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Chapter 1 : Nursing Scope and Standards of Practice | eBay

The second edition of Nursing Informatics: Scope and Standards of Practice is the most comprehensive, up-to-date resource available in this subject area. The book covers the full scope of nursing informatics and outlines the competency level of nursing practice and professional performance expected from all informatics nurses and nurse specialists.

Evidence-based Practice and Research Standard Quality of Practice Standard Professional Practice Evaluation Standard Resource Utilization Standard In June , ANA commissioned a workgroup of 40 expert nurses, diverse in education, experience, and demographics, to review and revise the Nursing: For over a year, the workgroup met regularly via telephone-conference calls. Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations ANA, a , p. Coalition to Defend Affirmative Action. The workgroup next reviewed the scope statements and all standards. This review occurred at a period of global and national angst, in part due to a steady increase of culturally and ethnically diverse consumers within healthcare educational programs, workforce, and delivery systems. In the United States U. Department of Justice, ; In contrast, the U. Coalition to Defend Affirmative Action Schuette v. Coalition to Defend Affirmative Action, No. A subset of workgroup members and a transcultural nursing expert further developed ideas about care for diverse consumers, and seven of these subgroup members authored this article. Culturally congruent practice is the application of evidence-based nursing that is in agreement with the preferred cultural values, beliefs, worldview, and practices of the healthcare consumer and other stakeholders. Nurses design and direct culturally congruent practice and services for diverse consumers to improve access, promote positive outcomes, and reduce disparities. ANA, a , p. This new Standard 8 now provides a framework enabling nurses to become culturally competent role models and leaders for novice clinicians, colleagues, and consumers. Part of the trend to ensure better outcomes and reduce health disparities, namely, new minimum quality indicators, were announced for healthcare organizations and providers " indicators that include culturally appropriate care American Geriatrics Society Ethnogeriatrics Committee, Moreover, steps have been taken to create a discrimination-free healthcare environment for lesbian, gay, bisexual, and transgender LGBT individuals American Geriatrics Society Ethics Committee, Cultural competence and cultural congruence in nursing care are not new ideas. The seeds were planted by Madeleine Leininger in her book Nursing and Anthropology: Two Worlds to Blend Leininger, Due to these strides, national and international professional groups and schools are now incorporating principles of cultural competence into their policies, standards, and curricula. Cultural congruence is part of the fabric of nursing practice because of the social contract between the profession and society. The new Standard 8 advances all of nursing practice within the contract. What follows here will provide guidance for the practicing nurse in implementing Standard 8. Application of Standard 8 to Nursing Practice Standard 8 is explicated with 13 competencies for registered nursing practice at all educational levels and in all roles, an additional five specific competencies for graduate-level nursing practice, and two more for the practice of Advanced Practice Registered Nurses for a total of Culturally Congruent Practice and Associated Competencies The registered nurse practices in a manner that is congruent with cultural diversity and inclusion principles. Competencies for the registered nurse: Demonstrates respect, equity, and empathy in actions and interactions with all healthcare consumers. Participates in lifelong learning to understand cultural preferences, worldview, choices, and decision-making processes of diverse consumers. Applies knowledge of variations in health beliefs, practices, and communication patterns in all nursing practice activities. Considers the effects and impact of discrimination and oppression on practice within and among vulnerable cultural groups. Uses skills and tools that are appropriately vetted for the culture, literacy, and language of the population served. Communicates with appropriate language and behaviors, including the

