



BCCNM LEARNING MODULE — WORKBOOK

Understanding the Scope

Of Registered Nurses Practice



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Introduction

This workbook offers activities that allow you to apply ideas presented in the on-line Learning Module. It is organized in two sections.

- **Part 1** includes **Workbook Activities** that are related to various topic areas. As you work through the module, you will be directed to complete a specific Workbook Activity. This section also includes pages for you to record your reflective thoughts and insights related to your exploration in this module.

Some of these activities include case scenarios with associated questions. These provide an opportunity for you to apply the information that has been offered in the module in the context of this practice-based scenario. When you have completed these activities, you may wish to compare your responses with those provided in the “**Workbook Activities: Case Perspectives**” located in Part 3.

- **Part 2:** This section of the workbook provides an opportunity for you to **create a plan for your continued professional growth** with the Registered Nurses Scope of Practice Standards. A sample Professional Development Plan is provided to help you in this process.
- **Part 3** presents **sample responses** to Workbook activities with case scenarios. These responses provide the perspectives of the course writer and others on the case scenario.

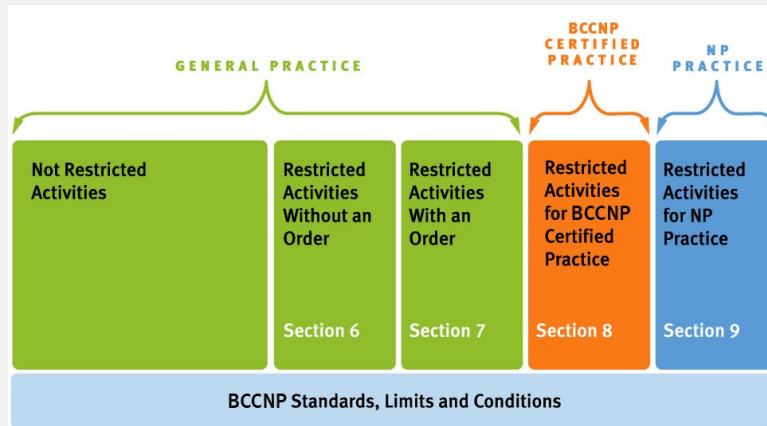
PART 1

Workbook Activities



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Workbook Activity #1



Now that we have reviewed how nursing practice is described in the regulation please take a moment to think about your own practice and the activities you conduct each day. Which activities constitute most of your practice? Which are restricted? Which ones are not? Do some require an order? It may be helpful to think of a typical work day, evening or night and write out your daily activities, then you may want to highlight those that are restricted and circle those that require an order? You may find it helpful to review Section 6 and 7 of the Regulation (link below) and potentially section 8 and 9 if you are either a certified registered nurse or a nurse practitioner.

Workbook Activity #2

Charlie's Story

At her 1600 check in Charlie can tell that Mr. Holt's, a client with type 1 diabetes, condition has changed. As she asks him how he feels, Charlie notes he is more lethargic, appears sleepy and seems to have trouble focusing on Charlie's questions. She notices that Mr. Holt seems to be falling asleep as she is talking to him. When Charlie attempts to wake him up with a gentle touch, he opens his eyes but seems to have trouble keeping them open. "I feel so tired, I can barely keep my eyes open". Charlie knows Mr. Holt was admitted overnight with general weakness after a fall at home. She remembers, when reviewing his history, that he is diabetic and self-administers insulin at home.



Charlie begins her assessment by administering a blood glucose test which shows a blood glucose level of 3.2. Charlie also takes his vital signs. His pulse is 110/min and regular, BP 140/60, and O₂ Sats are 99% on room air.

Based on her assessment, Charlie draws a conclusion about Mr. Holt's status. She diagnoses his condition as hypoglycemia related to decreased blood sugar level. Charlie knows she can improve his condition temporarily by giving him some orange juice that is kept by his bedside and by then following the decision support tool (DST) for hypoglycemia provided by her employer.

In deciding to treat, Charlie considers the risks, benefits and possible outcomes. In her judgment, the outcome is reasonably predictable and the benefits outweigh risks. She has the knowledge, skill and judgment to follow her organizational decision support tool and protocol for treating hypoglycemia, including managing any intended and unintended outcomes.

