

Canadian Association of Medical and Surgical Nurses
National Practice Standards

Standards Development Committee

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The Standards Development Committee would also like to acknowledge Karine Georges, Facilitator ASI.

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Introduction:

In Canada the largest proportion of nurses, 17.5% or 42, 936 nurses identify their area of practice as medical-surgical nursing (Canadian Institute for Health Information [CIHI], 2006). Medical-surgical nursing is one of the longest standing, distinct, recognizable areas of nursing practice. It has been considered the foundation for nursing and for health care as a whole (Grindel, G.C, 2004). It is unique in that it is not limited to a disease or a body system but is holistic in nature requiring nurses to possess and maintain comprehensive and diverse knowledge and competencies (Grindel, 2004; Profetto-McGrath & Williams, 2003).

There has been increasing “specialization” within health care which has often left medical-surgical nurses feeling as if they are only a ‘springboard or training ground’ for other areas of nursing practice or feeling like the forgotten ones (Mercer & Hooper, 2007). As a result medical-surgical nurses have had a difficult time defining their practice, knowledge and competencies. Without this definition or acknowledgement they have had limited opportunities to network, advocate, mobilize and voice their professional practice needs.

Medical-surgical nurses are unique and indeed their work environments are the ideal place to gain grounding for other practice settings. The medical –surgical environment provides the largest opportunity for nurses to mentor, guide and share expertise with nurses, students and other health care providers but it is not the “only” part of these nurses’ practice. The reality is that more nurses practice in this area than in any other area of nursing. The majority of patients are more likely to receive care from a medical –surgical nurse than any other nurse. It is time medical-surgical nurses are recognized for their essential contribution to the effectiveness and sustainability of the health care system.

National standards for medical-surgical nurses will help provide direction for nurses practicing in medical-surgical areas in order to promote competent, quality, ethical and safe care. These standards will also help inform and identify for other nurses, providers of care and the public what they can expect from registered nurses in medical-surgical areas. The standards will facilitate the recognition of the unique knowledge and competencies these nurses possess and maintain to provide care to multiple adult patients experiencing complex variations in health across the continuum of care (Profetto-McGrath et al, 2003).

Background to standards development:

At the first Canadian National Medical and Surgical Nursing Conference held in June 2006, nurses from across Canada requested the establishment of a national interest group with the mandate to establish national certification. In April 2007, the Canadian Association of Medical and Surgical Nurses (CAMSN)

received emerging group status with the Canadian Nurses Association. In fall 2007, full funding was provided by CNA to establish a national certification for medical-surgical nurses beginning in April 2010. The first step in certification exam development and in supporting the practice of the medical-surgical nurses in this country is the development of national practice standards (Canadian Nurses Association [CNA], 2002a).

In January 2008 the first meeting of the eight member national practice standards committee occurred in Ottawa. This committee included representative nurses from across Canada who have different levels of practice experience (6-36 years), varied academic preparations (BN to PhD), bilingual practice and frontline to academic positions. Based on a framework provided by the C.N.A board (see framework section below), the experience and standards of other specialty nursing groups in Canada and supporting documents available from the American Academy of Medical and Surgical Nurses (AMSN), the Canadian National Standards for Medical-Surgical Nurses were developed.

In April 2008 the draft standards were sent by email or surface mail to 203 CAMSN members (Current roster in April 2008). Members were positive and supportive of the standards. Suggested revisions were discussed, completed and approved by the standards committee on May 16, 2008. Draft seven of the standards were presented to the medical-surgical nurses on June 15, 2008 at the Canadian Association of Medical and Surgical Nurses conference "Advancing Excellence in Medical-Surgical Nursing: Head, heart, hands of acute care". Those present approved the standards with the understanding that there would be required additions made as requested by the review committee.

