Determining Scope of Practice

Sharon Ann Van Wicklin, PhD, RN, CNOR, CRNFA(E), CPSN-R, PLNC, FAAN, ISPAN-F

Plastic Surgical Nursing (PSN), the official journal of the International Society of Plastic and Aesthetic Nurses (ISPN), publishes this column to provide accurate, evidence-based information about fundamental best practices for plastic and aesthetic nurses.

DETERMINING SCOPE OF NURSING PRACTICE

According to the American Nurses Association (n.d.), “Scope of practice describes the services that a qualified health professional is deemed competent to perform, and permitted to undertake—in keeping with the terms of their professional license” (para 1). The International Society of Plastic and Aesthetic Nurses (ISPN; 2020a) states that plastic and aesthetic registered nurses (RNs) are “responsible for adhering to procedures set forth by their state boards of nursing and the policies and procedures dictated by their health care organizations” (p.14).

Scope of practice questions can be tricky because tasks that may be within one nurse’s scope of practice may not be within another nurse’s scope of practice. Whether a particular task is within an RN’s or advanced practice RN’s (APRN’s) scope of practice ultimately depends on whether or not the nurse has the requisite knowledge and skill to perform the task safely and correctly. For example, in my previous position as an RN First Assistant (RNFA), I completed many tasks that some might consider outside of the RNFA scope of practice (e.g., de-epithelialization of the skin during breast-reduction procedures); however, if I was asked to draw a peak and trough from a peripheral-ly inserted central venous line to determine a particular concentration of a drug, I would have to decline because I do not have the requisite knowledge and skill to perform this task safely and correctly.

The ISPAN Scope and Standards Task Force developed the ISPAN RN Scope of Practice Decision Tree (Figure 1) and the ISPAN APRN Scope of Practice Decision Tree (Figure 2) to help plastic and aesthetic RNs and APRNs determine whether a particular task is within their scope of practice (ISPN, 2020a, p. 14). When determining whether an activity is within a nurse’s scope of practice, the nurse should ask a series of questions.

1. Are there any prohibitions or restrictions from the state board of nursing against RNs performing the task?
   The nurse should first ascertain whether his or her state board of nursing has any prohibitions or restrictions against RNs performing the task. If there are any restrictions, then the nurse should not perform the task. Notably, state boards of nursing are silent about many tasks that nurses routinely perform.

2. Does the health care organization’s job description, policies and procedures, or credentialing documents prohibit RNs from performing the task?
   The next question the nurse should ask is whether the health care organization for whom the nurse is working has any specific prohibitions against nurses performing the task. Nurses should know and understand the boundaries of their job description, relevant facility policies and procedures, and credentialing documents.

3. Are there any established organizational or community precedents against RNs performing the task?
   The nurse would then need to determine whether there are any established organizational or community precedents against RNs performing the task. Sometimes, an organization will have a prohibition against health care professionals performing particular tasks based on previous litigation that has been brought against the facility. Nursing specialty organizations may provide position statements or specific recommendations about performing certain nursing tasks. For example, the ISPAN (2020b) has a position statement on “Scope of Practice for the Plastic and Aesthetic Registered Nurse and Advanced Practice Registered Nurse” as well as statements on a variety of other issues. The ISPAN position statements are freely available on the ISPAN Web page (https://ispan.org/position-statements.cgi).

   It is also advisable to check and see what other plastic and aesthetic nurses in the local community are doing. If the nurse finds that other plastic and aesthetic nurses are...
not performing the task, unless there is a specific community precedent against the task, it does not necessarily mean that the nurse cannot perform the task provided they have the requisite knowledge and skill to do so. However, if the nurse is performing a task that members of the community of plastic and aesthetic nurses are not performing or the nurse is performing a task that the nursing specialty recommends against performing, it could be problematic for the nurse if litigation arises.

For this reason, nurses should collaborate with credentialing personnel at the health care organization to determine the acceptability of performing specific tasks and have these tasks delineated within their credentialing documents. It is always advisable for nurses to have a competency verification of the tasks they are competent to perform documented within their records.

4. **Does the RN possess the requisite knowledge and skills to perform the task correctly and safely?**

The most important question for the nurse to ask is whether or not they have the requisite knowledge and skill to perform the task safely and correctly. Obtaining competency verification of the ability to perform specific nursing tasks provides documentation that the nurse possesses the knowledge and skill to do so safely and correctly. Obtaining and maintaining nursing specialty certification can also provide confirmation of the nurse’s knowledge about the nursing specialty.

5. **Does the task require oversight by a physician?**

The last question the nurse should ask is whether or not the task requires oversight by a physician. Assuming there are no requirements for physician oversight from the state board of nursing, the health care organization, or the community and assuming the nurse possesses the knowledge and skill to perform the task safely and correctly, the requirement for physician oversight is ultimately determined by the physician and the health care organization.

The mission of ISPAN is to promote “the education, competency, and professional development of the plastic and aesthetic nurse” (ISPAN, 2020b). To help ensure patients receive safe and high-quality care, plastic and aesthetic RNs and APRNs must practice within their
REFERENCES

If you are a plastic or aesthetic nurse and would like to write about an issue of fundamental importance to plastic or aesthetic nurses, or if you would like to see your issue presented in a future *Fundamentals of Plastic and Aesthetic Nursing Practice* column of PSN, please contact Sharon Ann Van Wicklin, Editor-in-Chief, at sharonvwrn@ispan.org.

For more than 136 additional continuing professional development articles related to Professional Issues, go to NursingCenter.com/CE.