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use of medical interpreters and translators in accordance with consumer preferences. Identifies the cultural-specific meaning of interactions, terms, and content. Respects consumer decisions based on age, tradition, belief and family influence, and stage of acculturation. Advocates for policies that promote health and prevent harm among culturally diverse, under-served, or under-represented consumers. Promotes equal access to services, tests, interventions, health promotion programs, enrollment in research, education, and other opportunities. Educates nurse colleagues and other professionals about cultural similarities and differences of healthcare consumers, families, groups, communities, and populations. Additional competencies for the graduate-level prepared registered nurse: Evaluates tools, instruments, and services provided to culturally diverse populations. Advances organizational policies, programs, services, and practices that reflect respect, equity, and values for diversity and inclusion. Engages consumers, key stakeholders, and others in designing and establishing internal and external cross-cultural partnerships. Conducts research to improve healthcare and healthcare outcomes for culturally diverse consumers. Develops recruitment and retention strategies to achieve a multicultural workforce. Additional competencies for the advanced practice registered nurse: Leads interprofessional teams to identify the cultural and language needs of the consumer. Tools used to achieve new competencies include continuing education, professional reading, attendance at lectures, TED talks, seeking input and guidance from respected consumers, peers, colleagues, current or past mentors as well as methods using newer technologies, e. Professional Development Most registered nurses will meet the standard for culturally congruent practice with its associated competencies through the lifelong process of professional development. Nurses gain relevant new information from research, critical reflection, colleagues, and consumers served, and then apply this knowledge to practice. The process requires ever-expanding self-awareness, continuous judgment of current competence, actions for personal and professional growth, and periodic use of evidence-based assessment tools and methods for critical appraisal. An essential element of professional nursing practice, lifelong learning takes place via formal education, clinical training, self-directed study and observation, and continuing education. Therefore, nurses seek, and advocate for, educational opportunities designed to integrate culturally congruent principles into their care for diverse consumers and populations. Tailored instruction for nursing colleagues creates the opportunity to educate one another on culturally-specific interventions that improve consumer outcomes of nursing care. Nurses, who generally have had a graduate education, develop and present educational programs to advance culturally congruent healthcare for nurses and colleagues across healthcare professions Steelman, Validated self-assessment tools are available to the public, including the Implicit Association Test IAT used in numerous studies to rate social and racial implicit bias. Haider published three studies using the IAT paired with clinical vignettes: Although all groups had implicit biases according to the IAT scores, the nurses and acute care physicians did not reflect their implicit biases in clinical care responses. Reflective thinking permits persons to examine actions on evaluations and to inquire critically about their worldview and assumptions in specific situations Teekman, For example, culture is mentioned in the first six standards—assessment, diagnosis, outcomes identification, planning, implementation which includes coordination of care, health teaching, and health promotion, and finally, evaluation of practice. Standard 8 further expands and explicates the concept of culture by providing explicit competencies for nurses to demonstrate in order to provide culturally congruent care. Cultural assessment of the consumer occurs in the first stage of the nursing process and is facilitated by a variety of tools. Andrews and Boyle provide appendices with five types of assessment tools for culturally diverse consumers, including individuals, groups, refugees, and healthcare organizations. Purnell and Spector have assessment guides designed for ease of use by the practicing nurse. These tools also help identify the levels of acculturation of the client and any effects of discrimination and oppression experiences. With the information gained from these assessment tools, the nurse is able to diagnose potential cross-cultural challenges to providing care and to plan culturally and linguistically appropriate interventions and health teaching programs. Finally, no plan can be complete without evaluation as to whether the intervention was effective in achieving the desired outcome and documenting the process and outcomes. When providing care

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for culturally diverse consumers, evaluation should also include a determination of whether the consumers were satisfied with the process and intervention. If the intervention is not meaningful or desired, these consumers may not continue with the plan of action and experience negative outcomes. Culturally Congruent Communication Effective and respectful communication is essential to nursing practice. Tested tools are available to enhance the efficacy of intercultural communication and also to advance clinical competence. Examples include communication tools for use in the care of patients with sickle cell disease Tanabe et al. Knowledge of cultural customs and values is important in understanding the nuances of the culture and its verbal and nonverbal communication patterns and then in conveying necessary respect. Nurses can reduce language barriers by using translators and interpreters and employing nursing skills associated with social and emotional intelligence. For health consumers with hearing impairments, nurses use advanced technology or interpreters skilled in American Sign Language. In choosing written materials, the nurse engages culture-specific consumers in the community to evaluate the materials for readability and cultural appropriateness before distribution. In every possible case, the nurse considers preferences of the health consumer before choosing how to meet communication needs. Nonverbal behaviors also may require sensitivity to cultural practices. For example, the appropriate face-to-face distance between people in conversation varies among groups. If nurses build carefully supported, trusting relationships, inadvertent missteps in the cultural space are more likely to be averted or forgiven. When providers use medical jargon, families may become resistant or even hostile. Wiebe and Young suggest simple strategies to increase communication and reduce stress. These strategies include answering every question carefully, teaching by demonstration, providing simple explanations, and demonstrating caring relationships for the building of trust. Searching for culture-specific meaning in interactions, terms, and content of conversations will help the nurse provide culturally congruent communication. Shared Decision-Making Shared decision-making highlights patient involvement with treatment decisions, which can lead to better health outcomes Mead et al. Nurses can share decision-making with these consumers only if nurses themselves have culturally congruent assessment and communication skills. For example, in some cultures, the woman is the designated caregiver for the children and needs to be actively involved in all child-related healthcare decisions. In other cultures, the father or the parents together assume this role. In shared decision-making, nurses introduce the sharing process, provide information, ascertain preferences, and discuss options to adapt a usual procedure or process, such as screening, treatment, comfort measures, and visitation, among others. Because the consumer may prefer not to make decisions, and urgency for care may preclude choosing, the extent of sharing will vary. For example, a consumer family may wish to have an end-of-life religious rite that requires a specially scented candle, which would be dangerous in the presence of oxygen. In such cases, the nurse could negotiate for the scents to be released immediately following death and discontinuation of oxygen. For example, a successful clinic-based Diabetes Prevention Program was adapted for several community-based settings because nurses engaged in shared decision-making with their consumers Kramer et al. Promoting Access to Care Nurses constitute a large professional workforce that engages in and leads changes in health policy; they have considerable opportunity and responsibility to advance the initiative that all people have access to healthcare. Policy discussions involve the effects and impact of discrimination, oppression, and often-related social and environmental determinants of health on cultural groups and the resulting health disparities.

