

ACADEMY OF MEDICAL-SURGICAL NURSES

# Scope and Standards of Medical-Surgical Nursing Practice

*5th Edition*

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#### Acknowledgments

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#### 5th Edition

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## ***Scope and Standards of Medical-Surgical Nursing Practice 5th Edition (2012)***

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# Introduction

As the professional organization for nurses practicing in medical-surgical settings, the Academy of Medical-Surgical Nurses (AMSN) is responsible for establishing the scope and setting the standards for medical-surgical nursing practice. This is the fourth revision of the first *Scope and Standards of Medical-Surgical Nursing Practice* published by AMSN. This document builds on the full suite of the American Nurses Association's (ANA) foundational nursing references including *Nursing: Scope and Standards of Practice* (ANA, 2010a).

This publication delineates the professional scope and standards of medical-surgical nursing practice. It describes the responsibilities of all registered nurses engaged in medical-surgical nursing practice regardless of the setting. The *Medical-Surgical Scope and Standards* describes the competent level of behavior expected for nurses practicing in the specialty of medical-surgical nursing. The *Scope and Standards* provide a guide for the practitioner to understand the knowledge, skills, attitudes, and judgment that are required for practicing safely in the medical-surgical setting. These standards provide the details of what is expected in this specialty of care and help other members of the professional team understand the role of the medical-surgical nurse. This document could serve as the basis for job descriptions, performance appraisals, peer review, quality assurance systems, certification activities, databases, and educational offerings. This document highlights the emerging roles of medical-surgical nurses including the promotion of high standards of nursing practice, implementation of practice guidelines, a commitment to continuing education, and scholarly activity with dissemination of evidence-based practice guidelines.

The first section of this publication defines the nature and scope of medical-surgical nursing practice. The scope of practice delineates a general description of the parameters of medical-surgical nursing practice. It states the beliefs, roles, and functions that characterize this specialty practice area. The scope of medical-surgical nursing practice is described for medical-surgical nurses, members in advanced practice roles, members of the nursing profession, other health care professionals, consumers, educators, and administrators. It provides policymakers, insurers, and the public with information about the roles and responsibilities of the medical-surgical nurse.

The scope of medical-surgical nursing practice is intricately linked with the standards of medical-surgical nursing practice. The specialty standards described in this publication provide the foundation for medical-surgical nursing practice by delineating the standards of care and the standards of professional performance. These standards, built on the broader general standards of nursing practice as defined in *Nursing: Scope and Standards of Practice* (ANA, 2010a), are accompanied by specific measurable criteria. These criteria include key indicators of competent nursing practice in the specialty of medical-surgical nursing.

As the specialty of medical-surgical nursing expands in response to ongoing changes in the health care environment, the *Scope and Standards for Medical-Surgical Nursing Practice* will require refinement. The *Scope and Standards of Medical-Surgical Nursing Practice* can ensure quality of care and the advancement of the specialty of medical-surgical nursing practice.

# Scope of Medical-Surgical Nursing Practice

The dynamic nature of the health care environment and the growing body of knowledge in nursing practice highlight the need to describe and interpret the practice of the medical-surgical nurse. Medical-surgical nurses recognize that the client is the fundamental and central focus in the delivery of nursing services. The goal of the medical-surgical nursing specialty is to promote, restore, and maintain the client's health. This document describes the scope of practice for the medical-surgical nurse in clinical practice.

## **The Client**

Medical-surgical nurses are committed to assisting the client in achieving the optimal level of function. Nursing actions are directed toward preventing disease, arresting further disease and dysfunction, assisting with rehabilitation, and/or assisting clients through a comfortable and positive death experience. Medical-surgical nurses care for clients in the hospital, home, and community. The client is the recipient of nursing actions and can be an adult, a family, a group, or a community. When the client is an adult, the focus is on the health state, problems, or needs of the individual throughout the life span. When the client is a family or group, the focus is on the reciprocal effects of an individual's health state on the other members of the unit or the health state of the unit as a whole. When the client is a community, the focus is on personal and environmental health and reducing the health risks of population groups (ANA, 2010a). The client is viewed as unique and multidimensional, with complex needs across all developmental stages.

Inherent in medical-surgical nursing practice is the belief that all individuals have many rights including the right to be treated with dignity; to self-determination; to have accessible, high-quality care; to have their privacy respected; and to have understandable information about choices available and consequences of action or inaction. All individuals have the right to nursing care that is provided in a nonjudgmental, nondiscriminatory, sensitive, and culturally competent manner. All individuals also have the right to establish and maintain control over all aspects of their lives and the responsibility to make informed decisions about their future. A partnership based on mutual respect is the foundation of the relationship between the medical-surgical nurse and the client.

## **Medical-Surgical Nursing Practice**

Medical-surgical nursing practice is a specialty practice area in professional nursing. Medical-surgical nursing is the diagnosis and treatment of human responses of individuals and groups to actual or potential health problems. The goal of medical-surgical nursing is to assist the individual or group in promoting, restoring, or maintaining optimal health. The medical-surgical nurse is skilled in assessing, diagnosing, and treating actual or potential alterations in functional ability and lifestyle.

The practice of medical-surgical nursing requires specialized knowledge and clinical skills to manage actual or potential health problems that affect individuals, their significant others, and the community. Medical-surgical nursing services are provided to clients from adolescence throughout the life span. Medical-surgical nursing is practiced in a variety of settings across the continuum of care; these settings include, but are not limited to, acute and subacute care facilities, home care agencies, ambulatory care clinics, outpatient services, residential facilities, skilled nursing facilities, private practice, adult day care agencies, primary care and specialty practices, schools, insurance

companies, and private companies. The role of the medical-surgical nurse includes caregiver, care coordinator, client educator, case manager, counselor, client advocate, consultant, researcher, administrator/manager, staff educator, and expert witness.

