programs</strong></td>
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<tr>
<td>o Began in 1919, used to be 5 years (4 now), in universities</td>
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<tr>
<td><strong>Accelerated BSN to MSN</strong></td>
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<td>o BA in another field can enter the MSN program</td>
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### Accreditation for Schools of Nursing

| Accredited programs meet standard requirements that are evaluated periodically through written self-studies and on-site visitation by peer examiners (Berman, p. 9). |

| We are accredited by ACCJC and WASC which are an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education |

### Role of the Board of Registered Nursing (BRN)

| State governmental agency established by law to protect the public by regulating the practice of registered nurses (BRN website) |

| Responsible for implementation and enforcement of the Nursing Practice Act: laws related to nursing education, licensure, practice, and discipline (BRN website) |
Licensure

- What is licensure?
- Primary objective of BRN licensure:
  - “Ensure protection by determining that individuals possess the knowledge and qualifications necessary to competently and safely practice registered nursing” (BRN Website)
- Credentialing

Disciplinary Issues

- Depends on offense, rehab evidence, safe practice, mitigating factor, past hx
- Unprofessional Conduct
  - Incompetence
  - Gross negligence
  - Practicing without a license
  - Falsification of client’s records
  - Illegally obtaining, using or possessing controlled substances
  - Having a personal relationship with a client (especially a vulnerable client)

ANAPROFESSIONAL STANDARDS OF CARE: 16 STANDARDS

1. Assessment
2. Diagnosis
3. Outcome Identification
4. Planning
5. Implementation
6. Evaluation
7. Ethics
8. Education
9. Evidence-Based Practice & Research
10. Quality of Practice
11. Communication
12. Leadership
13. Collaboration
14. Professional Practice Evaluation
15. Resource Utilization
16. Environmental Health

1-6 are Standards of Practice
7-16 are Standards of Professional Performance
COLLABORATIVE ROLE

- Collaborative Practice defined as “the interactions between nurse and physician that enable the knowledge and skills of both professions to synergistically influence the patient care provided” (Weiss & Davis, 1985)

- “The nurse collaborates with the patient, family, and other health care providers in providing patient care” (ANA)

PROVIDER OF CARE

- To assist client physically & psychologically while preserving the client’s dignity

- We also are:
  - Communicator
  - Teacher
  - Client Advocate
  - Counselor
  - Change Agent
  - Leader
  - Manager or Case Manager
  - Researcher

STUDENT

- Not considered hospital employees
- Do not work “under” instructor’s license
  - You are held legally liable for your own actions
- BRN requires a reporting of prior criminal history (even if happened as youth) when applying for licensure
  - Past felonies & misdemeanors may be denied licensure even if you graduate from a nursing school
MANAGER & COORDINATOR OF CLIENT CARE

- Coordinate care
  - Ensure plans completed and evaluate them
- Direct care or delegate

MEMBER OF DISCIPLINE

- Is not “punishment” inflicted, but is a branch of knowledge, especially one studied in higher education
- Settings for nursing:
  - Hospitals
  - Community agencies (Public Health)
  - Home care
  - Clinics
  - Long-term facilities

CLIENT ADVOCATE

- “One who expresses and defends the cause of another” (Berman, 10th ed)
- Question EVERYTHING when it comes to your patient!!
  - Ask yourself WHY? Why this order? Why this med? Why that diet? Why that IVF? Why must I do this for the pt? etc.....
- Protect your Patient – Be Safe – Be Prepared
  - As a student – know your Ps
    - Proper Prior Planning Prevents Poor Performance
NURSING CODE OF ETHICS
- Formal statement of our ideals and values
- Principles shared by nurses, reflects our moral judgments & serve as a standard for our actions
- We have an International Council of Nurses Code of Ethics (see Berman pg 78 Box 5-3)
- ANA has a Code of Ethics for Nurses (adopted in 1950)

MORAL PRINCIPLES
- Autonomy
  - Client’s right to make own decisions
- Nonmaleficence
  - Do no harm
- Beneficence
  - Implement actions that benefit client
- Justice
  - Be fair
- Fidelity
  - Faithful to agreements & promises
- Veracity
  - Telling the truth

LEGAL IMPLICATIONS
- Nurses need to distinguish between morality and law
  - An action can be legal but morality can be questionable
  - i.e., Full Resuscitation of an 89 year old frail female
- Nurses are accountable for their professional judgments and actions
  - Ensure decisions/actions are consistent with current legal principles
  - Protect self from liability
PUBLIC OPINION

- According to 12/2014 Gallup Poll
  - 80% of population rate nurses as highly honest and have ethical standards
  - 65% for doctors & pharmacists
  - 48% police officers
  - 46% clergy
  - 23% bankers
  - 21% lawyers
  - 7% members of congress (lowest rated)

LAC+USC MEDICAL CENTER

- We have an Ethics Resource Committee
- Goal
  - To assist health care providers, clients, & families upon request to deal with difficulty ethical decisions
  - Consists of physicians, nurses, clergy, and are now looking to recruit 2 community members

BE AWARE OF YOUR FEELINGS IN CERTAIN TOPICS

- Abortion
- Organ Transplant
- End of Life Issues
- Active Euthanasia
  - Deliberately cause to die
- Passive Euthanasia
  - Withdrawing/holding life sustaining therapy
- What will you say if your patient asks “What would you do?”