Explaining her next steps to Mr. Holt, she helps him drink his glass of orange juice. Reassuring him, she watches for and changes in his condition. Within a few minutes, Mr. Holt has visibly improved. He appears more awake and states that he is feeling hungry.

Charlie pages Mr. Holt's physician using the intercom system in the client's room. When the physician arrives, Charlie consults with the treating physician and receives orders. She updates the care team and documents her ongoing assessment, diagnosis, treatment, and communication with the physician.

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Reflecting on Charlie's Story

Consider the following questions and jot down your thoughts in the space provided. You may wish to compare your answers with the discussion in **Part #3, Case Perspectives** located at the end of this Workbook.

1. What is the difference between diagnosing a disease and diagnosing a condition?

2. Which health professional group(s) are authorized to diagnose a disease?

3. What conditions might you diagnose and treat in your practice?

4. When diagnosing and treating a condition which Scope Standards would you follow?

5. Who holds the sole accountability and responsibility when diagnosing and treating a condition?

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Workbook Activity #3

Tara's Story

Tara, a residential care nurse, is caring for Mr. Jung a 87 year old man who has been her client for the last few months. As Tara conducts her morning vital signs and talks to her clients, she notices that Mr. Jung appears uncomfortable. Upon assessing him, Tara gathers enough information to diagnose bladder retention.

Mr. Jung explains that he has not voided in the last 12 hours, his lower abdomen is distended and he states that he is in pain. To confirm her assessment and diagnosis of urinary retention, Tara conducts a bladder scan. Mr. Jung's bladder is very full, the scan reveals a urine retention greater than 500 mls.

As Tara has dealt with urinary retention many times before, she knows exactly what to do to help Mr. Jung feel better. After assessing the client, coming to a nursing diagnosis of a condition of urinary retention Tara has determined the need for an in and out catheterization. Tara's place of work has a Decision Support Tool for urinary retention which Tara reviews prior to carrying out the activity. She charts the outcome and assesses Mr. Jung once again post catheterization.



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Reflecting on Tara's Story

Using the “Acting within Autonomous Scope” Reflective Tool , (link below) consider the following questions and jot down your thoughts in the space provided. You may wish to compare your answers with the discussion in **Part #3, Case Perspectives** located at the end of this Workbook.

1. In Tara's case, who is responsible and accountable for the activity Tara chose to carry out?
2. What other action(s) should Tara take in this case?
3. Tara's organization has a Decision Support Tool in place for urinary retention. What would Tara need to do if this was not the case?
4. What important component of the Acting within Autonomous Scope standards is not included in the description of this case?
5. If you were Tara, what would be your clinical decision making process? Describe, in detail, what you would do.

Acting Within Autonomous Scope of Practice Reflective Tool
<https://www.bccnm.ca/Documents/learning/modules/ASOPthinkingtool.pdf>

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Workbook Activity #4

Sergei's Story

Sergei, a registered nurse, works on a medical/surgical unit. His client Mrs. White is 67 years old and has recently undergone hip replacement surgery. It is now time for Mrs. White to start walking so Sergei contacts the Physio Therapist for an assessment and mobility plan.

The Physio Therapist conducts the assessment and provides a client-specific order that focuses on Mrs. White's current ability to move and strengthening and therapeutic exercises to restore her walking ability.

Using the "Acting with Client-Specific Orders" Reflective Tool, (link below) consider the following questions and jot down your thoughts in the space provided. You may wish to compare your answers with the discussion in **Part #3, Case Perspectives** located at the end of this Workbook.



1. Before acting on this client specific order, what must Sergei ensure?

2. What should the client specific order include (the actual written document)?

Acting With Client Specific Orders Thinking Tool
<https://www.bccnm.ca/Documents/learning/modules/ACSOthinkingtool.pdf>

BCCNM Acting with Client-specific Orders Web Page:
https://www.bccnm.ca/RN/ScopePractice/part2/acting_orders/Pages/Default.aspx

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Workbook Activity #5

Steve and Julie's Story

Steve, an experience RN, works on a medical/surgical unit. He is caring for Mrs. Chan a 60 yr old women with Type 1 diabetes who came in with a large diabetic foot ulcer. Steve realizes that Mrs. Chan would benefit from some wound debridement and specific wound care. Knowing that determining the specifics for these activities is beyond his own competence level, Steve calls on Julie a wound clinician to assess his client.

