Hepatology Nursing Standards

Canadian Association of Hepatology Nurses

January 23, 2007

Canadian Association of Hepatology Nurses

January 2007

Chair: Carla Burgess RN- NP, MN

Nurse Practitioner, Hepatology Services

Capital District Health Authority

Halifax, NS

Committee / contributing members:

Carol Dupasquier, RN, BN Community Hepatitis C Clinic Winnipeg MB

Ciro Panessa, MSN, RN Hepatitis Educator and Project Coordinator British Columbia Centre for Disease Control Vancouver, BC

Colina Yim RN, MN, NP Acute Care Nurse Practitioner Toronto Western Hospital Toronto, Ontario

Gail Butt, RN, MHSc, PhD Student Associate Director, BC Hepatitis Services Vancouver, BC

Geri Hirsch, RN-NP Nurse Practitioner, Hepatology Services Division of Gastroenterology Capital District Health Authority Halifax, NS

Jo-Ann Ford, RN, MSN Associate Director – Clinical Research Associate Director – BC Hepatitis Program Gordon and Leslie Diamond Health Care Centre Vancouver, BC

Kathy Poldre, RN, BN Hepatitis Support Nurse, Research Co-ordinator Toronto General Hospital Toronto, Ontario

Sylvia Skrypnyk, RN BN Community Hepatitis C Clinic Winnipeg MB

Tina McCabe, RPN McMaster – BScN Candidate London, Ontario

Canadian Association Hepatology Nursing Standards

Purpose:

In accordance with the nursing profession's obligation to maintain and improve the quality of nursing care, the Canadian Association of Hepatology Nurses (CAHN) standards provide a basis for the evaluation of professional, ethical nursing practice in hepatology.

Background:

The context for nursing practice is characterized by change, challenge and competency (CNA, 1997b). This is applicable to hepatology nursing practice as an emerging specialty. In 2005, CAHN executive empowered a committee of hepatology nurses representing many practice contexts across Canada to establish the hepatology nursing standards. This group reviewed the literature, accessed similar work developed in countries such as the United States and the United Kingdom to develop the standards. This is the first edition of the standards and will be revised regularly.

These standards reflect the current state of knowledge and practice and are, therefore, conditional, dynamic and subject to change. The manner in which hepatology nursing achieves competency will vary. Nursing practice is impacted by social, cultural, spiritual, economic and political environments. For example, current major changes in the delivery of liver care include:

- increasing access to services, and an emphasis on community based care incorporating hepatology health promotion and prevention of liver disease.
- expanding views of the health care 'team' to include collaboration with clients, their support systems, and other healthcare/social service providers.
- ongoing research that focuses on the biological basis of liver disorders and the sociological determinants of behaviour.

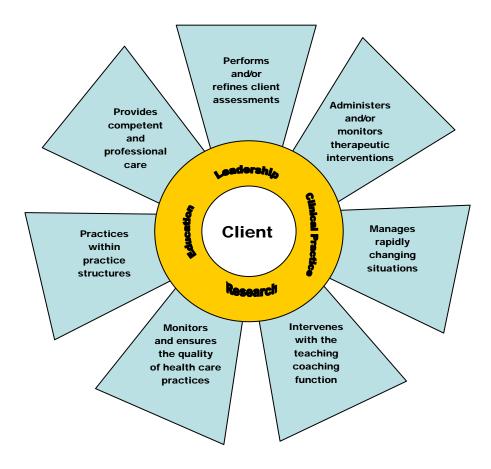
These changes create opportunities for hepatology nursing to take a leadership role in collaborative practice.

The standards are based on Benner's Conceptual Model (1984) and are operationalized under the following domains and illustrated in Figure 1.

- I. Provides competent and professional care.
- II. Performs and/or refines client assessment.
- III. Administers and/or monitors therapeutic interventions.
- IV. Manages rapidly changing situations.
- V. Intervenes with the teaching/coaching function.
- VI. Monitors and ensures the quality of health care practices.

VII. Practices within organizational and professional practice structures.

With the client as its central focus, these domains encompass the hepatology nursing role of leadership, research, education and clinical practice. The term client is defined as individuals, families, groups, populations, and communities. These standards address youth and adult hepatology nursing practice.