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Chapter 2 : American Nurses Association Releases New Scope and Standards of Nursing Informatics Practice

American Nurses Association. (). *Nursing informatics: Scope & standards of practice (2nd ed.)*. McGonigle D. & Mastrian K. G. (). *Nursing informatics and the foundation of knowledge (Laureate Education Inc. custom ed.)*.

Nursing informatics and the foundation of knowledge Laureate Education Inc. Chapter 14 Improving the Human-Technology Interface This chapter describes the human-technology interface and explores some of the problems that result from its usage. The author also reflects on methods for improving the interface. Chapter 19 Telenursing and Remote Access Telehealth This chapter explores the usage of telehealth in nursing practice. The authors examine the role of telehealth along with potential issues that may arise in its usage. Successful techniques for using human patient simulation in nursing education. *Journal of Nursing Scholarship* 43 3 Retrieved from the Walden Library databases. This article identifies studies that have used human simulation as an effective instructional tool in nursing education. The article describes different strategies for incorporating human simulation into nursing education and it also offers insight on improvements that could be made to current practices. Examination of wireless technology to improve nurse communication response time to bed alarms and patient safety. *Herd* 4 2 The author explains the results of a study on the outcomes of using wireless communication devices to improve patient safety by allowing nurses to communicate more quickly and easily with other nurses. The results indicate that this technology can increase the value of team nursing improve response time and increase patient safety although there are some drawbacks and challenges associated with the devices. Technology enables value-based nursing care. *Nursing Administration Quarterly* 36 1 This article describes how technology can be used to address problems in the U. The article explains the use of value-based care initiatives and outlines how nurses can use these initiatives to improve outcomes in treatment and research. Design implementation and evaluation of population-specific telehealth nursing services. Review the various technology tools described in this weeks Learning Resources. Identify a recently adopted information education or communication technology tool in your specialty area. Reflect on how it is used and how its use impacts the quality of care. Consider how your identified technology tool might impact nursing practice if it were more widely used. What are some barriers preventing increased usage? How could wider implementation be facilitated? Highlight the effect that increased use of this technology would have on nursing practice and discuss the barriers that are slowing or hindering its adoption. Summarize how adoption of the technology tool could be facilitated. Your personal information will stay completely confidential and will not be disclosed to any third party. Money Back Guarantee We do our best to make our customers satisfied with the result. Plagiarism Free Papers All the papers we provide are written from scratch and are free from plagiarism. You can make sure yourself by using our Plagiarism Check service.

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Chapter 3 : About Us | American Nursing Informatics Association

American Nurses Association Releases New Scope and Standards of Nursing Informatics Practice Linda Harrington, RN-BC, PhD, DNP, CNS, CPHQ, CENP, CPHIMS Linda Harrington is Vice President and Chief Nursing Informatics Officer, Catholic Health Initiatives, Inverness Dr West, Englewood, CO (www.nxgvision.comgton@www.nxgvision.com).

