Standards of Practice for Neuroscience Nurses

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The Canadian Association of Neuroscience Nurses (CANN) Professional Practice Task Force developed this document in late 2007.

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1980 Eileen Edmonds
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Specialization Committee name was changed to: Professional Practice in 1998–1999.
Neuroscience nursing was formally established as a specialty area in Canada with the formation of the Canadian Association of Neurological and Neurosurgical Nurses in 1969. The name was changed to The Canadian Association of Neuroscience Nurses (CANN) in 1985 in recognition of the diversity of members. CANN is an associate group member of the Canadian Nurses Association (CNA) and a society member of the World Federation of Neuroscience Nurses.

CANN Standards of Practice were first approved by the Board of Directors in 1983. The development of these standards was critical to CANN’s recognition by CNA as a specialty group. The CANN Standards were subsequently revised in 1988. The current revisions of 2008 aim to address the scope of practice as defined by CNA, as well as reflect the variety of practice areas and settings of neuroscience nurses in this century and in this environment of health care reform. The revised standards also reflect changes in neuroscience nursing practice and emphasize caring for clients across the lifespan, in different health states and across the care continuum, rather than on single episodes of illness requiring hospitalization. The intent of the new scope of practice statement and revised standards is to describe neuroscience nursing practice broadly enough to include all sub-specialty areas, but specific enough to be remain useful.

CANN was the first specialized nursing interest group to have representation on the Canadian Nurses Association’s (CNA) advisory committee. Neuroscience nursing was designated as the first specialty group for certification through the Canadian Nurses Association in 1987.

The CNA defines certification as “a voluntary and periodic process (certification renewal) by which an organized professional body confirms that a registered nurse has demonstrated competence in a nursing specialty by having met predetermined standards of that specialty” (CNA).

The purpose of certification is threefold:
- To promote excellence in nursing care for the people of Canada through the establishment of national standards of practice in nursing specialty area
- To provide an opportunity for practitioners to confirm their competence in a specialty
- To identify through a recognized credential, those nurses meeting the national standards of their association.

The first writing of the Neurosciences Nursing Certification Exam in Canada took place in 1991. Certification in neuroscience nursing continues to be available.
Scope of Practice

According to the CNA, a profession’s scope of practice helps inform both the public and practitioners about the activities specific practitioners are educated and authorized to perform. The overall scope of practice for a profession is to set the parameters of practice. While sometimes difficult to define precisely, scope of practice is necessary and important because it is the base from which governing bodies prepare standards of practice, educational institutions prepare curricula, and employers prepare job descriptions. The public is also entitled to understand who is qualified to provide which services and how to access these care providers. Scope of practice for individual practitioners is influenced by the settings where they practise, employer requirements, provincial legislation, and by the needs of their patients or clients (CNA, 2003).

Neuroscience Nursing Scope of Practice

Neuroscience nursing is the specialized care of individuals with, or at risk for nervous system dysfunction along the continuum of care. These individuals may have biological, psychological, social and spiritual alterations due to nervous system dysfunction, which may include alterations in consciousness, cognition, communication, self-concept, motor, sensory, autonomic functions, affiliative relationships, and sexuality. (American Association of Neuroscience Nurses, 2002; Hickey, 2002; CANN).

Recipients of neuroscience nursing care may be individuals, their families, significant others and/or the communities and societies in which they live. This specialized nursing care is provided across the lifespan and the care continuum. Neuroscience nursing also includes prevention of nervous system dysfunction through health promotion, education, and research.

Mission Statement

The Canadian Association of Neuroscience Nurses (CANN) sets standards of practice and promotes continuing professional education and research. Members collaborate with individuals, families, interdisciplinary teams, and communities to prevent illness and to improve health outcomes for people with, or at risk for neurological disorders.

These professional standards are statements related to expected performance of neuroscience nurses in Canada. The purpose of these standards is to:

- Promote professional neuroscience nursing practice
- Provide guidance for the evolution of quality practice environments where neuroscience clients receive care
- Provide guidelines for neuroscience nursing education
- Provide a framework for the evaluation of neuroscience nursing practice.
Standards of Practice

Standard I

Specialized Body of Knowledge: Demonstrates the integration of nursing knowledge and critical inquiry along with knowledge from the sciences, humanities, research, ethics, education, health promotion, prevention, patient safety, and relational practice.

The neuroscience nurse has a knowledge base in:
- Central nervous system development
- Anatomy and physiology
- Neurological assessment
- Neurological diagnostic studies
- Intracranial pressure/Cerebral perfusion principles
- Traumatic and Acquired Brain Injury
- Spinal trauma
- Tumours
- Cerebrovascular disorders
- Degenerative disorders
- Movement disorders
- Infectious disorders
- Seizure disorders
- Pain
- Non-traumatic spinal cord disorders
- Fluid and electrolyte imbalance
- Congenital disorders
- Pharmacological management of neuroscience patients
Standard II

Application of Specialized Knowledge: Demonstrates competence in the provision of specialized nursing care to the neuroscience client*.