Beliefs about Hepatology Nursing

- Hepatology nursing is a specialized area of nursing that has its focus on promotion of liver health, prevention of illness, and the care of clients experiencing liver related health problems and disorders. This specialty addresses a variety of diseases and disorders of the liver including viral, genetic, and metabolic.
- Hepatology nursing is client-centered and is accountable for individual and collaborative practice. Nursing roles in this specialty include direct clinical practice, education, research, and leadership.
- Hepatology nursing client populations within the care of this specialty are influenced by the social determinants of health and may include marginalized groups such as injection drug users, the homeless, immigrants, and aboriginals. Clients that are marginalized should have equal access to fair and just care.
- Hepatology nursing provides services across the client care continuum from prevention to palliation (i.e., primary, secondary, tertiary, quaternary).
- Since most liver diseases are chronic in nature, hepatology nursing practice promotes self-care, advocates for resources and supports the client through the illness experience.
- The advancement of hepatology nursing requires evidence-based practice, critical thinking, and life-long learning. Hepatology nursing is responsible for promoting evidence and theory based practice to enhance knowledge and skill development within the specialty.
- Hepatology nursing uses research, theory, experiential knowledge from nursing and other disciplines to provide evidence-based practice.

Standard I: Provides competent and professional care.

Competent and professional care provided through the helping role is fundamental to nursing within the context of leadership, education, research and clinical practice. Hepatology nurses "enter into partnerships with clients, and through the use of the human sciences, and the art of caring, develop helping relationships" (CNA, 1997b, p.43). A primary goal of hepatology nursing is the promotion of liver health and the prevention of liver related diseases/conditions.

- 1.1 Assesses and clarifies the influences of personal beliefs, values and life experiences on the therapeutic relationship.
- 1.2 Establishes and maintains a non-judgemental, client-centered environment.
- 1.3 Uses a range of therapeutic communication skills.
- 1.4 Maintains a therapeutic relationship and recognizes boundaries.
- 1.5 Recognizes the influence of culture and ethnicity on the therapeutic process and negotiates care that is culturally sensitive.
- 1.6 Mobilizes resources that increase clients' access to health care/social services.
- 1.7 Supports the client through behavioural, developmental, emotional, or spiritual change while acknowledging and supporting the client's participation, responsibility and choices in own care.
- 1.8 Supports the client's sense of resiliency (e.g., example self-esteem, power and hope).
- 1.9 Reflectively evaluates therapeutic effectiveness of relationships.

Standard II: Performs and/or refines client assessment

Effective nursing assessment, diagnosis, and monitoring is central to the nurse's role. This is dependent upon theory and the meaning of the health or illness experience from the perspective of the client. Nursing makes professional judgements regarding the relevance and importance of this assessment and acknowledges the client as a valued and respected partner throughout the decision-making process.

The nurse:

- 2.1 Collaborates with clients to gather holistic assessments through observation, examination, interview, and consultation, while being attentive to issues of confidentiality and pertinent legal statutes.
- 2.2 Documents and analyzes data to identify health status, and client priorities/health needs on an on-going basis.
- 2.3 Formulates and documents a plan of care in collaboration with the client and with the care team.
- 2.4 Anticipates problems in the future course of the client's functional status.
- 2.5 Identifies appropriate and available resources to best meet client's needs, and assists the client to access them.

Standard III: Administers and/or monitors therapeutic interventions

Due to the nature of liver problems there are unique practice issues confronting the hepatology nurse in administering and/or monitoring therapeutic interventions. Safety in hepatology nursing has distinct meaning since some clients are at risk for harm or neglect to themselves and/or others.

- 3.1 Assists and educates clients to select choices which will support positive changes in their affect, cognition, behaviour and/or relationships (CNA, 1997b, p.68).
- 3.2 Supports clients to draw on own assets and resources for self care and health promotion (CNA, 1997b, p.68).
- 3.3 Uses appropriate technology to perform safe, effective and efficient nursing intervention (CNA, 1997b, p.68).