A defined specialty scope of practice statement and standards of professional practice, with accompanying competencies, are unique to each nursing specialty. The purpose of this article is to demystify the process for specialty nurses who are creating or revising their specialty nursing scope and standards of practice. We provide best practices for the developmental process based on our recently published scope and standards of specialty nursing practice. The conclusion provides strategies to disseminate scope and standards documents to appropriate stakeholders. Scope and Standards of Practice in press , describes what nursing is, what nurses do, responsibilities for which nurses are accountable, and the outcomes of that practice. Nurses are responsible for the direct care delivery and the consequential outcomes, specified in that ANA foundational document. Grounded in the profession of nursing, areas of focused nursing practice have emerged as nursing specialties. Associated nursing specialty organizations are designated stewards of specialty nursing knowledge and seek publication of the specialty nursing scope of practice statement and standards to delineate and guide that unique practice. Registered nurses at the national and international level, as well as other stakeholders engaged in legal, regulatory, administrative, education, and research activities, value scope and standards documents. These documents help to assure continued understanding and recognition of the diverse professional contributions of nurses. Registered nurses at the national and international level Developing the scope and standards of specialty nursing practice can be a daunting task for the nurse experts leading the work. The purpose of this article is to demystify that process, whether to create new or revise existing specialty nursing scope and standards of practice. We discuss best practices incorporated in the developmental process for several recently published scope and standards of specialty nursing practice. These best practices are applicable to nursing specialty organizations publishing with ANA, as well as those that are not. This article addresses each of the following best practices in detail: Thought leaders in specialty nursing organizations are advised to begin by addressing the following six key questions: Explain the unique contributions of generalist and advanced practice registered nurses. Determine when these specialty nurses are needed. Describe practice environments in sufficient detail to understand specialty practice. Determine what niche or gap is filled; the historical perspective of the development of the specialty; current issues and future trends in health care that point to the need for the specialty. Identify the process to become this type of nurse specialist, including development through formal education, continuing education, and practice experiences. Nursing specialty organizations may elect to partner with the ANA in this process. In this case, the organizations collaborate throughout the process of review and revision, leading to the intended outcome of a final approval by the ANA Board of Directors. Associated nursing specialty organizations are designated stewards of specialty nursing knowledge Some specialty organizations have a strong history in publishing nursing standards, predating their recognition by the ANA. In , the first ANA published standards for school nursing practice were released, followed by five revisions. Significant changes in the evolving healthcare and nursing practice environments require that specialty nursing standards be reviewed, revised as necessary, and resubmitted to ANA for acknowledgment at least every five years, or more frequently if warranted ANA, a. As the convener and steward for the ongoing work, the ANA prompts nursing specialty organizations in advance of the five-year publication mark. An effective strategy is to simultaneously develop the scope and standards and the application for specialty recognition. In select instances, nursing specialty organizations also need to seek ANA recognition of a new nursing specialty when submitting the specialty scope and standards document to the ANA review process. Identifying Lead Writer for the Process Historically, leaders in nursing specialty organizations have undertaken the actual writing of their scope and standards in various ways. For example,

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the ANA convened the correctional nursing workgroup, and the ANA staff served as the custodian of the correctional nursing scope and standards document. The group then finalized the document for submission to the ANA review process. Some nursing specialty organizations intentionally maintain the lead writer who directed the development of earlier editions e. Still other organizations utilize the previous editor to mentor a new volunteer e. Lead writers may also be designated by a nursing specialty organization Board of Directors, such as with the Psychiatric Mental Health Nursing: Lead writers assume their roles with the understanding that their scope and standards document serves as a reference source The specialty scope and standard document articulates the role and responsibilities of registered nurses and advanced practice registered nurses who work in a respective nursing specialty. Thus, in developing the scope and standard document, nursing specialty organizations rely on additional expert volunteers to contribute to the development of a high quality product. Convening Experts with Specific Roles and Functions Contributors to the process of creating a specialty scope and standards document are sought in various ways. The broadest approach is via an ANA call for member participation, including messages to state nurses associations and organizational affiliates. This strategy can generate a large number of nurses in the specialty, yet requires a selection process to identify the most qualified volunteers. Nursing specialty organizations e. Other strategies have included targeted selection of specialty nurses known for their expertise, published scholarly work, and other significant contributions to the specialty e. Ensuring Incorporation of Foundational Documents Specialty nursing organizations undertaking a revision have traditionally incorporated concepts and content from the foundational documents of the ANA in their scope and standards. Whether an initial undertaking or revision, successful integration of the content of these resources in the scope and standards entails reading, reviewing, and repeatedly returning to these primary foundational source documents for guidance. An exemplar of such work is the Correctional Nursing: The Committee on Nursing Practice Standards CNPS , which reviewed this document, utilized it as an exemplar for subsequent nursing specialty organization developing or revising their scope and standards. For example, in providing feedback to the Addictions Nursing and Psychiatric Mental Health Nursing groups, the CNPS encouraged both to develop a similar narrative for the nine provisions. This ultimately extended the timeline for finalizing their work; however, each group elected to revise accordingly, and felt that this extra content substantively enriched the final documents. Establishing a Realistic Timeline In planning the timeline, lead writers need to keep in mind that writers are volunteers, with other competing responsibilities and priorities. At a minimum, writing groups should plan a 12 to 18 month period from the onset of the project to acceptance of the scope and standards by the CNPS. However, the process can take as long as 24 to 36 months. Larger groups may even require additional time to reach to consensus. Work that entails collaboration among different nursing specialties may also extend the timeline when approval is required by the various boards of directors. In planning the timeline, lead writers need to keep in mind that writers are volunteers, with other competing responsibilities and priorities. Addressing Strategies to Overcome Barriers Even with the best plan, there are often barriers that can impede a timely outcome for the project of a collaborative group. Previous contributors to workgroups identified the following barriers and potential strategies related to time constraints, the writing process, and logistics. Getting and giving clear directions from the onset is invaluable to assure forward progress. Nearly all contributing authors identified the challenge of adhering to the timeline while working with busy professionals whose time constraints were significant and many. Several effective strategies helped to overcome this barrier. One strategy included establishing the best time of day for meetings. In multiple instances, that meant evening conference call meetings. Some found it useful to meet frequently, yet limit the duration of meetings, while others met for longer periods of time at less frequent intervals. To avoid or minimize time-consuming revisions, one recommendation is to contact ANA staff prior to starting the writing process. The challenges of volunteers aside, some writers did not produce as expected. Thus, it is helpful to anticipate potential reassignment of work. Some leaders identified the variability of writing skills across contributors. Handling multiple versions of the document often presents a challenge. One strategy offered is to utilize free or low cost online storage programs, such as DropBox [www](http://www.dropbox.com). This process can

