

We acknowledge with respect the history, customs and cultures of the Lekwungen-speaking peoples on whose traditional territory the University of Victoria stands. We raise our hands to the Lekwungen- and SENCOTEN-speaking peoples whose relationship with this land continues to this day. The University of Victoria is committed to promoting, providing, and protecting a positive, supportive and safe learning environment for all its members.

Scope of Practice Decision-Making

For

BSN Students:

STANDARDS, LIMITS, CONDITIONS

Or

How do I know what I can and cannot do??

Part 2: The Workbook

Acknowledgements

Earlier versions of this document have been designed in partnership with Camosun College, Island Health Student Practice Representation, and University of Victoria School of Nursing.

Purpose of Document

Part 2 is designed to provide BSN students and their instructors an opportunity to work through clinical scenarios that require a Scope of Practice decision based on the levels of control outlined in the *Scope of Practice for BSN Students Part 1*.

Work through the following examples using the levels of control for BSN students to guide your responses.

To help provide guidance to students and instructors regarding skills and activities that are within the BSN scope of practice, refer to the following resources in the *BSN Scope of Practice document, Part 1*:

- Appendix A: Skills/activities with limits and conditions in the BSN student scope of practice
- Appendix B: High alert and restricted medications
- Appendix C: Independent double check procedure for medication administration

Example 1:

A BSN student is caring for a patient who requires basic care of a malignant wound. The student has studied the relevant theory, has demonstrated they have the necessary motor skill, has been directly supervised by the practice instructor previously, and assessed to be competent in stable situations. Can the student change this patient's dressing?

Yes:

1. *The Health Professions Act or other legislation (see [Legislation Relevant to Nurses' Practice](#)) does not preclude performance of this activity by BSN students of an accredited program of study.*
2. *BSN students work within CRNBC standards, limits, and conditions. Wound care is a restricted activity that does not require an order (see [Scope for Practice for Registered Nurses](#)). No additional education is required for completing this particular wound care.*
3. *The student reviews the relevant site of practice agency resources and policies (e.g., [Island Health Intranet](#)) and demonstrates familiarity with Malignant Wound Decision Tree. There are no SON and unit guidelines or policies that preclude performance of this activity by BSN students.*
4. *Completing wound care, including an assessment of the wound, is within the scope of practice for this Individual student. The student can perform this activity with the consent of the patient and upon determining the situation is stable.*

Example 2:

A BSN student is caring for a patient who needs to be transferred with a ceiling lift system. The student has been educated to use a variety of lifts, but is not familiar with the type of ceiling track system used in this facility. Can the student independently transfer this patient?

No:

4. Although this activity is within the scope of an RN's practice, follows employer and educational institutional policies, and the student has been taught to use another type of lift in a previous practice course, the student has judged themselves as not competent with this particular system. The student must arrange for direct supervision or to observe and assist a competent practitioner in this activity.

Example 3:

A BSN student is completing a 1st-year practice experience in a Residential Care setting. A Registered Nurse offers to coach the student through the procedure of re-starting intravenous access for a client, whose previous intravenous infusion became interstitial. May the student perform this skill?

No:

1. *The Health Professions Act or other legislation (see [Legislation Relevant to Nurses' Practice](#)) does not preclude performance of this activity by BSN students of an accredited program of study.*
2. *BSN students work within CRNBC standards, limits, and conditions. Establishing and maintaining IV access is a restricted activity that does not require an order (see [Scope for Practice for Registered Nurses](#)).*
3. *The BSN student is working within Island Health, which specifies that RNs must be certified and maintain certification ([Intravenous \(IV\) Therapy](#)) in order to initiate peripheral IVs. The certification materials do not reference BSN students, thus they apply to BSN students as long as there are no contravening policies within the educational institution.*
4. *Students study relevant theory, have the opportunity to practice this skill in the nursing lab, and may receive approval to complete certification requirements in third year of the BSN program. A 1st-year the student does not have the necessary knowledge or skill level to perform this activity.*

Example 4:

A BSN student is spending the day in the operating room as an 'off-unit' experience. The anaesthesiologist offers to allow the nursing student insert an Endotracheal Tube (ETT) into the patient and states that he will coach the student through the procedure. Can the student perform this activity?