Julie, a wound care clinician, who is also an RN, conducts an assessment and wound debridement with Mrs. Chan and then writes up a client-specific order outlining the wound care necessary to care for her foot ulcer. This client specific order is to be carried out daily by the RN on shift.



Using the “Giving Client-Specific Orders” Reflective Tool , (link below) consider the following questions and jot down your thoughts in the space provided. You may wish to compare your answers with the discussion in **Part #3, Case Perspectives** located at the end of this Workbook.

1. Where must this order be written, what important requirements must this order meet?
2. Who is accountable and responsible for this client specific order?
3. Aside from regulatory requirements (such as BCCNM’s standards limits and conditions), what other requirements must Julie and the RN on shift acting on the order follow?

Giving Client Specific Orders Thinking Tool
<https://www.bccnm.ca/Documents/learning/modules/GCSOthinkingtool.pdf>

BCCNM Scope of Practice Standards Web Page
<https://www.bccnm.ca/RN/ScopePractice/Pages/Default.aspx>

Notes from Reflection Points

Affirmations and Insights

PART 2

Growth Planning



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Workbook Activity #6

My Plan for Professional Development/Growth

Goals

1.

2.

3.

Action Plan

People or places that I can investigate for learning strategies to help me meet my goals for growth and ongoing development are:

1.

2.

3.

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My Plan for Professional Development/Growth

Strategy	Resources I need to implement this strategy	Target completion date	Other thoughts

Reminder: Add your completed action plan to your Quality Assurance Portfolio/My Professional Plan.

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Workbook Activity #6

My Plan for Professional Development/Growth: An Example

Goals

1. To increase my understanding of what it means for me to be a self-regulating professional.
- 2.
- 3.

Action Plan

People or places that I can investigate for learning strategies to help me meet my goals for growth and ongoing development are:

1. Review Learning Resources section of this module
2. Assess Organizational policies related to activities defined within Autonomous Scope of Practice
3. Review BCCNM resources related to Autonomous Scope of Practice

Strategy	Resources I need to implement this strategy	Target completion date	Other thoughts
1. Review documents identified in Learning Resources section of module	1. None – just download the documents from the Learning resources section!	1. Within the next week	
2. Have discussion with unit Educator related to Autonomous Scope of Practice Activities and relevant policies & guidelines	2. Can do this casually and/or in scheduled meeting time as needed.	2. Within the next month	

Reminder: Add your completed action plan to your Quality Assurance PD Plan/My Professional Plan.

PART 3

Workbook Activities and Case Perspectives



Reflecting on Charlie's Story

1. What is the difference between diagnosing a disease and diagnosing a condition?

Conditions always have associated signs and symptoms. A condition may result from a known disease or disorder or its treatment. For example, a registered nurse may diagnose hypoglycemia in a client with diabetes, urinary retention in a post-operative client or angina in a client with a history of coronary artery disease.

Other conditions, such as hypoxia or postpartum hemorrhage, may result from a medical problem such as an undiagnosed disease or disorder. In these situations, a registered nurse may diagnose and stabilize the condition until a physician or nurse practitioner diagnoses the underlying disease or disorder.

2. Which health professional group(s) are authorized to diagnose a disease?

In B.C., diagnosing (a disease, disorder or condition) is a restricted activity granted to some regulated health professionals. For instance, physicians and nurse practitioners are authorized to diagnose diseases, disorders and conditions; and certified practice registered nurses are authorized to diagnose a very limited number of diseases and disorders. Registered nurses (other than certified practice nurses) have the authority to diagnose conditions only.

Under the Nurses (Registered) and Nurse Practitioner Regulation, you can make a nursing diagnosis that identifies a condition as the cause of a client's signs or symptoms. A nursing diagnosis is a clinical judgment about your client's physical or mental condition. It involves drawing a conclusion about what's causing the signs or symptoms you've recognized.