Definition of Practice:

The guiding beliefs and national practice standards addressed in this document draw from core principles of nursing practice and were developed to encompass and support the uniqueness of medical-surgical nursing. They support the full scope of nursing practice and are applicable to all medical-surgical nurses as they move through their careers from novice to expert and in any of the nursing domains of practice.

Medical-surgical nursing is unique in that it is not limited to a disease or a body system but is holistic in nature and requires nurses to possess and maintain comprehensive and diverse knowledge and competencies (Grindel, 2004; Profetto-McGrath & Williams, 2003). It is this generalist knowledge base that makes medical-surgical nursing the ideal place for foundational learning for students and novice nurses. However, medical-surgical nursing is also the foundation for health care. The majority of clients in any health care system in Canada will receive care in a medical-surgical environment. As such medical-surgical practice requires expert nurses that are leaders in practice, research, education and administration.

There has been little recognition paid to the complex challenge for medical-surgical nurses to maintain and evolve their generalist knowledge base to meet ongoing and changing client needs. Medical-surgical nurses must become expert generalists as they move through their career from novice to expert and within domains of practice. It is with constant vigilance to continuing competence, education and professional development that medical-surgical nurses are able to continue to provide competent, quality and safe care with constant changing clients, environments and health care providers.

The hallmark indicators of medical-surgical nursing include the nurses' extensive generalist knowledge and competency base to apply to a diverse population of clients in equally diverse settings (Academy of Medical-Surgical Nurses, 2008), the prioritization of care to multiple complex patients in a fluctuating patient assignment, the navigation of patients through the health care continuum and the expectation of the role of mentor/preceptor that is always present in the medical-surgical environment.

To further illustrate and define the uniqueness of medical-surgical nursing a description of key recurrent phenomena and a case scenario are provided.

Recurrent Phenomena (adapted from Canadian Association of Medical and Surgical Nurses, 2008a):

Medical-Surgical Environments

Medical-surgical nurses provide care in environments that are in a constant state of fluctuation including:

- Client populations with variability in age, diagnosis, acuity, level of dependency, hospital length of stay and expected outcomes.
- Unpredictable and dynamic patient to nurse assignments. There may be variation in types of clients (see above bullet), number of clients, and changes within the shift.
- Unpredictable and variable resource availability for example: varying number of nursing care providers, staff mix, supplies, equipment, information, education, technology and leadership support.
- Expansive and changing use of clinical and non clinical technology to care for a diverse population.
- Types and number of learners and the level of responsibility for these learners (preceptor versus clinical instructor lead).

- Staffing with a team mix of health care providers, the largest percentage of novice nurses (CIHI, 2007) and high attrition rates (to specialty areas).

Medical-surgical nurses provide care in diverse environments across the continuum of care for example:

- Rural, suburban and urban centres.
- Designated medical or surgical units or combined medical-surgical units.
- Acute care step down units.
- Pre-operative and post-operative surgical care units.
- Community acquired pneumonia related 'winter bed' units.
- Alternative level of care units.
- Military nursing assignments

Medical-Surgical Clients:

Medical-surgical clients are individuals presenting with complex medical and/or surgical diagnoses and corresponding complex nursing care needs. Nurses in medical-surgical nursing often seek out this practice area because of the level of client contact required. The following are the common phenomena of medical-surgical clients.

Medical-surgical nurses provide holistic care to:

- Clients who vary from ambulatory to total care.
- Clients requiring acute to chronic disease management.
- Clients with a diversity of admitting diagnoses not limited to one body system.
- Clients with multiple and complex co-morbidities.
- Clients requiring care across the continuum of care.
- Clients across the adult life span.
- Clients and their families.

Medical-Surgical Nurses:

The Canadian Institute of Health Information (2007) reports that medical-surgical practice areas employ the greatest number of nurses of any clinical setting. The knowledge and competencies they must attain and maintain to look after their diverse client base is extensive. The following are the common phenomena surrounding the medical-surgical nurse.