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be an effective way to communicate changes among the team members and manage multiple and ongoing revisions. As the work is nearing completion, another strategy is to select a subgroup who will take responsibility for the revisions leading to the final document. Promoting Facilitators for Success Establishing ground rules was important, including respect for diverse ideas and opinions. A common theme across all leaders of the scope and standards workgroups represented herein was the importance of forming the group and quickly developing cohesion. Establishing ground rules was important, including respect for diverse ideas and opinions. Another common theme was that the contributors were enthusiastic and committed to providing a quality product. A track record of strong, effective organizational skills of the lead author was invaluable facilitator for success. Effective strategies included developing a project plan with targeted activities, identifying responsible persons, and setting realistic target dates for completion. Lead writers were mindful of matching writing assignments to the specific expertise and strengths of group members. For example, historians were important for telling the story of the development of the nursing specialty. Lead writers were also mindful of the need to both delegate and attend to deadlines. Strategies for management included regularly scheduled meetings and individual follow-up with particular group members. For most, the initial group meetings tended to be longer e. As work progressed, shorter and less frequent meetings were required. As group members contributed their respective writing assignments, lead authors assumed the role of melding the works into a cohesive working document. Responding to Reviewer Feedback Without exception, all of the leaders of the scope and standards workgroups represented herein reported that making revisions in response to the recommendations from the ANA Committee on Nursing Practice Standards CNPS strengthened their respective documents. Lead writers who were members of this committee Bickford, Finnell, and Thomas identified the added value of this role. While recused when their respective draft specialty scope and standards document was reviewed, they identified the merits of experience in engaging in the review of other nursing specialty organization documents. Similarly, other lead writers identified the value of reviewing scope and standards documents published by other nursing specialty organizations as exemplars. There were instances when CNPS recommendations were not accepted by the writing group. Thus, it is important to engage in dialogue with the reviewers to ensure that the final document in fact represents the scope and standards of the nursing specialty. Thus, it is critical to inform various stakeholders of these publications. Potential strategies for dissemination include: Use social media to inform members of the specialty organization, the larger nursing community, the specialty field, and other stakeholders about the scope and standards document. This may include press releases, social media announcements, email blasts, and postings on websites. Mobile and web-based applications are another mechanism to disseminate information and provide easy and timely access to these essential documents. Present the scope and standards document at local, national, and international conferences.

Chapter 4 : Implementing the New ANA Standard 8: Culturally Congruent Practice

The American Nursing Informatics Association (ANIA) is the association of professional nurses and associates who: Are committed to their specialty that integrates nursing science, computer science and information science to manage and communicate data, information, knowledge and wisdom in nursing and informatics practice.

Chapter 5 : Nursing Informatics: Scope & Standards of Practice by American Nurses Association

The informatics nurse evaluates their own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

Chapter 6 : Best Practices for Developing Specialty Nursing Scope and Standards of Practice

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Chapter 8 : Scope & Standards - National Association of School Nurses

AMERICAN NURSES ASSOCIATION. The learner will be able to: Describe the process of revising the ANA Nursing Scope and Standards of Practice (NSSP).

Chapter 9 : Nursing Informatics: Scope and Standards of Practice

Metastructures, concepts, and tools of nursing informatics --Functional areas for nursing informatics --Informatics competencies --The integration of nursing informatics --Ethics in nursing informatics --The future of nursing informatics --Standards of nursing informatics practice.