- 3.4 Administers and monitors medications accurately and safely (e.g., monitoring therapeutic responses, adverse events, toxicity and potential incompatibilities with other medications or substances).
- 3.5 Assesses client responses to needs and mobilizes resources in response to client's requirements.
- 3.6 Incorporates knowledge of family dynamics and cultural values and beliefs about families in the provision of care.
- 3.7 Collaborates with the client/ family, health care providers and community to access and co-ordinate resources.
- 3.8 Encourages and assists clients to seek out support groups for mutual aid, advocacy and support.
- 3.9 Assesses the client's experience and/or perception of services (e.g., response to therapeutic intervention).

Standard IV: Manages rapidly changing situations

The effective management of rapidly changing situations is essential in critical circumstances, which may be termed emergencies. These situations include self-harm/ other assault behaviours and rapidly changing liver states. This domain also includes screening for risk factors and referrals related to liver illnesses and social problems.

- 4.1 Assesses clients for risk of substance use/abuse, victim violence/abuse, suicide or homicide.
- 4.2 Knows resources required to manage potential emergency situations and plans access to these resources.
- 4.3 Monitors client safety and utilizes continual assessment to detect early changes in client status, and intervenes as required (e.g. situations of acute agitation).
- 4.4 Implements crisis intervention as necessary.
- 4.5 Coordinates care to prevent errors and duplication of efforts where rapid response is imperative.

- 4.6 Considers the legal and ethical implications of responses to rapidly changing situations (e.g., invokes relevant provisions for safety as necessary).
- 4.7 Evaluates the effectiveness of the rapid responses and modifies critical plans as necessary.
- 4.8 Participates in 'debriefing' process with team (including client and family) and other service providers (e.g., reviews of critical event and/or emergency situation).
- 4.9 Explores with the client and/or family the precipitates of the emergency event and plans to minimize risk of recurrence.

Standard V: Intervenes with the teaching/coaching function

All client interactions are potentially teaching/learning situations. Hepatology nursing attempts to understand the life experience of the client and uses this understanding to support and promote learning related to health and personal development. Nursing provides liver health promotion information to individuals, families, groups, populations and communities.

- 5.1 Determines learning needs in collaboration with the client.
- 5.2 Plans and implements, with the client, health education while considering the context of the client's life experiences and readiness to learn.
- 5.3 Provides anticipatory guidance regarding the client's situational needs (e.g., assists the client in identifying living, learning or working needs and ways in which to access available community or other resources).
- 5.4 Considers a variety of learning models and utilizes clinical judgement when creating opportunities with clients regarding their learning needs (e.g., principles of adult education and theories of change).
- 5.5 Provides relevant information, guidance and support to the client within the bounds of any freedom of information legislation.
- 5.6 Documents the teaching/learning process (i.e., assessment, plan, implementation, client involvement and evaluation).
- 5.7 Evaluates and validates with the client the effectiveness of the educational process.

5.8 Seeks clients input into developing other means of providing teaching/learning opportunities.

Standard VI: Monitors and ensures the quality of health care practices

Hepatology nursing clients, because they are often drawn from marginalized populations, may be particularly vulnerable as recipient of health care. It is essential for the hepatology nurse to have knowledge of relevant legislation and its implications for nursing practice. Client advocacy issues must be recognized, respected and addressed.

- 6.1 Identifies limitations in the workplace or care setting that interferes with the nurse's ability to perform with skill, safety and compassion and takes appropriate action.
- 6.2 Identifies limitations at a community level that interfere with the entire health of the community (e.g., poverty, malnutrition, unsafe housing).
- 6.3 Expands knowledge of innovations and changes in hepatology nursing practice to ensure safe and effective care.
- 6.4 Critically evaluates and applies current liver research findings in practice.
- 6.5 Ensures and documents ongoing evaluation of hepatology nursing care activities.
- 6.6 Works effectively within the collaborative team towards an integrated plan of care.
- 6.7 Follows agency/institutional procedures when safety is compromised.
- 6.8 Advocates for safe, competent and ethical care for clients and colleagues even when there are system barriers (e.g., community access, medication coverage).
- 6.9 Maintains, respects, and monitors confidentiality of client information.