Medical-surgical nurses:

- Are the highest numbers of novice nurses of any clinical setting with 26.1% of nurses working in this area having 5 or less years of experience (CIHI, 2007).
- Are the highest numbers of male nurses of any clinical setting with 17.5% of male nurses working in this area (CIHI, 2007).
- Are experts and leaders in effective organization, coordination, and prioritization (manage many complex clients at once as well as other competing priorities).
- Are collaborators and leaders in the interprofessional team.
- Are educators and mentors (greatest number of clinical placements and novice nurses).
- Are challenged by diverse ever changing work environments.

Medical-Surgical Nursing Care:

The recurrent phenomena of the medical-surgical environment, client and nurse impact how care is provided in medical-surgical clinical areas.

Medical-surgical nursing care requires:

- Coordination, organization and prioritization of complex multiple patient assignments reported as high as 10 patients per nurse (Pollick, 2001).
- Knowledgeable and skilled nurses to navigate clients and their families through the challenges of interfacing with a dynamic and complex health care system.
- The integration of discharge planning into daily patient care.
- Interprofessional collaboration and care.
- Increasing use of technology.
- Integration of nursing research relating to a diversity of patient care needs.

- Integration of best practice guidelines relating to a diversity of clinical situations.
- Advocacy for quality, ethical and safe work environments.

Case Scenario (O'Brien, 2008, Canadian Association of Medical and Surgical Nurses, 2008b):

A medical-surgical nurse on a mixed medicine/surgery unit receives her client assignment for the day (an expanded description of client 6 is provided to demonstrate the complexities of each of these clients):

Client 1- is admitted post operatively after hip fracture repair

Client 2- is a newly diagnosed diabetic on insulin

Client 3- has pneumonia with query dementia

Client 4- is in end stage renal disease

Client 5- has a cellulitis with open wound on left leg

Client 6 – has an exacerbation of cardiac arrhythmias

History:

- 88 year old woman admitted for exacerbation of cardiac arrhythmias
- Admitted from home where she lived alone with homecare support
- Legally blind
- Hearing impaired
- History of cardiac arrhythmias
- History of hyperthyroidism
- History of Urinary tract infections (UTI)
- History of breast cancer (mastectomy 10 years prior)
- Chronic Obstructive Pulmonary Disease (COPD)
- History of anxiety

Medications:

- Ativan
- Amitryptiline
- Tylenol#2

Mental State:

- Patient is confused, frightened and can not attend

Physical State:

- Lethargic, difficult to rouse
- Eyes and skin dry

Treatment:

- Blood work and urine sent for lab tests
- Patient assessed for delirium and changes made to care for potential risk factors
- Hydration by IV
- Urine test results return, UTI present and new medication started
- Blood test results show hypothyroidism present and significant, new medication started
- Dietician reviewed patient status and orders a high protein diet

Team involved:

- Physicians
- Nursing
- Clinical Nurse Specialist
- Dietician
- Physiotherapy and Occupational therapy
- Homecare

The medical-surgical nurse works within the standards of practice to provide safe, ethical and quality care to all of these patients. During an average shift she will also complete discharges and/or admissions changing her assignment. The medical-surgical nurse typically will be providing this client care while also being in the role of mentor/preceptor to a novice nurse and/or student.

Medical and Surgical Nursing Guiding Principles and Beliefs

National practice standards are founded on the guiding principles, beliefs and values of nurses. These are statements of what nurses believe as desirable or what they care about and what they strive for in their practice (CNA, 2002b). The following are the principles, beliefs and values of medical-surgical nurses.

Medical- Surgical Nurses:

1. Believe that each client is unique and multidimensional. The client is the recipient of nursing action and is an adult, and/or family, group or community.
2. Provide care to clients experiencing complex variations in health across the continuum of care from prevention to palliation with the aim of achieving optimal health outcomes.
3. Exemplify critical thinking and clinical decision making skills in their daily practice.
4. Respond and adapt to complex and rapidly changing practice environments with diverse client assignments.

