



ACADEMY OF MEDICAL-SURGICAL NURSES

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Scope and Standards of Medical-Surgical Nursing Practice
7th Edition

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Acknowledgments

The *Scope and Standards of Medical-Surgical Nursing Practice, 7th Edition*, was revised by the Scope and Standards 7th Edition Task Force of the Academy of Medical-Surgical Nurses (AMSN) whose members practice as Registered Nurses (RN), graduate-level prepared nurses, Certified Nurse Practitioners (CNP), and Clinical Nurse Specialists (CNS) in a variety of medical-surgical settings and geographic locations. The standards were reviewed by medical-surgical nurses throughout the country. The standards were then approved by the AMSN Board of Directors.

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7th Edition

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The *Scope and Standards of Medical-Surgical Nursing Practice* describes competent nursing practice and professional performance in the specialized area of medical-surgical nursing. This document is intended for registered nurses, certified nurse specialists and advanced practice nurses as well as providers, allied science professionals, healthcare partners, families, administrators, and others interested in the practice of medical-surgical nursing.

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2 Definition of Medical-Surgical Nursing

Medical-surgical nursing is the single largest nursing specialty in the United States (AACN, 2023). Medical-surgical nurses provide care to populations ranging from adolescents to adults with a variety of medical and surgical needs, including preparing for and recovering from surgery or procedures. They have a broad knowledge base and can become certified in their practice. The practice of medical-surgical nursing is grounded in ethical principles (Fowler, 2015). Medical-surgical nurses have skills in organization, prioritization, assessment, and communication. Medical-surgical nurses are competent caregivers, lifelong learners, and utilize critical thinking to provide quality care. They are leaders in coordinating care among the interprofessional health care team. Medical-surgical nursing is practiced in settings across the health care industry. The specialty of medical-surgical nursing happens in a variety of care environments because it is what a medical-surgical nurse practices, not where.

3 Medical-Surgical Nursing Practice Environment

Medical-surgical nursing is a specialty practice area in professional nursing. Medical-surgical nursing is the nursing diagnosis and treatment of human responses of patients to actual or potential health problems. The medical-surgical nurse possesses specialized knowledge and is skilled in assessing, prioritizing, and providing evidence-based nursing interventions for actual or potential alterations in functional ability and lifestyle, and evaluating the outcomes. The goal of medical-surgical nursing is to assist patients in promoting, restoring, and maintaining optimal health.

Medical-surgical nursing is practiced in a variety of settings across the continuum of care; these include, but are not limited to, acute and subacute care facilities, home care agencies, ambulatory care clinics, outpatient services, residential facilities, correctional settings, skilled nursing facilities, private practice, adult day care agencies, primary care and specialty practices, schools, insurance companies, private companies, telehealth or virtual settings, in homes, via telehealth and other non-traditional settings. The role of the medical-surgical nurse may include, but is not limited to, caregiver, care coordinator, educator, case manager, counselor, patient advocate, consultant, researcher, administrator/manager, staff educator, and expert witness.

The practice of medical-surgical nursing is goal-oriented, outcome based, and patient-centered. The nursing process provides the framework for medical-surgical nursing practice. Medical-surgical nurses use evidence-based practice, along with the nurse's clinical expertise and patient preferences to assess, plan, implement, and evaluate care. The medical-surgical nurse formulates nursing diagnoses from pertinent assessment data and assists the patient and support system in developing and prioritizing goals. The medical-surgical nurse and the interprofessional team identify expected outcomes and interventions necessary to achieve those outcomes. Medical-surgical nurses implement evidence-based interventions for patients that will enhance their physical and psychological well-being, provide individualized education, endorse healthy lifestyles, support decision making, and promote achievable independence. A patient's responses to those interventions are then evaluated and used as input for quality improvement initiatives and further research.

In caring for the patient, the medical-surgical nurse is nonjudgmental, nondiscriminatory, and respectful of the patient's culture, age, personal identity, and other beliefs. Medical-surgical nurses strive to provide holistic care through recognition of the interconnection that exists between the patient, others, nature, and spirituality (Vincensi, 2019). The medical-surgical nurse cares for patients by respecting the dignity of patients and providing individualized plans of care that are modified according to patient progress.

Medical-surgical nurses advocate for the best quality of life for the patient. 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, cultural, and financial resources. Medical-surgical nurses use

58 organizational, educational, advisory, and advocacy skills to facilitate the development of
59 relevant public policies and community services to enhance the public's health and well-being.
60 Medical-surgical nurses are equipped with the knowledge and skills required to function in
61 leadership roles, both formal and informal, within their communities and areas of practice. They
62 are uniquely positioned to improve patient outcomes and help shape the future of nursing
63 across the healthcare continuum.