No:

1. *The Health Professions Act interpreted in the CRNBC Scope of Practice for Registered Nurses (2072) sets a limit that endotracheal intubation is not within the scope of practice of registered nurses. Therefore, a BSN student would **never** perform this activity.*

Example 5:

A BSN student in his final Nursing Practice course in Island Health is preparing for meeting [Competencies in the Context of Entry Level RN Practice in BC](#). The BSN student wonders aloud with his RN preceptor if the RN may delegate to an LPN the ordered insertion of a foley catheter in one of the RNs assigned clients. The RN explains:

Tricky Question:

1. *This is not a situation of delegation, as defined within the Health Professions Act and CRNBC. Within the Health Professions Act, LPNs are self-regulating professionals. LPNs have Controls on Practice similar to those of RNs, i.e., Government, College, Employer, Individual LPN. Delegation by "regulated care providers occurs when an activity is within the scope of the delegating profession and outside the scope of the other profession" ([Assigning and Delegating to Unregulated Care Providers](#) and [Delegating Tasks to Unregulated Care Providers](#)).*
2. *Foley insertion is within the scope of LPN practice.*
3. *Island Health Interprofessional Practice & Clinical Standard Guideline entitled [Guideline for Use of Urinary Catheters](#), related procedures, and other practice support documents (e.g., [Core Skills: Acute Care](#)) indicate LPNs are generally qualified for insertion and removal of urinary catheters, and care of persons with and post removal of urinary catheters.*
4. *The LPN determines his/her personal competence to perform the activity, and collaborates with the RN as necessary. The RN is responsible for providing support to the LPN.*

Answer: Delegation is neither required nor appropriate.

Example 6:

A BSN student is caring for a 2-year-old child on the pediatric ward of Victoria General Hospital who needs an immunization. There is a doctor's order for the immunization, and the RN is willing to supervise the student. Can the student perform this activity?

Answer: Yes. Of importance: The setting is NOT in a public health setting where very specific criteria are established for both RN and BSN student practice. The child has a chronic complex illness and resides on the paediatric unit for long periods of time. The physician order is patient specific and takes into account this child's biophysical and pharmacological particularities. The student has given subcut medication delivery during their education to date. The RN is willing to supervise. On that basis, the student may proceed with the client specific immunization order.

Example 7:

A BSN student is in a practicum placement in Public Health. She has taken the additional training required for practice in the Public Health setting, i. e., the BCCDC Immunization Competency Modules and Basic Competency Exam. She has not yet observed any child health clinics. Her field guide is encouraging her to conduct childhood immunizations at clinic this afternoon under her supervision. Can the student perform this activity?

1. *Although the U Vic BSN Scope of Practice permits a student to administer immunizations with supervision, IH has set forth interim policy that outlines what BSN student may immunize a child between ages of 2 months- 5 years in Public Health. The 10 criteria are set out in an SBAR from the Professional Practice Consultant responsible for Student Practice, Andrea Taylor on January 26, 2017 to post secondary partners. The 10 criteria include descriptions that students must meet **before** a BSN student administers early childhood immunizations are:*
 - a. *Must be in their 4th year final practicum **in a practice setting where early childhood immunizations are routinely provided to the community.***
 - b. *Students will be actively engaged in gaining competency in providing immunizations.*
 - c. *Must receive an orientation and develop an understanding of the PHN CHC assignment as an integral component of the PHN role.*
 - d. *Attain access through agency/preceptor to complete the BCCDC Immunization Competency Modules and Basic Competency exam.*
 - e. *Familiarize themselves with the Canadian Immunization Guide.*
 - f. *Attain access and orientation to the electronic health record/paper documentation.*
 - g. *Review CRNBC documentation practice standard*
 - h. *Review Island Health Documentation Policy*
2. *Conditions for safe administration include:*
 - a. *Observe at least three child health clinics*
 - b. *students should observe the RN gaining informed consent from parents, and observe the RN administer the vaccine(s).*
3. *Once the student has met all of the above criteria and in collaboration with the supervising PHN, the student will then be able to administer the immunization to children under the following conditions.*
 - a) *Students must always be in consultation and **under the direct supervision of a PHN** when taking on the responsibility of providing immunizations for uncomplicated early childhood schedules (for example informed consent, counselling and documentation of the immunizations provided).*

- b) PHN and students will need to obtain informed consent from the client for the student to provide an immunization.
- c) Students will gradually become independent in gaining informed consent and building competency in childhood assessment before administering the immunizations.
- d) Students must demonstrate a solid knowledge base of child growth and development and integrate assessment and counseling activities under PHN supervision.

Answer: No. After the student has observed 3 child health clinics and the process of obtaining consent from parents and witnessed the RN administering the vaccine, then the BSN student will be eligible to proceed with vaccinations for children between the ages of 2 months-5 years. But not now.

Congratulations! You have worked through 7 scenarios in relation to the Scope of Practice activities of the BSN. These comprise some common situation types that you will encounter in your practice.

* * *

References & Resources

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Resources

Island Health Student Practice Hub

https://intranet.viha.ca/departments/professional_practice/Pages/student.aspx

Island Health Policies

<https://intranet.viha.ca/pnp/Pages/default.aspx>

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