5. Work in collaboration with a large variety of healthcare providers involved in client care and have the opportunity to be inter-professional leaders.
6. Work in environments that provide the largest opportunity to mentor, guide and share expertise with nurses, students and other healthcare providers.
7. Work in practice environments that require them to possess unique knowledge and skills to respond to current treatment modalities and technologies (Academy of Medical-Surgical Nurses [AMSN], 2007. p.8).
8. Advocate for practice environments that promote quality, ethical and safe care.
9. Roles encompass caregiver, care coordinator, system navigator, client educator, case manager, counselor, advocate, consultant, researcher, administrator/manager, staff educator and nurse leader (AMSN, 2007, p. 6; Profetto-McGrath et al, 2003).
10. Participate in collaborative decision making with clients, families, and other health care providers understanding and ensuring that care is culturally competent, ethical, legal, informed, compassionate, humane, and resource sensitive (AMSN, 2007).
11. Engage in professional development through continuing education and certification ensuring continuing competence. (AMSN, 2007, p.9).
12. Engage in evidence-informed practice believed to be a predictor of positive client outcomes.
13. Possess an open attitude toward inquiry in all practice settings in order to enhance or establish practices and implement innovative strategies (Canadian Council of Cardiovascular Nurses [CCCN], 2000, p.4).
14. Support, facilitate and participate in the generation of new professional knowledge (College of Nurses of Ontario [CNO], 2002, p.7).
15. Evaluate and apply research, theory and experiential knowledge from nursing and other disciplines as a basis to evidence-informed practice.
16. As a collective voice, have the opportunity to become powerful change agents in healthcare, policy and education.

The standards committee would like to acknowledge the many references used in developing these guiding principles and beliefs which can be located in the reference section of this document page 12-13

Canadian Association of Medical and Surgical Nurses National Practice Standards

Framework for the standards:

The Canadian Association of Medical and Surgical Nurses (CAMSN) National Practice Standards were developed with the understanding that they must resonate and reflect the practice of nurses and support competent, quality, safe and ethical care in their practice settings (CNA, 2002a).

The CAMSN National Practice Standards assume that medical-surgical nurses already apply their jurisdictional nursing practice standards and the Canadian Nurses Association Code of Ethics. They have been written to support the full scope of nursing practice and are applicable to all medical-surgical nurses as they move through their careers from novice to expert and in any variety of nursing positions.

The CAMSN board wanted to ensure that the framework for standards utilized common understandable language for all medical-surgical nurses and therefore chose to define the national standards using the domains of nursing practice including:

- Clinical practice - the nursing process is used to outline these standards
- Education
- Professional development
- Research (evidence-informed practice)
- Leadership

Instead of separate categories or standards for ethical and quality care and policy development the standards committee chose to reflect these elements throughout.

Standard 1 – *Clinical Practice*:

Medical-surgical nursing practice comprises diverse and complex client populations. Medical-surgical nurses provide quality care to adult clients experiencing complex and multifaceted variations in health across the continuum of care with the goal of achieving optimal health outcomes.

“The nursing process is the framework for medical -surgical nursing practice” (AMSN, 2007, p. 6). This dynamic and ongoing process includes assessment, diagnosis, planning, implementation and evaluation. The role of the nurse in medical-surgical practice is determined by her/his nursing preparation, specialized formal and informal education, and clinical experiences with clients and other healthcare providers (AMSN, 2007, p.8).

Assessment:**The Medical-Surgical Nurse:**

1. Performs a comprehensive client health assessment employing a variety of methods including interviewing; functional, environmental and physical assessments; and a review of health records (AMSN, 2007, p.15).
2. Collaborates with clients and other healthcare providers in the ongoing collection and update of assessment data.
3. Ensures that data reflects clients' personal beliefs, culture, ethnicity, age, gender, values and life experiences.
4. Gains an understanding of the client's capacity and health needs.
5. Synthesizes, prioritizes, summarizes and documents assessment data.