The nursing process is the framework for medical-surgical nursing practice. The medical-surgical nurse formulates nursing diagnoses from pertinent assessment data. The medical-surgical nurse, in collaboration and consultation with the client, identifies expected outcomes and interventions to achieve those outcomes. The interventions are implemented and the client's responses are evaluated. In caring for the client, the medical-surgical nurse is nonjudgmental, nondiscriminatory, sensitive to, and respectful of the client's cultural diversity, age, gender, and lifestyle choices.

Medical-surgical nurses implement interventions that enhance the physical and psychological well-being of clients and significant others, educate clients and significant others, endorse healthy lifestyles, support client decision making, and promote achievable independence. The practice of medical-surgical nursing is goal oriented and outcome based. Medical-surgical nurses assist the client and/or significant others in developing and prioritizing goals. The client and the medical-surgical nurse collaborate on implementing the plan of care and discuss the client's outcomes, as appropriate.

Medical-surgical nurses are responsible for intervening in a manner that promotes quality of life for the client. This quality of life is partially dependent upon the resources that are available to the client and significant others. Medical-surgical nurses promote community awareness by focusing on health promotion and preventing disease or injury. Medical-surgical nurses support activities and policies that lead to the beneficial use of society's human, material, and financial resources. Medical-surgical nurses use organizational, educational, advisory, and advocacy skills to facilitate the development of relevant public policies and community services to enhance the public's health and well-being.

It is the responsibility of individual medical-surgical nurses to identify practice parameters in accordance with state nurse practice acts, professional codes, professional practice standards, and their own personal competencies. Medical-surgical nurses' competence is circumscribed by education, knowledge, experience, and abilities.

### **Ethical Considerations**

Medical-surgical nurses encounter a variety of ethical dilemmas. Medical-surgical nursing is based on the belief that clients have the right and responsibility to make informed decisions about their future. At times, however, the client's choices may not reflect the values of independence and wellness. In some situations, medical-surgical nurses may care for clients whose quality of life may be compromised by technological advances in health care. Conflicts may arise between and/or among the rights of the individual, the rights of families, available accepted scientific and technological treatment, and economic realities. Ethical and legal consultation may be warranted in such cases.

Medical-surgical nurses acknowledge the client is a unique human being and believe that respect and dignity are every individual's basic rights. These rights should be recognized and protected by the medical-surgical nurse in every phase of the nursing process. As advocates for the client, medical-surgical nurses are responsible for reporting incidents of abuse of the client's rights and incompetent, unethical, and illegal practices.

## **Professional Medical-Surgical Nursing Practice**

Professional medical-surgical nurses, as direct caregivers, collaborate with other health care professionals to provide appropriate, effective, and efficient health care. Medical-surgical nurses practice in a variety of institutional and community settings. The role of the medical-surgical nurse depends on nursing preparation, practice setting, specialized formal or informal education, and clinical experiences with clients and significant others. Current treatment modalities and technologies demand unique knowledge and skills. Medical-surgical nurses base clinical judgment and decision making on scientific theory and research as well as on specific medical-surgical knowledge.

All professional medical-surgical nurses should possess the basic clinical knowledge and skills that enable them to:

1. Establish an effective relationship with the client and significant others to facilitate the development of the care plan.
2. Use the nursing process to develop and implement the plan of care: collect appropriate assessment data for each client, determine appropriate nursing diagnoses, identify expected client outcomes, determine the plan of care, implement interventions, and evaluate client outcomes.
3. Develop assessment and management strategies based on a consideration of the physical, functional, cultural, social, economic, developmental, and spiritual dimensions of human responses to actual and potential health problems.
4. Demonstrate knowledge of the impact of actual or potential illness on the client's developmental, physical, social, emotional, age, spiritual, economic, vocational, and leisure status.
5. Coordinate and collaborate with clients, families, communities, and members of the interdisciplinary team in assessing needs, setting goals, planning interventions, providing care, and evaluating outcomes.
6. Apply the existing body of scientific knowledge in health care to medical-surgical nursing practice.
7. Participate with clients, families, and other health care providers in collaborative decision making that reflects the understanding that care should be culturally sensitive, ethical, legal, informed, compassionate and humane, and within the boundaries of available economic resources.
8. Serve as an advocate for clients and significant others.
9. Educate clients and significant others about measures that promote, maintain, and restore health or promote comfort.
10. Mobilize resources to provide an environment that supports health promotion, restoration, and maintenance.
11. Make referrals to and maintain communication with appropriate institutions and community agencies involved in the delivery of client care.
12. Apply research findings in practice decisions, identify problems for research, and when appropriate, participate in the research process.
13. Use standards of medical-surgical nursing practice to increase the quality of care and quality of life for the client.
14. Utilize leadership skills to enhance client outcomes and foster a healthy work environment within the practice setting and profession.
15. Serve as a mentor and role model for nursing colleagues, students, and others.
16. Systematically evaluate the quality and effectiveness of nursing practice.
17. Communicate effectively with clients, families, and other health care professionals.



Additional professional responsibilities of the medical-surgical nurse include:

1. Engaging in ongoing professional development through participation in continuing education and certification.
2. Being involved in regional, state, and/or national professional organizations.
3. Being politically aware and proactive concerning health care issues.
4. Participating in self and peer review to assure competent practice.
5. Informing other health professionals and the community about the specialty of medical-surgical nursing.

