Clinical Nurse Specialist Exemplar

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Adult/Gerontology Clinical Nurse Specialist II: Transition to Practice

NURS 656

Dr. Sharp

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This paper explores the use of clinical nurse specialist core competencies in an actual practice setting. It is a reflective exercise on the resolution of a clinical challenge by implementation of advanced practice nursing methods; the goal, the steps for meeting the goal, and the evaluation of the goal will be summarized.

Practice Setting/Overview

The practice setting is the Isaac School District in Phoenix, Arizona. The Isaac School District is an eleven school system that educates children from pre-school to eighth grade; there are 5,500 students in the system. Each school has at least one health team member; depending on the level of need of the student body, the health team member is a medical assistant, LPN, or RN. The health team totals fifteen in number – twelve medical assistants (unlicensed assistive personnel), two LPNs, and one RN.

Practice Issue/Problem

The practice issue: The health team as it is currently comprised does not have the personnel required to administer care to special needs students in accordance with Federal mandate. Specifically, the Individuals with Disabilities Education Act (IDEA) requires, “…that all disabled children must be provided an education in the least restrictive environment” (Raible & Miller, 2012, p. 2). IDEA works in concert with what is known as ‘Section 504’, a part of the Rehabilitation Act of 1973, which prohibits discrimination of students based on disability (Raible & Miller, 2012). There are several children who are high acuity and require 1:1 care. Other high acuity children require catheterization, and tracheostomy care, tube feeding, and gastrostomy care. These students are enrolled and interspersed among the eleven schools, and it is the responsibility of the school district to provide the care necessary for these students to participate. The key issue is that many of the treatments fall outside the scope of practice of all but the 2 LPNs and the RN of the healthcare team. Timetables for treatment, distance between schools, and number of students with needs overwhelms the opportunity to meet care demands.

The governor of the state of Arizona made sweeping cuts of the educational budget for public schools. In response, the Isaac School district was denied additional personnel for the health team, maintaining as status quo the difficulty of delivery of care to the special needs students.

Practice Goals and Objectives

The goal was to administer care in accordance with mandates and ensure that the care is acceptable to the State Board of Nursing, the Department of Education, Isaac School Board, and parents of the students being treated. In order to meet the goal, several objectives had to be met:

1. Determination of procedures were within the scope of medical staff.

2. Depending on the outcome of item #1, training of staff, or potentially eliminating lower level staff and hiring an additional LPN or another RN.

3. Training and development of parent and special needs child as a participant in care.

4. Audit of facilities for performing necessary procedures, to see that they met treatment guidelines for best practice.

5. Development of a system to track daily procedures and medication administration among the 11 schools; and a backup plan notification system in the instance of absences of medical team staff.

Practice innovation specifics/Steps in the process

Step one of the process was to determine which, if any special procedures (e.g., straight catheterization, tube feeding, medication administration) were allowed to be done by personnel other than the LPNs and RN. Two agencies were contacted: The Arizona Department of Health Service’s Office for Children with Special Health Care Needs, and the Arizona Department of Education; these offices hold a dual purview over the health and welfare of students in Arizona. With the help of The School Nurses Association of Arizona, the Arizona Chapter of the American Nurses Association, and several large Arizona school districts, a resource guide was developed for schools with regard to special needs care (Raible & Miller, 2012). Because of chronic shortfalls of health care support in schools, certain procedures which under normal circumstances fall outside the scope of medical assistants, are allowed if exercised under strict parameters and training by a qualified RN.

A conflict arose with the Arizona State Board of Nursing, which did not recognize the document as authoritative, arguing that it allowed treatments outside Arizona Revised Statute legislation. Numerous phone calls and correspondence among participant districts, officers of the grievance committee of the Arizona State board of nursing, the Isaac School District supervisory panel and the district RN for Isaac School (me) were exchanged, to get permission to train the medical assistants. The decision to allow the training was monumental in its importance because it meant the continuation of a program that addressed the needs of a student body in excess of 60,000 students (the number of students in the other districts) as well as Isaac schools.