Diagnosis:**The Medical-Surgical Nurse:**

6. Organizes and analyzes assessment data to develop a plan of care.
7. Utilizes clinical judgment regarding the client's health condition and/or needs for the purpose of designing a plan of care.
8. Documents a plan of care to reflect the client diagnosis to facilitate ongoing evaluation and communication.

Planning:**The Medical-Surgical Nurse:**

9. Validates and prioritizes the plan of care with the client and other healthcare providers.
10. Establishes client-centered goals and expected outcomes which are attainable and measurable.
11. Develops nursing interventions reflecting current evidence-informed practice that promotes optimal health and wellbeing.
12. Documents and communicates the plan of care.
13. Revises the plan of care based on clients' responses and/or as additional assessment data as it becomes available.
14. Ensures a plan that supports continuity of care.

Implementation:

The Medical-Surgical Nurse:

15. Implements the proposed plan of care with sensitivity to the client's response(s) to interventions.
16. Utilizes evidence-informed nursing interventions to provide client care in an efficient and effective manner.
17. Manages multiple nursing interventions simultaneously (College of Nurses of Ontario [CNO], 2002, p.8).
18. Develops innovative solutions to facilitate the implementation of the plan of care.
19. Collaborates with other healthcare providers to accomplish expected client outcomes.
20. Responds effectively in rapidly changing, predictable and/or unpredictable situations (International Council of Nurses [ICN], 2003, p.28).
21. Ensures that client care is safe, compassionate, competent and ethical.
22. Documents interventions and client responses.

Evaluation:

The Medical-Surgical Nurse:

23. Evaluates the effectiveness of the implemented plan of care in relation to client goals and expected client outcomes (AMSN, 2007, p.18).
24. Modifies the plan of care in collaboration with the client and other healthcare providers; this is an ongoing and systematic process.
25. Documents revisions in diagnosis, outcomes and plan of care (AMSN, 2007, p.19).

Standard 2- ***Education and Professional Development:***

Client Education:

Medical-surgical nurses determine learning needs in collaboration with their clients. All client interactions are potential teaching or learning opportunities/situations.

The Medical-Surgical Nurse:

1. Assesses learning needs in collaboration with the client.
2. Plans and implements health education that is client-centered, considering the context of the client's life experiences and readiness to learn.
3. Utilizes a variety of learning approaches and employs clinical judgment when creating and facilitating learning opportunities with clients.
4. Participates in the development of educational tools and programs to assist clients facing health challenges.
5. Assists clients to navigate through vast amount of available health data.

Professional Development and Education:

Medical-surgical nurses require unique knowledge which reflects the dynamic and diverse nature of their clinical practice. Education supports continued competency and the provision of evidence-informed practice. Formal and informal education is instrumental in the professional development of medical - surgical nurses. Professional development occurs throughout their career and must be acknowledged, recognized and supported.

The Medical-Surgical Nurse:

6. Continually strives to acquire knowledge and skills appropriate to the practice setting for the provision of safe, competent and ethical nursing care (College and Association of Registered Nurses of Alberta [CARNA], 2005, p. 3). She/he participates in educational opportunities such as programs and activities, conferences, workshops, independent learning activities and interdisciplinary forums (AMSN, 2007, p.21).
7. Participates in continuing competency activities to acquire and integrate new knowledge and skills in her/his area of practice throughout her/his career.
8. Employs self-reflective activities in assessing practice by identifying areas of strength as well as areas of professional development.
9. Engages in self-reflection on the issues of client rights considering cultural diversity, discrimination, age, language and prejudice.

10. Validates her/his knowledge base by participating in a national certification program and/or related certificate programs.
11. Pursues knowledge to enhance her/his nursing expertise and to advance the profession.
12. Shares knowledge with clients, colleagues and other healthcare providers through consultation and/or publications/presentations.
13. Creates a supportive environment conducive to learning.
14. Provides feedback, mentorship and guidance for the professional development of nursing students, nurses, and other healthcare providers.
15. Collaborates with nursing organizations and other stake holders to promote high quality continuing educational opportunities for medical-surgical nurses.
16. Advocates for quality practice initiatives in the medical -surgical nursing environment.