### **Professional Certification and Education**

Medical-surgical nurses have various educational backgrounds. Medical-surgical nurses can demonstrate an enhanced level of professional practice by completing a baccalaureate or graduate degree. Professional medical-surgical nurses can demonstrate proficiency in medical-surgical nursing practice by successfully completing and maintaining a medical-surgical nursing certification.

Preparation for advanced practice in medical-surgical nursing requires a graduate (master's or doctoral) degree in nursing. The role focuses on clinical practice, education, research, leadership, and consultation — all of which require intradisciplinary and interdisciplinary collaboration. Nurses prepared for advanced practice in medical-surgical nursing possess and demonstrate advanced levels of expertise in providing, directing, managing, and influencing the care of clients. They also support the functions of other nurses and health care providers in a variety of settings (National Council of State Boards of Nursing, 2011). Graduate education in nursing with a focus other than advanced practice nursing (e.g., nursing administration or education) may support medical-surgical nurses in expanding their knowledge and skills, facilitating a direct or indirect positive impact on health outcomes in a range of practice settings and roles.

### **Summary**

The *Scope of Medical-Surgical Nursing Practice* delineates the philosophical foundation for the practice of medical-surgical nursing. The principles outlined here are the underpinnings for the *Scope of Medical-Surgical Nursing Practice*, which describe the responsibilities for which medical-surgical nurses are accountable.

Historically, medical-surgical nurses have made outstanding contributions to the health of the public. These contributions will continue to expand as new roles for medical-surgical nurses evolve. Current and evolving roles for medical-surgical nurses will be built upon the fundamental practice elements described in the *Scope of Medical-Surgical Nursing Practice*.



# Standards of Medical-Surgical Nursing Practice

## Role of Standards

Standards are authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable. Therefore, standards reflect the values and priorities of the nursing profession. Standards provide direction for professional nursing practice and a framework for evaluating practice. Written in measurable terms, standards also define the nursing profession's accountability to the public and the client outcomes for which nurses are responsible (ANA, 2010a).

Standards are broad statements that address the full scope of professional nursing practice. Guidelines describe a process of client care management which has the potential of improving the quality of clinical and consumer decision making. Guidelines are systematically developed statements based on available scientific evidence and expert opinion. Guidelines are specific to a clinical condition and assist the nurse in clinical decision making by describing recommended courses of action for specific client conditions. They also describe alternatives available to each client or client population and provide a basis for evaluating care and allocating resources (ANA, 2010a).

Nurses practicing in medical-surgical areas are accountable for meeting professional standards of clinical practice reflected in the ANA foundational documents. AMSN's *Standards of Medical-Surgical Nursing Practice* build upon the ANA's *Nursing: Scope and Standards of Practice* (2010a). Specific measurement criteria for defining expectations associated with the medical-surgical nurse's practice level are included in the standards. AMSN's *Scope and Standards of Medical-Surgical Nursing Practice* describe a competent level of professional nursing care and professional performance common to nurses in the setting in which medical-surgical nursing care is delivered.

## Organizing Principles of Standards of Medical-Surgical Nursing Practice

Standards of Medical-Surgical Nursing Practice apply to the care that is provided to all clients of medical-surgical nurses. "Clients" may include an individual adult, family, group, or community for whom the medical-surgical nurse is providing formally specified services as sanctioned by nursing practice acts. This care may be provided in the context of health promotion, health restoration, or health maintenance. Medical-surgical nursing care is provided in a nonjudgmental, nondiscriminatory, sensitive, and culturally competent manner.

Standards of Medical-Surgical Nursing Practice consist of "Standards of Care" and "Standards of Professional Performance," which include the following:

### **Standards of Care**

- Assessment
- Diagnosis
- Outcome Identification
- Planning
- Implementation
- Evaluation

### **Standards of Professional Performance**

- Quality of Care
- Performance Appraisal
- Education
- Collegiality
- Ethics
- Collaboration
- Research
- Resource Utilization
- Communication
- Leadership

### **Standards of Care**

Standards of Care describe a competent level of nursing care as demonstrated by the nursing process, involving assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The nursing process encompasses all significant actions taken by medical-surgical nurses in providing care to all clients, and forms the foundation of clinical decision making. Additional nursing responsibilities for all clients (such as providing culturally and ethnically relevant care; advocating for quality client care; maintaining a safe environment; educating clients about their illness, treatment, health promotion, or self-care activities; and planning for continuity of care) are subsumed within these standards. Therefore, Standards of Care delineate care that is provided to all clients of medical-surgical nursing services.

### **Standards of Professional Performance**

Standards of Professional Performance describe a competent level of behavior in the professional role – including activities related to quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization. All medical-surgical nurses are expected to engage in professional role activities appropriate to their education, position, and practice setting. While this is an assumption of all of the Standards of Professional Performance, the scope of nursing involvement in some professional roles is particularly dependent upon the medical-surgical nurse's education, position, and practice environment. Therefore, some standards or measurement criteria identify a broad range of activities that may demonstrate compliance with the standard (ANA, 2010a).

While Standards of Professional Performance describe roles expected of all professional medical-surgical nurses, many other responsibilities compose the hallmarks of a profession. Medical-surgical nurses should be self-directed and purposeful in seeking necessary knowledge and skills to enhance career goals. Other activities, such as membership in professional nursing organizations, certification in specialty or advanced practice, and further academic education, are desirable methods to enhance the medical-surgical nurse's professionalism (ANA, 2010a).

