Scope of Practice (SOP) Definitions
UCSF Ambulatory Care

Training

Once you complete the SOP grid, RNs, LVNs, MAs, providers and management staff ought to be trained in the content and the nuances of the grid. This helps avoid preventable problems.

Education

There is a difference between training and education. Training is teaching how to do something, while education is knowing how to do something and why you are doing something a certain way.

Training is the specific transfer of the same skills to similar settings for the purpose of addressing gaps in skills or knowledge learning. Education focuses on learning new skills, knowledge, and attitudes that will equip an individual to assume a new job or to do a different task at some predetermined future time.

We use the term patient education to address the reality that new skills and knowledge need to be presented to patients to help them care for themselves by understanding what to do in certain situations. When educating patients/caregivers, we want them to know how and know why. Thus, the educator ought to understand the importance of both and be able to thoroughly demonstrate the skill, explain the whys and answer the inevitable questions.

Competency

The word competency is often confused with the word competence. The AAACN defines RN competence as "having the ability to demonstrate the technical, critical thinking, and interpersonal skills necessary to perform one's job" (Laughlin, 2013, p. 513). Competence refers to a potential ability and/or capability to function in a given situation. The SOP grid focuses on both cognitive (triage) and clinical procedural (dressing change) skills. Within a SOP grid, each clinical procedure performed by more than one position should have notes related to scope limitations.

Competency is the ability to perform in that situation. We assess competence in a variety of ways such as through academic achievement, certification, performance evaluation, simulations, clinical rounds, on site testing and observation.

Assessment of competence involves selection of what will be assessed, determination of frequency, method of assessment and the development of consistent assessment tools. When an RN, LVN or MA is performing the same skill, attention should be given to developing a unique assessment strategy based on a different knowledge base and potential interventions.

Remember that no single evaluation method or tool can guarantee on-going competence. Competence is situational and dynamic.

Certification
Certification and certificate are often used interchangeably even thought they are quite different. The table below helps to diffentiate certification and certificate

Certification	Certificate
Results from an assessment process that recognizes an individual's specialized knowledge, skills and competency in a particular specialty.	Results from an educational process
Typically requires professional experience and is typically provided to experienced professionals.	For newcomers and experienced professionals
Awarded by a third-party, standard-setting organization on a state or national level such as ANCC, AACN, NCQA.	Awarded by on-site or external educational programs.
Indicates competence as measured against a defensible set of standards, usually by application &/or exam	Indicates completion of a course or series of courses with a specific focus
Standards set through a defensible, industry-wide process (job analysis/role delineation) that results in an outline of required knowledge and skills	Course content determined by the specific provider or institution, not standardized
Typically results in credentials to be listed after one's name (RN-BC, ONC, CCRN).	No credential is given. Demonstrates knowledge of course content at the end of a set period in time.
Requires on-going requirements in order to maintain the certification.	No continuing requirements

Assessment
According to the AAACN Core curriculum, assessment is the systematic collection of data to determine the patient’s health status and to identify any actual or potential health problems. The deliberate collection of data is obtained by interviewing, observing, and examining the patient for evidence of health problems and risk factors. Incomplete or inaccurate data can lead to errors in decision-making. In the assessment phase of the nursing process, the nurse obtains, classifies and organizes data using critical thinking to determine a disposition. Practice acts and regulations often discuss whether a certain position can perform an assessment. (Refer to an attached document from the California BRN that compares nursing’s role with the CA Nurse Practice Act and the California Code of Regulations Title 16 & 22.)

The Board of Medicine Section on Medical Assistants states the following:
“Medical assistants are unlicensed, and may only perform basic administrative, clerical and technical supportive services as permitted by law. An unlicensed person may not diagnose or treat or perform any task that is invasive or requires assessment. The responsibility for the appropriate use of unlicensed persons in health care delivery rests with the physician.”

Section 2518.5. Scope of Vocational Nursing Practice.
“The licensed vocational nurse performs services requiring technical and manual skills which include the following:
(a) Uses and practices basic assessment (data collection), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan.
(b) Provides direct patient/client care by which the licensee:
(1) Performs basic nursing services as defined in subdivision (a);
(2) Administers medications;
(3) Applies communication skills for the purpose of patient/client care and education; and
(4) Contributes to the development and implementation of a teaching plan related to self care for the patient/client

California Business and Professions Code, Division 2. Chapter 6.5. Vocational Nursing.