Standard 3 ***Evidence-Informed Practice:***

Medical-surgical nurses strive to ensure quality care by identifying, evaluating, applying, facilitating, participating, and disseminating evidence. Evidence-informed practice is important in all domains of nursing and is essential to optimize client outcomes, clinical practice, cost-effective care and to ensure accountability, and transparency in decision making (CNA, 2002c).

The Medical-Surgical Nurse:

1. Values and supports medical and surgical environments that are rich in opportunities for evidence-informed practice activities.
2. Participates, supports, facilitates and evaluates evidence-informed practice activities as appropriate to her/his position, education, and environment (AMSN, 2007, p.24).
3. Networks with colleagues seeking solutions to issues significant to medical-surgical nursing.
4. Adheres to ethical standards in conducting evidence-informed practice activities.
5. Shares and promotes evidence-informed practice outcomes.
6. Utilizes evidence-informed practice knowledge in the development of policies, procedures, and guidelines.

Standard 4 **Leadership:**

The key activities of a leader in medical-surgical nursing include being an advocate for quality care, a collaborator, an articulate communicator, a mentor, a risk-taker, a role model and a visionary (CNA, 2002d). The medical-surgical nurse influences the activities of clients and professional practice utilizing vision, authenticity, self-confidence, and integrity. These leadership attributes are demonstrated in all practice settings by medical -surgical nurses.

The Medical-Surgical Nurse:

1. Participates in groups, initiatives and/or activities related to care delivery, policy and procedure development, ethical issues, evidence-informed practice, education, and professional development.
2. Questions and addresses unsafe, non-compassionate, unethical or incompetent practice and conditions that interfere with her/his ability to provide safe, compassionate, competent and ethical care; supports those who do the same. (CNA, 2008a, p.8)
3. Collaborates with clients and other healthcare providers to ensure professional practice that respects the rights of clients.
4. Recognizes and manages conflict to facilitate a healthy workplace environment.
5. Creates and maintains quality practice environments by building healthy working relationships.
6. Demonstrates professional behaviour and attributes through role modeling.
7. Directs activities to other healthcare providers within their scope of practice and capabilities in accordance with guiding policies.
8. Contributes to a supportive and healthy work environment (AMSN, 2007, p.22).
9. Promotes the role of medical-surgical nurses within a dynamic health care system.

Glossary

Accountability: “Nurses are answerable for their practice, and they act in a manner consistent with their professional responsibilities and standards of practice.”(CNA, 2002)

Advocate :”A person who actively supports a right and good cause and who supports others in acting for themselves or speaks on behalf of those who cannot speak for themselves” (CNA, 2008a).

Certification: “... an earned credential that demonstrates the holders specialized knowledge, skills and experience. It is an objective measure of a person’s level of experience and expertise in the profession as defined by the profession as a whole.”(Durely, 2005)

Client: Is used in this document to mean patient, individual, groups or communities

Collaboration: “The interaction of two or more individuals that can encompass a variety of actions such as communication, information sharing, coordination, cooperation, problem solving and negotiation.” (Bitpipe, 2008)

Competence:” The nurse’s ability to use her/his knowledge, skill, judgment, attitudes, values and beliefs to perform in a given role, situation and practice setting.”(CNO, 2002)

Continuing competence: Is the demonstration of assessing, maintaining and continually improving his/her competence.

Continuum of Care: providing integrated service through all stages of client care needs from prevention to palliation to wherever the care may take place from facility to community to home.