3. What conditions might you diagnose and treat in your practice?

See link on BCCNM Web Site:

<https://www.bccnm.ca/RN/learning/scope/diagnosing/Pages/Default.aspx>

4. When diagnosing and treating a condition which Scope Standards would you follow?

The Regulation also authorizes you to carry out certain restricted activities without an order to assess for or treat a condition you've diagnosed. For example, you may insert a urinary catheter, suction a tracheostomy, irrigate an ostomy, or administer oxygen or administer IV fluids. The standards for acting within autonomous scope of practice set out expectations for nurses carrying out activities autonomously.

5. Who holds the sole accountability and responsibility when diagnosing and treating a condition?

When you diagnose and decide to treat a condition, you are solely accountable for the diagnosis, appropriate treatment, and your client's outcomes. Deciding to carry out an activity within autonomous scope of practice requires a greater level of knowledge, skill and judgment than carrying out the same activity with a client-specific order from another health professional.

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Reflecting on Tara's Story

1. In Tara's case, who is responsible and accountable for the activity Tara chose to carry out?

Only Tara.

2. What other action(s) should Tara take in this case?

Communicate with other health care professionals involved in Mr. Jung's care to ensure continuity of care and increase best client outcome.

3. Tara's organization has a Decision Support Tool in place for urinary retention. What would Tara need to do if this was not the case?

Communicate and collaborate with health care team, ensure that her organization supports her process and decisions/actions of acting within autonomous scope and knows her role, responsibility and applications of the standards when acting within autonomous scope.

4. What important component of the Acting within Autonomous Scope standards is not included in the description of this case?

Obtaining consent from client.

5. If you were Tara, what would be your clinical decision making process? Describe, in detail, what you would do.

Assess, talk to client, diagnose condition, ensure you know your responsibility, your role, think of potential outcomes, use evidence, obtain consent....

Link on BCCNM Web Site:

<https://www.bccnm.ca/RN/ScopePractice/part2/autonomous/Pages/Default.aspx>

Acting Within Autonomous Scope of Practice Reflective Tool

https://www.bccnm.ca/Documents/learning/ASOP_thinking_tool.pdf

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Reflecting on Sergei's Story

1. Before acting on this client specific order, what must Sergei ensure?

- The ordered activity is within his scope of practice (as outlined in the RN Regulation)
- That he is acting in accordance with any BCCNM standards, limits and conditions.
- That he is acting in accordance with his organizational policies and procedures.
- Sergei must be sure he has the competence to carry out this activity safely and ethically.

2. What should the client specific order include (the actual written document)?

- Be client specific
- Clear and complete
- Documented, legible, dated and signed with a unique identifier such as a written signature of an electronically generated identifier.
- Contain enough information for Sergei to carry out this activity safely

BCCNM Acting with Client-specific Orders Web Page:
https://www.bccnm.ca/RN/ScopePractice/part2/acting_orders/Pages/Default.aspx

Acting With Client Specific Orders Thinking Tool
<https://www.bccnm.ca/Documents/learning/modules/ACSOthinkingtool.pdf>

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Reflecting on Steve and Julie's Stories

1. Where must this order be written, what important requirements must this order meet?

- Client's permanent record and must be signed or be accompanied by a unique identifier.
- Be complete and clear
- Have enough information for the shift nurse to carry out the activity safely
- Documented and legible

2. Who is accountable and responsible for this client specific order?

- Julie, the RN who gives the order

3. Aside from regulatory requirements (such as BCCNM's standards limits and conditions), what other requirements must Julie and the RN on shift acting on the order follow?

- Organizational Policies and Procedures
- Since Julie is a Non-Listed health care provider, any RNs on shift must ensure they have individual competence to carry out this activity and follow Acting with Autonomous Scope Standards.

Giving Client Specific Orders Thinking Tool

<https://www.bccnm.ca/Documents/learning/modules/GCSOthinkingtool.pdf>

BCCNM Scope of Practice Standards Web Page:

<https://www.bccnm.ca/RN/ScopePractice/Pages/Default.aspx>