The neuroscience nurse:

- Performs the following neurological assessments as they relate to the neurological disorders and initial findings:
  - Cognition and behaviour
  - Level of consciousness
  - Cranial nerves
  - Motor function
  - Sensory functions
  - Cerebellar functions
  - Vital signs
  - Pain
  - Speech and language
- Uses reliable and validated assessment and measurement tools (examples include GCS [Glasgow Coma Scale], CNS [Canadian Neurological Scale], NIHSS [National Institute of Health Stroke Scale], ASIA Scale*).
- Analyzes and interprets data obtained through client assessments to draw conclusions about client health status and make a nursing diagnosis* where appropriate.
- Communicates client status using verifiable information to members of the health care team.
- Collaborates with the client and other team members to develop an age-appropriate, culturally sensitive, individualized plan of care.
- Sets priorities for care with the patient/client and other health care providers. The plan includes the changing nature of the client’s needs.
- Provides care in accordance with policies, guidelines and care standards (evidence informed practice*, evidence-based care, research-based practice). Interventions are of a preventative, restorative, supportive, promotive, and/or educative approach.
- Implements interventions in accordance with the client, family or significant other’s knowledge when implementing the plan of care.
- Collaborates with the client and other team members to continually evaluate the client’s response to interventions and revises the plan as necessary.
Standard III

Professional Neuroscience Nursing Practice: Demonstrates the inclusion of ethical practice, continued competence and service to the public.

The neuroscience nurse:
- Demonstrates competence in professional judgments and practice decisions by applying the principles implied in the CNA Code of Ethics for Registered Nurses, namely:
  1. safe, competent and ethical care
  2. health and well-being
  3. choice
  4. dignity
  5. confidentiality
  6. justice
  7. accountability
  8. quality practice environments
- Uses knowledge from many sources
- Engages in critical inquiry processes to inform clinical decision-making
- Establishes therapeutic, caring, and culturally safe relationships with clients and health care team members based on appropriate relational boundaries and respect
- Establishes and maintains respectful, collaborative, therapeutic and professional relationships
- Recognizes the importance of practising neuroscience nursing that complies with provincial regulatory and legal parameters
- Demonstrates understanding of the concept of public protection
- Demonstrates continued competence as outlined by provincial regulatory bodies
- Pursues and maintains certification in neuroscience nursing (CNNC) through the Canadian Nurses Association.
Glossary of Terms

ASIA scale: American Spinal Injury Scale is a component of the American Spinal Injury Association impairment scale and is a clinical scale used to grade severity of neurological loss after spinal cord injury.

Canadian Neurological Scale (CNS): The Canadian Neurological Scale (CNS) was designed to monitor mentation and motor function in stroke patients.

Certification: CNA defines certification as a voluntary and periodic process (certification renewal) by which an organized professional body confirms that a registered nurse has demonstrated competence in a nursing specialty by having met predetermined standards of that specialty.

Collaborative practice: “Supports interdisciplinary approaches to patient care and good health outcomes. Physicians, nurses and pharmacists engage in collaborative and cooperative practice with other health care providers who are qualified and appropriately trained and who use, wherever possible, an evidence-based approach. Good communication is essential to collaboration and cooperation” (CNA, 2003, p.1).

Competence: The ability of a registered nurse to integrate and apply the knowledge, skills, judgment and personal attributes required to practise safely and ethically in a designated role and setting (CNA, 2004, p.1).

Evidence-based practice: A scope of practice that reflects the degree to which the provider group practices are based on valid scientific evidence where available (CNA, 2003, p.2).

Evidence-based decision-making: “Evidence-based decision-making is a continuous interactive process involving the explicit, conscientious and judicious consideration of the best available evidence to provide care. Although rating systems have been developed to rank order this evidence, it is imperative to acknowledge that the use of higher levels of evidence does not eliminate the need for professional clinical judgment, nor for the consideration of client preferences” (CNA, 2002, p.1).

Evidence-based nursing: “Refers to the incorporation of evidence from research, clinical expertise, client preferences and other available resources to make decisions about clients. Decision-making in nursing practice is influenced by evidence and also by individual values, client choice, theories, clinical judgment, ethics, legislation and practice environments” (CNA, 2002, p.1).

Glasgow Coma Scale: is a standardized and valid neurological assessment tool developed for assessing level of consciousness or coma.

NIHSS: The National Institute of Health Stroke Scale is a structured clinician-rated scale incorporating physical examination, pre-set questions and language assessment to quantify neurological deficits following stroke.

Nursing practice: “Encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings; includes the promotion of health, prevention of illness and the care of ill, disabled and dying people” (CNA, 2007, p.27).
Quality practice environment: According to both the Canadian Nurses Association and the Canadian Federation of Nurses Unions, “quality practice environments maximize outcomes for clients, nurses and systems. Nurses have an obligation to their clients to promote quality practice environments that have the organizational structures and resources necessary to promote safety, support and respect for all persons in the practice setting. Such environments are essential in all domains of nursing practice (clinical practice, education, research, administration and policy)” (CNA Joint Position Statement, 2006).

Standard: A desired and achievable level of performance against which actual performances can be compared. Standards of practice for RNs describe what is acceptable practice and can be used to measure the quality of nursing care a client receives (CNA, 2002, p.9).

References


Websites