### **Measurement Criteria**

Standards of Medical-Surgical Nursing Practice include criteria that allow the standards to be measured. Measurement criteria include key indicators of competent practice. For the most part, standards should remain stable over time, as they reflect the philosophical values of the profession. However, measurement criteria should be revised to incorporate advancements in scientific knowledge, clinical practice, and technology. Measurement criteria must remain consonant with current medical-surgical nursing practice, which has a theoretical and scientific basis, but is constantly evolving through the development of new knowledge and incorporation of relevant research findings into aspects of the nursing process (ANA, 2010a).

### **Summary**

The Scope of Medical-Surgical Nursing Practice delineates the philosophical foundation for the Standards of Medical-Surgical Nursing Practice. The Standards of Medical-Surgical Nursing Practice focus primarily on the process of providing nursing care and performing professional role activities.

# Standards of Care

## STANDARD I. ASSESSMENT

***Medical-surgical nurses collect client health data.***

### **Rationale**

Medical-surgical nurses integrate data from a wide variety of sources including interviewing, functional assessment, environmental assessment, physical assessment, and review of health care records. These data enhance the medical-surgical nurse's ability to make clinical decisions about appropriate treatments and nursing interventions. Assessment is essential to establishing a nursing diagnosis, developing a plan of care, and predicting client outcomes. Assessment may occur in a variety of settings, and is a continuous responsibility of the medical-surgical nurse.

### **Measurement Criteria**

1. Data collection will focus on the client's immediate, interim, and long-term condition or needs.
2. Using appropriate assessment parameters, the medical-surgical nurse collects pertinent data about the client. These data may include:
  - a. Functional abilities.
  - b. Physical, psychological, social, cognitive, cultural, age, philosophical, and spiritual status.
  - c. Ethical, environmental (safety, support systems, etc.), economic, ethnical, political, legal (advanced directives, durable power of attorney, etc.), and religious factors affecting health.
  - d. History of health patterns and illness(es).
  - e. Health beliefs and practices.
  - f. Client's perception of health status and health goals.
  - g. Strengths and competencies that can be used to promote health.
  - h. Knowledge of and receptivity to health care and healthy lifestyle behaviors.
  - i. Other contributing factors that influence health.
3. Data that reflect sensitivity to cultural diversity, ethnicity, age, gender, and lifestyle choices are obtained from multiple sources, including the client, significant others, health care providers, medical records, and community health statistics (epidemiological studies on community health, community needs assessments, etc.).
4. The data collection process is systematic and ongoing.
5. Relevant data are synthesized, prioritized, summarized, and documented in a retrievable form.

## STANDARD II. DIAGNOSIS

***Medical-surgical nurses analyze the assessment data in determining diagnosis.***

### **Rationale**

Medical-surgical nurses synthesize assessment data to derive diagnoses that serve as the foundation for designing interventions for health promotion, health restoration, and/or health maintenance. Nursing diagnoses result from analysis and interpretation of data about the client's needs, problems, age, and health status. Standardized nursing diagnosis classification systems such as the North American Nursing Diagnosis Association (NANDA) classification system can be used to assure conformity in communication and documentation.

### **Measurement Criteria**

1. Diagnoses are derived from the assessment data.
2. Diagnoses are validated with the client, family, significant others, and health care providers.
3. Diagnoses are documented in a manner that facilitates the evaluation of expected client outcomes.
4. Diagnoses are revised as new or additional assessment data become available.
5. Diagnoses are prioritized based on assessment data as well as client needs and desires.

## **STANDARD III. OUTCOME IDENTIFICATION**

***Medical-surgical nurses identify expected outcomes unique to the client.***

### **Rationale**

Expected client outcomes are derived from nursing diagnoses and direct interventions to correct, maintain, or enhance the client's health status. Expected outcomes focus on maximizing the client's state of well-being, health, functional status, and quality of life.

### **Measurement Criteria**

1. Expected outcomes are derived from diagnoses.
2. Expected outcomes are mutually formulated with the client, family, significant others, and health care providers, when possible.
3. Expected outcomes are realistic in relation to the client's present and potential capabilities.
4. Expected outcomes are attainable in relation to the resources available to the client.
5. Expected outcomes provide direction for continuity of care.
6. Expected outcomes are consistent with current scientific and clinical practice knowledge.
7. Expected outcomes are documented as measurable goals and are communicated with the entire health care team.
8. Expected outcomes are re-evaluated and revised based on the client's condition.

## **STANDARD IV. PLANNING**

***Medical-surgical nurses develop a plan of care that prescribes interventions to attain expected outcomes.***

### **Rationale**

A plan of care is used to guide therapeutic interventions and achieve the expected client outcomes. This plan prescribes interventions to achieve the expected quality outcomes that are of value to the client.

### **Measurement Criteria**

1. The plan is individualized to the client (e.g., age-appropriate, culturally sensitive) and the client's needs and condition.
2. The plan is developed with the client, family, significant others, and health care providers, as appropriate.
3. The plan reflects current, evidenced-based nursing practice.
4. The plan is documented and retrievable.
5. The plan provides for continuity of care.

6. The plan of care is consistent with resources available to the client, nurse, family, and significant others.
7. The plan of care promotes independence in functional, life care, and decision-making skills and progressively transfers that independence to the client and significant others.
8. The plan of care is reviewed and revised based on the client's response.
9. The plan of care is consistent with and a part of the interdisciplinary team's health care plan.