Standard VII: Practices within the organizational and professional practice structures

The hepatology nurse's role is within many different practice settings (e.g., community clinics, corrections, public health and acute care). Hepatology nursing care is based on critical thinking and evidence-based practice. Nurses remain individually accountable and responsible for their practice. As hepatology care in Canada evolves, the hepatology nurse needs to be skilled in collaborative partnering and community development.

- 7.1 Recognizes and manages conflict to facilitate interdisciplinary health team interactions and functioning.
- 7.2 Uses information systems in planning, documenting and evaluating client care (e.g, electronic health records, research indexes and databases).
- 7.3 Demonstrates knowledge of collaborative strategies in working with consumer/advocacy groups.
- 7.4 Actively participates in developing, implementing and evaluating policies that impact the provision of liver care and health.
- 7.5 Acts as a role model for nursing students and the beginning practitioner in the provision of hepatology nursing care.
- 7.6 Practices within the legislated scope of practice.
- 7.7 Supports professional efforts in hepatology practice to achieve improved population health.

Glossary

These descriptions apply for the purposes of this document.

clients:

Individuals, families, groups, populations or communities. Synonymous terms may be patients, beneficiaries, partners, recipients, and consumers. Clients exist in social systems that may influence their health.

contextual factors:

The personal, interpersonal and environmental variables that comprise a person's unique life experience.

competencies:

The integrated knowledge, skills, attitudes and judgements expected of the nurse (CNA, 1998).

holistic assessment

A data collection process which recognizes the interrelated physical, mental, emotional, spiritual and social dimensions of the person, family or group participating with the nurse in the process.

hepatology health promotion: The process of enhancing the capacity of individuals and communities to take control over their lives and improve their hepatology health. Hepatology health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity.

rapidly changing liver states:

Severe impairments of thought and judgment, constituting a medical emergency, which can occur in association with drug misuse, encephalopathy, ascites, and esophageal varices hemorrhage.

therapeutic alliance:

a process that emerges within a nurse-client relationship in which each party is working toward the health goal(s) of the client. The activities to be carried out to meet the goal are mutually negotiated, and the relationship itself is one of trust, support and equity (Madden, 1990).

therapeutic use of self:

A combination of self-awareness with theoretical and experiential knowledge of therapeutic relationships, i.e. (a) understanding, using, and controlling affective responses to clients; (b) integrating affective and cognitive responses with appropriate interventions; (c) continuing clarification and maintenance of professional boundaries with clients. (SERPN, 1996, p.40).

significant others:

Those to whom the client attributes affection, emotional ties and a sense of belongingness (adapted from Wright & Leahey, 1994, p.39).

References

Austin, W., Gallop, R., Harris, D., & Spencer, E. (1996). A 'domains of practice' approach to the standards of Psychiatric and Mental Health Nursing. Journal of Psychiatric and Mental Health Nursing, 3, 111-115.

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley.

Benner, P., Tanner, C., & Chesla, C. (1996). Expertise in nursing practice. Caring, clinical judgement, and ethics. New York: Springer.

Canadian Nurses Association [CNA] (2002). Code of ethics for Registered Nurses. Ottawa, ON: Author.

Canadian Nurses Association (1997b, June). National nursing competency project. Final report. Ottawa, ON: Author.

Canadian Nurses Association (1998, April). A national framework for the development of standards for the practice of nursing: A discussion paper for Canadian Registered Nurses. (ISBN 1-55119-033-8). Ottawa, ON: Author.

Gray, J. (2003). Therapeutic Choices. Ottawa, Ontario: Canadian Pharmacists Association.

Madden, B. (1990). The hybrid model for concept development: Its value for the study of therapeutic alliance. Advances in Nursing Science, 12 (3), 75-87.

Smith, G. & Watson, R. (2005). Gastrointestinal Nursing. Oxford UK: Blackwell Publishing,

Society for Education and Research in Psychiatric- Mental Health Nursing [SERPN] (1996). Educational preparation for psychiatric-mental health nursing practice. Pensacola, FL: Author.

Wright, M. & Leahey, M. (1994). Nurses and families (2nd ed.). Philadelphia, PA: F.A. Davis.