Critical Thinking: “A multidimensional skill, a cognitive or mental process or set of procedures. It involves reasoning and purposeful, systematic, reflective, rational, outcome directed thinking based on a body of knowledge, as well as examination and analysis of all available information and ideas.” (Day, Paul, Williams, Smeltzer & Bare, 2007, p.22)

Domains of Practice: The description of nursing functions or roles. Historically described in four domains as nursing practice, nursing education, nursing administration and nursing research. They may be used to describe separate roles/ positions but current theory demonstrates that all of the domains are integrated elements in all nursing practice roles. (CNA, 1998)

Evidence-Informed Practice: An approach to clinical practice and decisions about client care where there is a conscientious integration of current and relevant formal research, quality initiatives, experiential knowledge and other sources of evidence.

Generalist Knowledge and Competency Base: A broad and diverse knowledge and competency base to apply to the care of diverse clients in as equally diverse environments.

Health care provider: Any member of the healthcare team providing care to medical-surgical clients.

Holistic health care; “ A system of comprehensive or total patient care that considers the physical, emotional, social, economic and spiritual needs of the person; his or her response to illness; and the effect of the illness on the ability to meet self-care needs. Holistic nursing is the modern nursing practice that expresses this philosophy of care.” (Mosby’s, 2006, p.896)

Interprofessional: Health professionals from one or more disciplines

Medical-surgical nurse: In this document the hyphenated medical-surgical nurse is used to represent medical nurses, surgical nurses and nurses working in a combined practice of medical and surgical nursing.

Nursing process: A systematic approach to the delivery of client care. It is goal directed, cyclical and ongoing. The major components/steps include assessing, diagnosing, planning, implementing and evaluating.

Plan of care: Interprofessional identification of client needs including interventions required and expected outcomes. It is the plan created to meet these needs. It is a continuous process that evolves as the client condition changes.

Quality: Is about delivering the best possible medical-surgical care and achieving the best possible outcomes for clients. (Health Canada, 2004)

Reflective practice: “...involves the review of one’s nursing practice to determine learning needs and incorporate learning to improve one’s practice.” (CARNA, 2007)

Scope of practice: “A profession’s scope of practice encompasses the activities its practitioners are educated and authorized to perform...The Actual scope of practice of individual practitioners is influenced by the settings in which they practice, the requirements of the employer and the needs of their patients or clients.” (CNA, 2008b)

Standard: “The desirable and achievable level of performance against which actual practice is compared. (International Council of Nurses, 1997)

Value:” ...is a belief or attitude about the importance of a goal, an object, a principle or a behaviour.” (CNA, 2002b)

References

Academy of Medical-Surgical Nurses. (2007). Scope and standards of medical-surgical nursing practice 4th edition. New Jersey: Anthony J. Jannetti, Inc.

Academy of Medical-Surgical Nurses. (2008). About AMSN; What is medical-surgical nursing. Retrieved 07/14/2008 from http://www.medsurgnurse.org/cgi-bin/WebObjects/AMSNMain.woa/wa/viewSection?s_id=1073744083&ss_id=536873248

Bitpipe website. Retrieved 03/28/2008 from www.bitpipe.com/tlist/collaboration.html

Canadian Association of Medical and Surgical Nurses. (2008a). Proposal for designation of medical-surgical nursing for certification. Submitted to Canadian Nurses Association. May 15, 2008.

Canadian Association of Medical and Surgical Nurses (2008b). Advancing excellence in medical-surgical nursing: Head, heart, hands of acute care. Pre-conference workshop- June 15, 2008. Facilitated session notes.

Canadian Council of Cardiovascular Nurses. (2000). Standards for cardiovascular nursing. Retrieved 11/27/2007, from <http://www.cardiovascularnurse.com/info/standards.cfm>

Canadian Institute for Health Information, Workforce trends of registered nurses in Canada, 2006. (2007). Ottawa, Ontario: Author.

Canadian Nurses Association. (1998). A national framework for the development of standards for the practice of nursing: A discussion paper for Canadian Registered Nurses. Ottawa, Ontario: Canadian Nurses Association

Canadian Nurses Association. (2002a). Achieving excellence in professional practice: A guide to developing and revising standards. Ottawa, Ontario: Canadian Nurses Association.

