

You have just gotten a job

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You have just gotten a job at a hospital working in the reception area of the emergency department. You wonder what type of healthcare personnel will add documentation to a patient's medical record and what their scope of practice is that will provide a focus for charting. Instructions: Do a web search using the key words `scope of practice.` ` Based on your findings, describe the meaning of the term `scope of practice.` ` Select a healthcare professional you might encounter on the cancer floor and provide examples of his/her scope of practice and types of documentation in a medical record.

Include a discussion on licensing limitations for his/her practice. Website references only. Wikipedia not accepted. In the emergency department, the scope of practice would be quite different from the scope of practice of other departments. In the emergency department, focus is given to the patient's condition or complaint for all age groups. Often, there are strong interactions between the healthcare providers and the family members (or friends and relatives) rather than the patient itself. This type of interactions would ensure greater patient care and improve the level of satisfaction.

The Emergency department needs to ensure that there is greater support and communication with the emergency medical services such as ambulance, disaster management, critical care, etc. To enable greater improvements of patient care, the emergency department needs to collaborate with other departments within and outside the hospital. These include the outpatient wards, the hospital community, insurance companies, EMR manufacturers and vendors, medical equipment, support systems and supplies vendors, etc.

The scope of practice of the emergency department is meant for use by the specialists, physicians, nurses, allied personnel, patients, general public, and

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other stakeholders. The scope of practice would consider the service delivery, third-party payment issues, education of the patients, use of laws, any regulatory issues, licensure issues, relationship between various professionals, etc (UUHSC, 2008). For a nurse to work in the oncology department of any hospital she has to have strong requirements in the form of training and experience.

The state boards require that nurses fulfill certain qualifications that may vary from one state to another, in order to work in the oncology field. For instance, in order to take up the AOCNS nursing certification examinations (that would permit the nurse to work in the oncology sector), she should be working as a registered nurse, should have a master's degree in nursing or higher qualification, and should have worked for at least 500 hours in an advanced cancer care facility.

The requirements may vary from one state to another leading to variations in the scope of practice, leadership provided by the physician and the freedom to which prescriptions that can be given. Several nursing Associations in the US have come up with different criteria that would permit nurses to work in specialized sectors such as oncology. Frequently, it is found that the variations that may be present from one state to another would act as obstructions.

Often a nurse working in the oncology department and possessing qualifications/experience pertaining to that field would be known as the OAPN or 'oncology advanced practice nurse'. Having a nurse in this specialized field would permit a continuum of care required by the cancer patients. A nurse possessing such qualifications may also be known as a

clinical nurse specialist (CNS) or a nurse practitioner (NP). A nurse designed as an OAPN or CNS should possess or masters degree in nursingsciencepertaining to that particular field.

In some states clinical experience for many years duration may help to fulfill the licensure criteria. The OAPN would directly or indirectly help provide care to the patient. The scope of the practice may often be determined by the licensure board, which would permit the nurse to work in a particular field. The OANS should be able to use evidence-based methods in practice. They should also have appropriate communication skills to interact strongly with the patient and the relatives. The licensing board would also take disciplinary action in case there is any breach of the laws.

The presence of the requirements to work for at least 500 hours in the clinical specialty would restrict nurses who have worked in the field of administration for entering into specialty fields such as cancer care (Yarbro, 2005). In today's oncology practice, frequently a telephone triage would be organized for managing cancer patients. It is an important aspect of emergency management of cancer patients with nurses. Several concerns including control of pain and management of the adverse effects of chemotherapy can effectively be dealt with through telephone triage.

They can effectively help to reduce hospitalizations and admission of the patient to the emergency room. Studies have shown that effectively between the nurse and the patient, more often telephone triage calls are directed towards psychological support, management of symptoms and problems, and knowing how the patient is faring after the treatment. In the EMR, certain algorithms work in the back-end which would provide the information

to the trained nurse as to when she should be making a triage call to an oncology patient. The nurse has to ensure that the patient information in the EMR is updated and current.

Telephone triage not only helps prevent unnecessary visits of the patient to the hospital, but effectively helps to reduce the problems that arise at home. Telephone triage also helps reduce the cost of treatment for the patient. The nurses should have strong communication skills and should have an understanding of the various problems with a particular diseases process (Courson, 2005). The nurse would have to closely assess the severity or intensity of the patient's problems and accordingly guide the patient to future measures.

The nurse should not diagnose over the phone, but should be able to use algorithms that would suggest the measures that are required. As the nurse would be using the EMR, she would have to enter the complaints during the call, and she would be presented with several options that can be given to the patient. It is important that the nurse documents each and every aspect of the telephone triage similarly as she would be doing for the bedside patient. Some of the EMR would also notify the physician of some of the measure taken by the nurse during a telephone triage call (Towle, 2009).

Reference

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