## **STANDARD V. IMPLEMENTATION**

***Medical-surgical nurses implement the interventions identified in the plan of care.***

### **Rationale**

Based on nursing judgment, the medical-surgical nurse has the legal authority and is, therefore, accountable for planning and implementing or delegating therapeutic interventions delineated in the interdisciplinary team's health care plan. The interventions reflect the rights and desires of the client and significant others. Medical-surgical nurses supervise and evaluate both formal and informal caregivers to ensure their care is supportive and ethical and demonstrates respect for the client.

### **Measurement Criteria**

1. Interventions are consistent with the interdisciplinary team's health care plan.
2. Interventions are implemented with safety, skill, and efficiency and are adjusted according to client responses and ongoing assessment of the client's health data.
3. Interventions are evidence based, using guidelines and standards, expert opinions, scientific principles, and/or consensus.
4. Delegation of interventions is consistent with the assistive health care personnel's level of education and experience and is monitored by the nurse to assure the client's needs are met.
5. Interventions and related client responses are documented.
6. Interventions facilitate the independence of the client, family, and significant others.

## **STANDARD VI. EVALUATION**

***Medical-surgical nurses evaluate the client's progress toward attainment of outcomes.***

### **Rationale**

Nursing care is a dynamic process involving change in the client's health status and age over time, giving rise to the need for new data, different diagnoses, and modifications in the plan of care. Therefore, evaluation is a continuous process of appraising the effect of nursing interventions and the treatment regimen on the client's health status and expected health outcomes.

### **Measurement Criteria**

1. Evaluation is systematic, ongoing, and criterion based.
2. The client's responses to interventions are documented.
3. The effectiveness of interventions is evaluated in relation to client outcomes.
4. Ongoing assessment data are used to revise diagnoses, expected outcomes, and the plan of care, as needed.
5. The client, significant others, and health care providers are involved in the evaluation and revision process, when appropriate.

6. Revisions in diagnoses, outcomes, and the plan of care are documented.
7. Evaluation is determined by:
  - a. The value of the attained outcomes to the client.
  - b. The attainment of expected client outcomes.
  - c. The cost effectiveness of the interdisciplinary health care plan.
  - d. The risk/benefit analysis of the treatment process.



# Standards of Professional Performance

## STANDARD I. QUALITY OF CARE

***The medical-surgical nurse systematically evaluates the quality and effectiveness of nursing practice.***

### Rationale

Medical-surgical nurses engage in the evaluation of care delivery through a systematic quality assessment and performance improvement process. This systematic approach uses specific steps to promote quality client care.

### Measurement Criteria

1. Participate in quality-of-care activities as appropriate to their position, education, and practice environment. Such activities may include:
  - a. Identifying client care processes and activities important for quality monitoring.
  - b. Identifying indicators to monitor quality, value, and effectiveness of nursing care.
  - c. Collecting data to monitor the quality, value, and effectiveness of nursing care.
  - d. Analyzing quality data to identify opportunities for improving care.
  - e. Identifying opportunities for improvement of nursing practice or client outcomes.
  - f. Implementing tests of change to enhance the quality of nursing practice.
  - g. Participating on interdisciplinary teams and committees that evaluate clinical practice or health services.
  - h. Developing policies and procedures to improve the quality and value of care.
  - i. Use the identified areas for improvement to initiate changes in practice.
  - j. Use identified areas for improvement to initiate and collaborate on improvements in the health care delivery system, as appropriate.

## STANDARD II. PERFORMANCE APPRAISAL

***Medical-surgical nurses evaluate their own nursing practice in relation to professional practice standards, statutes, and regulations.***

### Rationale

Medical-surgical nurses are accountable to the public for providing competent clinical care and have an inherent responsibility as professionals to evaluate the role and performance of medical-surgical nursing practice according to standards established by the profession and regulatory bodies.

### Measurement Criteria

1. Appraise their own performance on a regular basis, identifying areas of strength as well as areas for professional practice development. Medical-surgical nurses seek constructive feedback regarding their own practice.
2. Conduct ongoing self-evaluations related to sensitivity to issues of cultural diversity, discrimination, age, language, prejudice, access, and civil rights that affect clients.
3. Take action to achieve goals identified during a performance appraisal.
4. Participate in peer review as appropriate.
5. Practice reflects knowledge of current professional practice standards, laws, and regulations.

### **STANDARD III. EDUCATION**

***Medical-surgical nurses acquire and maintain current knowledge in nursing practice. Medical-surgical nurses pursue knowledge to enhance nursing expertise and advance the profession.***

#### **Rationale**

Scientific, cultural, social, and political changes require a continuing commitment from medical-surgical nurses to pursue knowledge to enhance nursing expertise and advance the profession. Formal education, continuing education, certification, and experiential learning are some of the means for professional growth. Medical-surgical nurses have primary responsibility for ongoing education and professional development. The practice setting may provide the support needed for this development.

#### **Measurement Criteria**

1. Participate in educational activities to improve clinical knowledge, enhance role performance, and increase knowledge of professional issues and technologies, including information technology used in the clinical setting.
2. Actively and regularly seek experiences to maintain and develop clinical skills and competence.
3. Acquire knowledge and skills appropriate to the practice setting by participating in educational programs and activities, conferences, workshops, independent learning activities, and interdisciplinary professional meetings.
4. Continually increase knowledge of cultural, political, scientific, age-related, and social issues related to the client's health care.
5. Validate the knowledge base through certification in the specialty.
6. Document educational activities and maintain a professional portfolio.

### **STANDARD IV. COLLEGIALLY**

***Medical-surgical nurses interact with, and contribute to, the professional development of peers and other health care providers as colleagues.***

#### **Rationale**

To enhance professional growth of others, medical-surgical nurses are responsible for sharing knowledge, evidence, research, and clinical information with colleagues through formal and informal teaching and collaborative programs.