Escalation

Escalation is a word in health care that usually applies to “going up the chain of command” when a patient’s condition requires different skills or individuals to implement next steps. The goal of any escalation process is to implement timely, appropriate implementation. The word is often used when there is a communication gap between an RN and a provider. However, LVNs and MAs also need to understand when they must escalate a situation to an RN or provider. In the clinical environment, escalation may also be needed related to employees or medical staff behavior that may potentially cause harm. In this type of situation, the escalation may involve different levels of management.

The absence of a standardized and well-defined escalation process has led to confusion and delay in appropriate and adequate patient care. This issue becomes more complex in organizations that have multiple levels of providers and managers. Thus there is a need for a clear process to access additional & appropriate support to prevent patient harm due to failure to notify and or a delay in accessing the most appropriate healthcare team member.

Compliance

Compliance is when someone or something acts in accordance with established guidelines, policy and procedures, regulations &/or legislation. As a healthcare organization, UCSF has a compliance plan, which applies to all employees, medical staff, students and vendors. It describes your procedure for detecting, preventing & following up on issues related to fraud, waste and abuse and security and privacy issues as well as quality and safety concerns that may arise in care delivery and in the carrying out of organizational processes. The scope of practice grid is an example of an organizational document that is based on existing regulations and internal policies and

procedures. Thus, anyone not adhering to it could be considered out of compliance putting the organization at risk.

Coaching & Counseling

This is sometimes a blurred area but the following distinctions may offer some clarity. In the counseling relationship the counselor is generally considered the expert. Clients generally come to counseling when they are struggling emotionally with an issue. Counseling tends to look at the past, processing feelings, and attempting to understand why the client is having difficulty. Although, managers may have a "counseling" session with staff to improve practice or discuss a situation, they sometimes do so without the benefit of education and guidelines.

In a coaching relationship the coach/client are equal partners. Clients are coached when they are seeking or require clarity or direction. The goal of coaching is to deepen the learning and to accelerate the client's movement forward. The emphasis in coaching is to look more to the future and what the client would like to see changed or what needs to change.

Coaching is primarily to improve upon performance or skills whereas counseling is primarily to help resolve emotional problems and conflicts in interpersonal relationships. Coaching staff members to improve performance or patients to improve self-management is an art and a science. In either situation, the person providing the coaching should have a skill level able to manage these conversations.

Patient Teaching

In order to teach, the educator must have an understanding of the patient education process, which includes assessment, planning, and implementation of a plan. Assessment is the identification of patient's needs based on what the patient knows and what the patient needs to know. Planning and implementation is based on this assessment and tailored to the patient's educational level, developmental level and cognitive ability.

Patient education has sometimes been looked at as a routine task that is based on written information that is not always communicated with an understanding of an individual patient's needs.

In healthcare, people with different educational backgrounds provide patient education. The practice/organization should approach the division of work by defining the expected outcomes and identifying who can best educate certain types of information. The overall expected outcome is to assist patients and/or care givers to self-manage care.

Telephone Triage
"An interactive process between nurse and client that occurs over the telephone and involves identifying the nature and urgency of client health care needs and determining the appropriate disposition. Telephone triage is a component of telephone nursing practice that focuses on assessment, prioritization, and referral to the appropriate level of care (Espensen, p/ 5)"

Espensen, M. (ed). (2012). Telehealth Nursing Practice Essentials (3rd. ed). Pittman, New Jersey: AAACN.

Telephone advice
In order to provide effective telephone advice, the patient must be asked questions to provide incite into the issue. Although protocols can be used and may be appropriate for certain types of calls, the RN still must use critical decision regarding appropriate care. Telephone assessment is more difficult due to the limitations of sensory cues such as visual, olfactory and tactile. Thus the nurse must guide the patient in assessing symptoms using evidence-based guidelines,

Telephone Messaging/Relay
To ensure patient safety and quality, ambulatory practices require a systematic process for managing phone messages. The workload involved in managing these telephone calls is clinically and administratively significant, complex, and highly variable. In order for phone messages to be transmitted timely and completely to the appropriate individual, the practice needs to have a clear process for message documentation and handling. This process must also delineate who can respond to certain patient requests for information. It must take into account that patient questions often arise and scope of practice may come into question.

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