

PROFESSIONAL STANDARDS IN NURSING

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Fall 2015 Lecture Notes

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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



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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

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COMPETENT PERFORMANCE

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

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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)

See handout from the BRN
 Comparing Competence to
 NPA and Ca Code of Regs

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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)

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COMMUNITY STANDARDS

- Acceptable behavior within a specific community

- In hospital

- In nursing schools

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NURSE PRACTICE ACT (NPA)

- Defines and describes

- Regulates and governs

- Each state has own NPA

- Protect the public

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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

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ENTRY INTO PRACTICE

All have to pass the NCLEX-RN

➤ Various ways to be an RN

- ❑ Diploma
 - 1860 up to mid 1960s, 3-year program, no degree, hospital based, very few left, immediate immersion into patient care
- ❑ Associates degree
 - Began in 1950, take place in community colleges, ADN degree, focus on research and controlled experimentation
- ❑ Baccalaureate programs
 - Began in 1919, used to be 5 years (4 now), in universities
- ❑ Accelerated BSN to MSN
 - BA in another field can enter the MSN program

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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

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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)

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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

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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)

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ANAPROFESSIONAL STANDARDS OF CARE: 16 STANDARDS

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

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

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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)

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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

Provide safe nursing care to individuals, families, groups & communities

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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

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MANAGER & COORDINATOR OF CLIENT CARE

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

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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

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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

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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)

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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

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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

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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)

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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

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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?"

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