Canadian Nurses Association. (2002b). Code of ethics for registered nurses. Ottawa, Ontario: Canadian Nurses Association.

Canadian Nurses Association (2002c) Position statement: Evidence-based decision –making and nursing practice. Retrieved on 03/30/2008 from www.cna-aiic.ca/CNA/issues/position/research/default_e.aspx

Canadian Nurses Association (2002d) Position statement: Nursing Leadership. Retrieved on 03/30/2008 from www.cna-aiic.ca/CNA/issues/position/leadership

Canadian Nurses Association (2008a). Code of ethics for registered nurses. Ottawa, Ontario: Author.

Canadian Nurses Association (2008b). The practice of nursing. Retrieved 03/27/2007 from [http://www.cna-aiic.ca/nursing practice/the practice of nursing](http://www.cna-aiic.ca/nursing_practice/the_practice_of_nursing)

Canadian Orthopaedic Nurses Association. (2002) Proposal for designation of orthopaedic nursing as a specialty for certification.

College and Association of Registered Nurses of Alberta. (2005). Nursing practice standards. Edmonton, Alberta: Author.

College and Association of Registered Nurses of Alberta. (2007). Continuing Competence Program. Retrieved on 03/28/2008 from [www.nurses.ab.ca /CARNA/index.aspx](http://www.nurses.ab.ca/CARNA/index.aspx)

College of Nurses of Ontario. (2002). Practice standard: Professional standards revised 2002. Retrieved 1/2008 from <http://www.cno.org/prac/profstandards.html>

College of Registered Nurses of Nova Scotia. (2003). Standards for nursing practice. Halifax, Nova Scotia: Author.

Community Health Nurses Association of Canada. (2003). Proposal for specialty designation for certification of community health nursing.

Day, R.A., Paul, P., Williams, B., Smeltzer, S.C., & Bare, B. (2007). Brunner & Suddarth's Textbook of medical-surgical nursing first Canadian edition. Philadelphia, PA: Lippincott Williams & Wilkins.

Durley, C. (2005). The NOCA guide to understanding credentialing concepts. Washington, DC: National Organization for Competency Assurance.

Grindel, G.C. (2004). Medical/surgical nursing celebration of the specialty. Nursing Spectrum. Retrieved 11/20/2007, from <http://www2.nursingspectrum.com/articles/article.cfm?aid=12627>

Health Canada. (2004). Health care system; quality of care. Retrieved 03/28/2008 from <http://www.hc-sc.gc.ca/hcs-sss/qual/index-e.html>

International Council of Nurses. (2003), ICN framework of competencies for the generalist nurse. Geneva, Switzerland: Author.

International Council of Nurses. (1997), ICN on regulation: Towards 21st Century Models. Geneva: Author.

Mercer, K, & Hooper, K,. (2007) Analysis of CNA contest questions: CAMSN definition identified. Received on 08/16/2007 from Kathleen.mercer@cdha.nshealth.ca

Myers, T.(Ed.). (2006) Mosby's Dictionary of Medicine, Nursing & Health Professions, 7th Edition. Philadelphia, PA: Elsevier.

O'Brien, C. (2008) Caregiving strategies for acute confusion in the elderly: A positive outcome case study. Presentation to the Canadian Association of Medical and Surgical Nurses. Ottawa, Canada.

Ontario Association of Rehabilitation Nurses. (2000). Standards of practice for rehabilitation nurses. Toronto: Author.

Pollick, T. (2001). A view inside medical/surgical nursing. Retrieved on 04/11/2008 from <http://include.nurse.com/apps/pbcs.dll/article?AID=2001103190304>

Profetto-McGrath, J., & Williams, B. (2003). The uniqueness of medical-surgical nursing. Faculty of Nursing, University of Alberta.