

Adding Competencies

Within a scope of practice
Safely



Question

- Which of the following practitioners would you like performing a circumcision on your child (without supervision)?
 - A PNP who has attended an accredited weekend course and feels “comfortable” with the procedure
 - A PNP who has observed 20 procedures, completed a self study. and has performed 2 procedures with supervision
 - A PNP who has formal training and supervised practice performing 20 procedures

Common Pitfalls

- The “comfort” trap
 - “You don’t know what you don’t know until you know it” anonymous
- Not recognizing and or inability to manage complications
- Confusing technical expertise with competence managing the patient



Case Study

- Mickey
 - Attended a 5-6 hour course on “no scalpel vasectomy”
 - Supervised practice was not part of course
 - Preceptorship recommended but Mickey could not get one
 - 6 months later Mickey performed his office-based first vasectomy--no other provider in office

What happened

- The surgery
 - Had trouble with right side—over an hour
 - Left side done in a few minutes
 - Patient had swelling and profuse bleeding on the way home
 - ER visit—Mickey cut artery on left
 - Unable to save left scrotum of patient

Board outcome

- Mickey had other practice problems related to prescribing narcotics to office staff
- Surrendered AZ RN license and AP certificate—moved out of state



What is adequate preparation?

- Proposed rule
 - An RNP shall only provide health care services within the nurse practitioner's scope of practice for which the RNP is educationally prepared and for which competency has been established and maintained.
 - Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice.

Components of Education

- Formal coursework
- Academic
 - Regionally accredited college or university
 - Part of NP program or CE offering geared to medical providers



Formal Coursework

- Continuing Education Activity
 - Must be awarded credits in nursing or medicine by an accredited organization
 - Is it accepted by national certifying bodies?
 - Is the accrediting organization legitimate?



Didactic content

- **Course requirements**
 - Competencies/skills required to treat the condition
 - Differential diagnosis
 - Management of complications
 - Demonstration of competency
 - Depth and scope meet standards in medical care—similar to what other providers receive
 - Recognized by the public, other providers, health care credentialing bodies as appropriate
 - Legally defensible

Supervised Clinical

- Prescribed by the course
- Supervisor must be recognized as qualified to supervise the activity
- Supervisor should have no vested interest or financial gain in your attainment of the competency



Case Study

- Pat is an FNP
- Hired to work in pain management clinic
- Collaborating physician was prohibited from practicing pain management by medical board
- Pat admitted no experience in pain management
- Complaint received of over-prescribing controlled substances—mismanagement of patients

Pat's Education in Pain Management

- FNP program
- Worked under “guidance and tutelage” of a board certified physician
- Researched medications in PDR and NP prescribing book
- Consulted another NP (license revoked)
- Denied knowledge of federal/state guidelines for chronic pain clients

Board Outcome

- 12 month practice probation to include education and supervised practice



Lessons learned

- A course is not sufficient in and of itself to ensure safety and competency
- Clinical practice can “fine-tune” competencies learned but OJT cannot substitute for formal education
- Comfort of the practitioner is not a defensible standard



Standards

- Is the education similar to other competent providers who treat the condition?
- Does it include sufficient didactic instruction and supervised clinical practice?
- Is the clinical practice supervised by a qualified individual?

Should you do it?

- Even if you have appropriate education and clinical practice it may not be safe
 - Does the environment support the practice?
 - Are you novice or expert? Do your credentials support the activity
 - Are there others more qualified to do the procedure that the patient has access to?

Ethical Issues

- **Ethics**

- What are consequences of accepting this responsibility?
- Are you prepared to manage all consequences?
- Is safety of the patient at risk if you do not act? If you do act?
- If you are not primary provider, do you have a relationship with her/him?

Summary

- Increasing competencies is a deliberate, formal process
- Based on sufficient didactic and supervised clinical practice
- There are ethical and environmental conditions that may influence safety
- As an NP you are responsible for more than technical expertise