#### **Measurement Criteria**

1. Use opportunities in practice to share knowledge, skills, and clinical observations with colleagues and others.
2. Assist others in identifying their teaching/learning needs related to clinical care, role performance, and professional development.
3. Provide peers with constructive feedback regarding their practice with the goal of facilitating professional growth.
4. Contribute to learning experiences for nursing students and other health care providers in all areas of practice (hospitals, subacute facilities, community, etc.), as appropriate.
5. Interact with colleagues to enhance their own professional nursing practice.
6. Contribute to a supportive and healthy work environment.
7. Contribute to the advancement of the profession as a whole by disseminating outcomes of practice through presentations and publications.

8. Promote career development in students, nurses, and other health care providers.
9. Promote the role and the scope of the advanced practice nurse (e.g., to legislators, regulators, other health care providers, and the public).
10. Facilitate development of clinical judgment in health care team members through role modeling, teaching, coaching, and/or mentoring.

## **STANDARD V. ETHICS**

***Medical-surgical nurses deliver care in a nonjudgmental, nondiscriminatory, sensitive, and culturally competent manner.***

### **Rationale**

The public's trust and its right to humane health care are upheld by professional nursing practice. The foundation of medical-surgical nursing practice is the development of a therapeutic relationship with the client. Medical-surgical nurses have an obligation to assure that care provided is congruent with the client's needs and values.

### **Measurement Criteria**

1. Practice is guided by the *Code of Ethics for Nurses with Interpretative Statements* (ANA, 2010b).
2. Maintain a professional relationship with clients at all times.
3. Maintain client confidentiality within legal and regulatory parameters and appropriate professional boundaries.
4. Maintain the client's right to privacy by adhering to the profession's privacy standards, ethical principles, and legal mandates for care, documentation, record keeping, and communications.
5. Act as client advocates and assist clients in developing skills so they can advocate for themselves.
6. Deliver care in a nonjudgmental, nondiscriminatory manner that is sensitive to client diversity.
7. Identify ethical dilemmas that occur within the practice environment and seek available resources to help resolve ethical issues.
8. Report abuse of the client's rights and incompetent, unethical, and illegal practices.
9. Maintain an awareness of their beliefs and value systems and what effect they may have on care provided to the client and significant others/family members.
10. Collaborate with peers and managers if personal beliefs conflict with the client's plan of care. When a specific client care activity is morally objectionable to medical-surgical nurses, they are responsible for collaborating with peers and/or managers to ensure alternate arrangements are made for provision of safe, high-quality care to the affected client(s). When feasible, these arrangements should be negotiated in advance. Under these circumstances, medical-surgical nurses should be exempt for caring for the client(s).
11. Support the client's right to make decisions that may not be congruent with the values of the interdisciplinary health care team.
12. Promote information sharing and discussion that allows the client to fully participate in decision making.
13. Participate in decision making regarding allocation of resources.
14. Deliver care in a manner that preserves client autonomy, dignity, and rights.

## **STANDARD VI. COLLABORATION**

***Medical-surgical nurses collaborate with the client, family members, significant others, and health care providers in providing care.***

### **Rationale**

The provision of quality health care requires a coordinated, ongoing interaction between consumers and providers to deliver comprehensive services to the client. Through the collaborative process, different abilities of health care providers are used to solve problems, communicate, and plan, implement, and evaluate health care services. Communication among members of the interdisciplinary health care team provides a mechanism to evaluate the effectiveness of the health care plan and make necessary adjustments.

### **Measurement Criteria**

1. Communicate with the client, significant others, and other health care providers regarding the client's care and nursing's role in the provision of care.
2. Collaborate with the client, significant others, and health care providers in formulating goals, the plan of care, and decisions related to the care delivery.
3. Consult with other health care providers, as appropriate.
4. Make referrals, including provisions for continuity of care, as needed.
5. Collaborate with other disciplines in teaching, consultation, management, and research activities as opportunities arise.
6. Participate in establishing and implementing clinical practice protocols for interdisciplinary collaboration, when appropriate.

## **STANDARD VII. RESEARCH**

***Medical-surgical nurses use research findings in practice.***

### **Rationale**

Medical-surgical nurses are responsible for contributing to the further development of health care by participating in research. At the basic level of practice, medical-surgical nurses use research findings to improve clinical care and identify clinical problems for research studies. At the advanced level, medical-surgical nurses engage in and/or collaborate with others in the research process to discover, examine, and test knowledge, theories, and creative approaches to practice.

### **Measurement Criteria**

1. Participate in research activities as appropriate to their position, education, and practice environment. Such activities may include the following:
  - a. Identifying clinical problems suitable for medical-surgical nursing research.
  - b. Participating in data collection.
  - c. Participating in unit, organization, or community research.
  - d. Sharing research activities with others.
  - e. Conducting research and disseminating findings.
  - f. Critiquing research and other evidence for application to practice.
  - g. Using research findings to develop policies, procedures, and guidelines for client care.
  - h. Providing resource material on research in medical-surgical nursing and related disciplines in the practice setting.
2. Help protect human subjects, as appropriate, with particular attention to the needs of vulnerable groups.

## **STANDARD VIII. RESOURCE UTILIZATION**

***Medical-surgical nurses consider factors related to safety, effectiveness, and cost in planning and delivering client care.***

### **Rationale**

The client is entitled to medical-surgical health care that is safe, effective, and affordable. As the cost of health care increases, health care must be provided in a way that will maximize resources and maintain quality of care. Medical-surgical nurses seek to provide cost-effective quality care by using the most appropriate resources and delegating care to the most appropriate, qualified health care provider.

