
CASE STUDY

DO I NEED A COURSE FOR THAT?



We have created two case study vignettes to encourage you to consider the competence needed, knowledge and skill, and help you decide about courses/certifications.

CPR CERTIFICATION

Barbara is on maternity leave and is planning to return to work on her medical unit next month. Her CPR certification expired while she was off, so she now has to complete a full CPR course rather than a recertification course. Barbara works in a rural hospital where CPR courses are only offered at certain times of the year. The next full course offered by her employer isn't occurring for six months. This poses a problem for Barbara as she is unable to return to work until she obtains her certification. Barbara recalls overhearing past conversations among her RN colleagues that only certain CPR certifications are acceptable. As she has been off, she hasn't clarified with the other nurses about the acceptable courses. So, Barbara decides to contact NANB to "get the list" of acceptable courses so she can register herself into a full CPR course soon.

Barbara calls a nurse consultant at NANB to inquire about the CPR courses that are acceptable for registration. During the discussion, she is surprised to learn that the CPR is not a requirement for registration as an RN. The policy and practice consultant informs Barbara that CPR certification **may** be a component of an employment contract or job/role description and covered under the employer's policies. If required to hold CPR certification this is because the employer requires this as part of their job description for that particular role. If having certification in CPR is required in their job description then the RN that completes this certification is adhering to NANB Practice Standard Indicator 1.2 practices in accordance with relevant legislation, standards, regulatory requirements, and employer policies.

The nurse consultant discusses with Barbara that competency in CPR requires both knowledge and skill, so an appropriate course should contain both components.

FOOT CARE CERTIFICATE

Mykala has been an RN for almost three years and is working in long-term care. She has been approached on several occasions to provide foot care for their residents who have diabetes. Mykala is competent in cutting toenails with nail clippers, but after her assessment of some of the residents' feet, she decides that the care they require is beyond her level of knowledge and competence.

Mykala is frequently the only RN working on her shift, so she isn't able to ask for assistance from an RN colleague. When Mykala reviews her organization's policies regarding foot care it states that an RN with a certificate in foot care is able to provide nursing assessment and foot care for residents with complex foot care needs or those with diabetes or other lower limb circulatory issues. Mykala searches for resources on the NANB website for guidance in determining which course to take to acquire competency in foot care. Finding no clear direction on which course to take, Mykala contacts NANB to speak with a nurse consultant.

Often patients requiring foot care have complex health issues or comorbidities and the intervention is considered higher risk for negative outcomes. Foot care for this population is a specialized area of practice and would benefit from post entry to practice education. Post entry-level procedures (PELP) are those nursing procedures that are not part of basic nursing education, are not currently part of RNs work expectations and are being introduced into nursing practice, in specific practice setting. The safe execution of PELPs encompasses the determination of when to perform the procedure, the planning and implementation of care and the evaluation and management of the outcomes of the procedure. When considering a request to introduce a post entry-level procedure into the practice of RNs, consideration must be given to the necessity for RNs to acquire not only the skill in performing the procedure but also the need to attain competence. Competence involves the knowledge, skill and judgement to ensure safe, competent and ethical care. Employers and different work settings often refer to these post entry-level procedures as advanced nursing tasks, added competencies, contextual competencies, delegated medical functions and specialized skills. The decision to add a post entry-level procedure into nursing practice is made in collaboration with the RN and the employer, however, the employer is ultimately responsible for making the decision to accept the request, for setting policies and for creating a practice environment that supports the RN's acquisition of additional knowledge and skills for the safe and competent delivery of PELPs.

Mykala speaks to a nurse consultant at NANB who informs her that NANB does not have a policy or a specific requirement for a foot care course. In response to these questions, the nurse consultant emphasizes the importance of RNs applying the *Practice Standards for Registered Nurses* in their practice and understanding their responsibility to practice competently and to continually acquire and apply knowledge and skills in the provision of evidence-informed nursing care. The nurse consultant also explains what are a PELPs and the requirements to ensure safety and competency in the execution of these procedures.

Evidence-informed practice is based on successful strategies that improve client outcomes and is derived from a combination of various sources of evidence including client perspectives, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data. This means that NANB expects that an RN practises based on the best possible evidence and recognized best practices. The nurse consultant suggested that Mykala review all the foot care courses available and consider the

content and review her own knowledge, skill and competency to determine her needs and to choose a course that is current, evidence-informed and would best meet her needs. The nurse consultant also brings to Mykala's attention that in relation to the employer's responsibility around PELPs, the employer may also recommend or approve certain foot care courses to be followed, Therefore employer policy should also be considered in determining which course to follow to ensure competency.

The nurse consultant also discussed with Mykala the importance of having a strong understanding of Infection Prevention and Control (IP&C) practices and following employer IP&C policies that would be relevant when performing foot care.

The nurse consultant encouraged Mykala to follow up with the clinical nurse educator as a resource for best practice information related to the provision of foot care.

Our case studies are fictional educational resources. While we strive to make the scenarios as realistic as possible, any resemblance to actual people or events is coincidental. Thank you to the [College & Association of Registered Nurses of Alberta](#) for granting permission to adapt their case study.

RESOURCES

Standards of Practice for Registered Nurses

<http://www.nanb.nb.ca/media/resource/NANB2019-RNPracticeStandards-E-web.pdf>

Examining Requests for Post-Entry Level Procedures

<http://www.nanb.nb.ca/media/resource/NANB-ExaminingRequestsPostEntryLevelProcedures-E.pdf>

Fact Sheet: Infection Prevention and Control

<http://www.nanb.nb.ca/media/resource/NANB-FactsSheet-InfectionPreventionControl-July2019-E.pdf>