The subsequent step after getting approval was the training of staff. As the only member of the health team with RN credentials, I oversaw the teaching of the medical assistants in the procedures of tube feeding, and catheterizations. The training was modeled after RN clinical training, utilizing mannequins. Real-time treatment, which takes place in fall 2015, will require direct supervision, and ‘see-one, do-one’ instruction.

A crucial step in the treatment process involved communication with student, parent, and healthcare team. Parents were brought in along with special needs child to participate in the process of training. This was to ensure that all parties were aware of their roles. Specifically for parent and student, any change in condition was to be reported to the RN on that day, or to the RNs direct supervisor, before procedure. This was an important feature, because the medical assistants are not allowed to assess, nor are they trained to observe for changes which may impact treatment.

Steps were taken by the RN to audit facilities for necessary supplies, equipment and backup resources, to ensure that procedures were performed at highest levels of cleanliness, and affording privacy and comfort for both medical assistant and student/patient. This step took on an added dimension of difficulty because of changes in enrollment; students came with new needs that had never needed to be addressed prior, e.g., handrails, back up oxygen, special examination tables.

Because the medical team staff of Isaac Schools is very lean, there is very little leeway in allowing for time off. Absences are a hardship, because the team has to rally to make up for the absentee individual. For this reason, a comprehensive Google calendar was developed that tracks every medication and every procedure for the eleven schools (There was no budget for creating or purchasing a software by the IT department). Each medication and treatment was painstakingly placed into the calendar. A meeting was convened to logistically coordinate back up personnel for each intervention should there be an absence. Each task was given three backup personnel; should back up number one be unable to deliver treatment, the responsibility fell to number two, then three accordingly. All staff utilized texting via cellphone to communicate. Should there be no one to deliver treatment (all four persons unable to complete the task) then the parent was contact and child sent home, or parent would complete treatment.

Evaluation and Outcome

The plan takes effect the first week of August, 2015, so outcomes of actual practice have not arisen. However, the metrics are in place. Specifically, feedback from parent, student, and newly-trained medical assistant are going to be reviewed for the first five days, unless any choose to opt out (i.e., because implementation is satisfactory). Feedback will follow weekly after that to both ensure the changes are in place, and backup personnel understand their role and the functionality of the Google calendar. The team meets monthly to discuss other issues; this will be a time to evaluate shortcomings of the plan.

Missed treatments had never been measured before, so the plan establishes a new quality measurement. Goals will be determined based on percentage of completed tasks, number of school days missed for lack of available treatment provider, and overall satisfaction of team, parent, and student.

Relevant Core Competencies and Conclusion

The problem examined is clearly a low-tech one, but a serious one for those involved. There is ingenuity required in developing a process that fifteen healthcare workers can utilize which satisfies the needs of over one hundred special needs students, at the same time tending to the day to day needs of 5,500 regular students. Core competencies of advance practice are evidenced in the research of legislation and board of nursing advisory opinions to formulate a solution to the manpower shortage for special treatments (Alexandrov et al., 2010). Communication at high levels, as with officers of the Board of Nursing, Department of Health Services, and neighboring school boards in order to ensure compliance is a competency in evidence also (Alexandrov et al., 2010). Successful training of staff and education of parent and student are part of CNS core competencies that were required in this project (Fulton, Lyon, & Goudreau, 2014). Even the rudimentary Google calendar serves as an example of a core competency; the use of technology evinced a successful outcome of a project (Fulton et al., 2014). When there is no money for technology, one must be creative and use what one has on hand.

This reflection on a real-life experience has furthered my appreciation of the core competencies of the clinical nurse specialist role. My schooling is helping me to understand the relationship of my daily work to the framework of advance practice, and using the tools of advanced practice to resolve problems and implement improvements.

References

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7/26/2015