### **Measurement Criteria**

1. Evaluate factors related to safety, effectiveness, availability, and cost when two or more practice options would result in the same expected client outcomes.
2. Assign tasks or delegate care as defined by the state nurse practice acts based on the needs of the client and the knowledge and skills of the selected provider.
3. If medical-surgical nurses assign or delegate tasks, it is based on the needs, age, and condition of the client; the potential for harm; the stability of the client's condition; the complexity of the task; and the predictability of the outcome.
4. Assist the client and significant others in identifying and securing appropriate services available to address health-related needs.
5. Participate in ongoing resource utilization review.
6. Assist the client and significant others in becoming informed consumers about the cost, risks, and benefits of treatment and care.

## **STANDARD IX: COMMUNICATION**

***Medical-surgical nurses communicate effectively with clients, families, and other health care professionals***

### **Rationale**

Medical-surgical nurses understand that clear and open communication is essential for ensuring client safety, collaborating with a diverse health care team, and providing optimum care. Medical-surgical nurses communicate timely and accurate information to help clients participate in their care.

### **Measurement Criteria**

1. Assess communication format preferences of clients, families, and colleagues.
2. Assess their own communication skills in encounters with health care consumers, families, and colleagues.
3. Seek continuous improvement of their own communication and conflict resolution skills.
4. Convey information to clients, families, the interdisciplinary team, and others in communication formats that promote accuracy.
5. Question the rationale supporting care processes and decisions when they do not appear to be in the best interest of the client.
6. Disclose observations or concerns related to hazards and errors in care or the practice environment to the appropriate level.
7. Maintain communication with other providers to minimize risks associated with transfers and transition in care delivery.

8. Contribute professional perspective in discussions with the interdisciplinary team.
9. Assess the health literacy of clients and family members, and use the teach-back methodology to ensure clients and family members understand health care education.

## **STANDARD X: LEADERSHIP**

***Medical-surgical nurses use leadership skills to enhance client outcomes and foster a healthy work environment within the practice setting and profession.***

### **Rationale**

Medical-surgical nurses, regardless of their position, have daily opportunities to demonstrate leadership. Medical-surgical nurses model professional behavior, collaborate with and mentor colleagues, take action to resolve conflict, and advocate for clients, workplace, and the nursing profession.

### **Measurement Criteria**

1. Influence decision-making bodies to improve the professional practice environment and client care.
2. Provide direction to enhance the effectiveness of the interprofessional team.
3. Model expert practice to interprofessional team members and clients.
4. Mentor colleagues in the acquisition of clinical knowledge, skills, abilities, and judgment.
5. Use authentic leadership, team building, negotiation, and conflict resolution skills in interactions with clients, families, peers, administrators, legislators, and other members of the health care team.
6. Participate in and lead system-level change.
7. Provide leadership in the implementation of quality improvement and innovation.
8. Understand the requirements and dynamics at the point of care and, within the context, successfully translate the vision of a healthy work environment.
9. Role model standards for a healthy work environment.



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# Glossary

## **Activities of Daily Living**

Self-care activities – such as eating, personal hygiene, dressing, recreational activities, and socialization – that are performed daily by healthy individuals as part of independent living. During periods of illness, individuals may not be able to perform some or all of these self-care activities.

## **Assistive Health Care Personnel**

Supportive health care personnel, such as nursing assistants and licensed practical/vocational nurses. These individuals are trained to function in an assistive role and help the registered professional nurse provide client care as delegated by and under the supervision of the registered professional nurse.

## **Assessment**

A systematic, dynamic process by which the nurse, through interaction with the client, significant others, and health care providers, collects and analyzes data about the client. Data may include the following dimensions: physical, psychological, sociocultural, spiritual, cognitive, functional abilities, developmental, economic, and lifestyle.

## **Advanced Practice Nurse**

A nurse practitioner and/or clinical nurse specialist who holds a master's degree in nursing, has advanced clinical experience, and demonstrates depth and breadth of knowledge, competence, and skill in the practice of medical-surgical nursing.

## **Case Management**

The coordination of health and social services for an individual.

## **Certification**

The formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.

## **Client**

Recipient of nursing actions. When the client is an adult, the focus is on the health state, problems, or needs of a single person. When the client is a family or group, the focus is on the reciprocal effects of an individual's health state on other members of the unit, or the health state of the unit as a whole. When the client is a community, the focus is on personal and environmental health and health risks of population groups. Nursing actions toward clients may be directed to disease or injury prevention, health promotion, health restoration, or health maintenance.

## **Collaboration**

The process whereby health care providers such as nurses, physicians, social workers, pharmacists, psychologists, nutritionists, dieticians, and various therapists plan and practice together as colleagues, working independently within the boundaries of their scopes of practice with shared values and acknowledgment and respect for each other's contributions to caring for individuals, their families/significant others, and their communities.

### **Diagnosis**

A clinical judgment about the client's response to actual or potential health conditions or needs. Diagnoses provide the basis for determining a plan of care to achieve expected outcomes.

### **Evidence-Based Practice**

The practice of health care in which the practitioner systematically finds, appraises, and uses the most current and valid research findings as the basis for clinical decisions. The term is sometimes used to denote evidence-based medicine specifically but can also include other specialties, such as evidence-based nursing, pharmacy, and dentistry.

### **Evaluation**

The process of determining both the client's progress toward the attainment of expected outcomes and the effectiveness of nursing care.

### **Functional Ability**

The ability to perform a variety of skills necessary for physical, cognitive, behavioral, and social activities.

### **Functional Status**

Level of the client's ability to independently perform activities related to self-care, social relations, occupational functioning, and use of leisure time.

### **Guidelines**

Describe a process of client care management which has the potential of improving the quality of clinical and consumer decision making. Guidelines are systematically developed statements based on available scientific evidence and expert opinion. Guidelines are specific to a clinical condition and assist health care providers in clinical decision making by describing recommended courses of action for specific client conditions.

### **Health**

The positive state of optimal functioning in relation to one's capabilities and lifestyle, not merely the absence of disease or infirmity.

### **Health Care Providers**

Individuals with special expertise who provide health care services or assistance to clients. They may include nurses, physicians, psychologists, social workers, nutritionists, pharmacists, dieticians, and various therapists. Providers also may include service organizations, vendors, and payers.

### **Implementation**

May include any or all of these activities: intervening, delegating, coordinating. The client, significant others, or health care providers may be designated to implement interventions within a plan of care.

### **Interventions**

Nursing activities that promote and foster health, assess dysfunction, assist clients to regain or improve their coping abilities, and prevent further disabilities (e.g., delivering case management services, maintaining a therapeutic environment, tracking and assisting with self-care activities, administering and monitoring treatment regimens and their effects, and providing health education).

### **Interdisciplinary Health Care Plan**

A comprehensive, coordinated, individualized plan for each client that addresses the desired outcomes for the client for each service provided.

### **Leadership**

A combination of personality traits, administrative skills, and talents which enable a nurse to excel to inspire others and work together in pursuit of a shared goal while maintaining a balance between legal concerns, ethical demands, and patient care.

### **Long-Term Care**

Comprehensive health care services ranging from health promotion through acute and chronic care to assistance with a dignified death.

### **Health Care Reform**

Spans a broad continuum of entities, from the simple requirement of obtaining prior authorization for a service in an indemnity health insurance plan, to the assumption of all legal, financial, and organizational risks for providing a set of comprehensive benefits to a defined population. Also includes clinical services supplied by groups of providers with the aims of cost effectiveness, quality, and accessibility. Health care reform is an ongoing, evolving set of discussions and legislation to find ways to ensure all citizens have access to appropriate health care and services.

### **Measurement Criteria**

Relevant, measurable indicators of the standards of clinical nursing practice.

### **Mentorship**

A guided experience, formally or informally assigned, over a mutually agreed upon period, that empowers the mentor and mentee to develop personally and professionally within the auspices of a caring, collaborative, culturally competent and respectful environment.

### **Nurse Practice Act**

State statutes that define the legal limits of practice for registered nurses.

### **Nursing**

The diagnosis and treatment of human responses to actual or potential health problems.

### **Nursing Interventions**

Any direct treatment that a nurse performs on behalf of the client. Nursing interventions include nurse-initiated treatments and physician-initiated treatments.

### **Nursing Process**

A systematic and interactive problem-solving approach that includes individualized patient/client assessment, diagnosis, outcomes identification, planning, implementation/intervention, and evaluation.

### **Outcomes**

Measurable, expected client-focused goals.

### **Plan of Care**

Comprehensive outline of care to be delivered to attain expected outcomes.

### **Professional Code**

Statement of ethical guidelines for nursing behavior that serves as a framework for decision making.

### **Registered Nurse**

An individual educationally prepared in nursing and licensed by the state board of nursing to practice nursing in that state. Registered nurses may qualify for specialty practice at two levels – basic and advanced. These levels are differentiated by educational preparation, professional experience, type of practice, and certification.

### **Scope of Practice**

A range of nursing functions that are differentiated according to the level of practice, the role of the nurse, and the work setting. The parameters are determined by each state's nurse practice act, professional code of ethics, and nursing practice standards, as well as each individual's personal competency to perform particular activities or functions.

### **Significant Others**

Family members and/or those individuals who play an important role in the client's life.

### **Standard**

Authoritative statement enunciated and promulgated by the profession by which the quality of practice, service, or education can be judged.

### **Standards of Nursing Practice**

Authoritative statements that describe a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged. Standards of clinical nursing practice include both standards of care and standards of professional performance.

### **Standards of Care**

Authoritative statements that describe a competent level of clinical nursing practice demonstrated through assessment, diagnosis, outcome identification, planning, implementation, and evaluation.

### **Standards of Professional Performance**

Authoritative statements that describe a competent level of behavior in the professional role, including activities related to quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization.

### **Subacute Care**

Comprehensive inpatient care designed for someone who has had an acute illness, injury, or exacerbation of a disease process. It is goal-oriented treatment rendered immediately after, or instead of, acute hospitalization to treat one or more specific active complex medical conditions or to administer one or more technically complex treatments in the context of a person's underlying long-term conditions and overall situation. Generally, the condition is such that the care does not depend heavily on high-technology monitoring or complex diagnostic procedures. It requires the coordinated services of an interdisciplinary team including physicians, nurses, and other relevant professional disciplines who are trained to assess and manage these specific conditions and perform the necessary procedures. Subacute care is given as part of a specifically defined program.

Subacute care is generally more intensive than care provided in a traditional long-term care facility and less so than acute care. It requires frequent (daily to weekly) client assessment and review of the clinical course and treatment plan for a limited (several days to several months) time period, until the condition is stabilized or a predetermined treatment course is completed.

### **Theory**

The coherent set of hypothetical, conceptual, and pragmatic principles forming the general frame of reference for a field of inquiry. The body of generalizations or principles developed in association with practice in a field of activity and forming its content as an intellectual discipline.