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4 Practitioners and their Roles in Medical-Surgical Nursing

Nurses practice wherever nursing needs are identified. The practice location or work environment can span the healthcare industry spectrum: hospitals, inpatient and outpatient settings, in homes, via telehealth, academic medical centers, regional and community organizations, rural areas, and other non-traditional environments. The **practice settings** exist on a continuum ranging from centralized medical centers or decentralized freestanding clinics where care delivery is influenced by the social determinants of health.

The **Graduate-level Prepared Nurse** has a masters or doctoral degree. The graduate-level prepared nurse builds on baccalaureate education and career experience. The graduate-level prepared nurse is prepared for managing and leading, providing formal education in schools of nursing, and fulfilling roles such as administration and leadership. Graduate-level prepared nurses also engage in research, education, policy making, informatics, forensics, public health, and sharing clinical expertise. Their initiatives impact groups of patients, the community, and populations (AACN, 2023).

The **Advanced Practice Registered Nurse (APRN)** is essential to the future of healthcare as patients continue to have needs for medical-surgical services (NCSBN, 2023). The roles of the APRN include certified registered nurse anesthetists (CRNA), certified nurse midwife (CNM), certified nurse practitioner (CNP), and clinical nurse specialist (CNS). Although all APRNs are important in the care of patients throughout the entire healthcare system, there are two APRNs that have a significant impact within the medical-surgical setting; the CNP and the CNS.

The **Certified Nurse Practitioner (CNP)** is an advanced practice nurse with graduate education requiring a masters, post-masters, or doctoral level with board certification. The first nurse practitioner program was established in 1965 to increase primary care providers due to shortage of pediatric medical residents (Sarzynski & Barry, 2019). The role of CNP gained attention as it was viewed to be cost effective considering the socioeconomic and political climate of the times. During the 1970's, federal funding helped to establish CNP programs to address the shortage of primary care physicians (AANP, 2023). A CNP's certification varies from state to state (Nurse Journal, 2023). CNP credentials may include prescribing and dispensing of medications with variable prescriptive authority from state to state (Nurse Journal, 2023). Their core competencies include leadership, quality, technology, and policy competencies (AANP, 2022). CNPs treat patients with acute and chronic conditions, and work reciprocally with patients to establish and maintain healthy lifestyles. The CNP must remain current in lifelong learning and clinical practice to meet the needs of society and health care advancements. CNPs must adapt to these changes for their own professional development, organizational involvement, and advances in policies at the local, state, and national levels.

"The **CNP** practices in nearly every health care setting, including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or CNP practices, including CNP-owned practices, nursing homes, schools, colleges, retail clinics,

public health departments, nurse-managed clinics, homeless clinics and home health. CNP practice includes, but is not limited to, assessment; ordering tests, procedures, consults and medications; performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment, including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients, their families and communities (AANP, 2022).

The **Clinical Nurse Specialist (CNS)** has made contributions to the United States healthcare system for over 60 years. The CNS is a masters or doctorally prepared APRN certified in acute/critical care, adult/gerontology, pediatrics, or the neonatal population. The CNS influences health care delivery through diagnosing, treating, prescribing, and billing based on state regulations. The CNS practices within the three spheres of impact: patient, nurse/nursing practice, and organization/system (NACNS, 2019). The CNS is a clinical expert who serves as a consultant by providing knowledge to the clinical nurse, uses evidence-based practice to design and reforms nursing care practices, leads organizational projects, builds system programs, and provides clinical and process outcome measures with cost savings for the healthcare system (NACNS, 2019).

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5 The Academy of Medical-Surgical Nurses History

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 seventh edition of the *Scope and Standards of Medical-Surgical Nursing Practice*, and 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, 2021) and Guide to the Code of Ethics for Nurses with Interpretive Statements (Fowler, 2015).

Medical-surgical nursing developed as a specialty and continues to evolve. In the late 1800s and early 1900s, patients were placed on separate medical, surgical, and obstetrical wards. Early nursing education curriculum was separated into medical nursing, surgical nursing, and disease prevention. The transition to combine medical and surgical nursing education into one course began during the late 1930s. Course content included the theory and treatment of abnormal physiological conditions, in addition to the concepts of health promotion and the psychological, social, and physical aspects that impact health. It was not until the 1960s that nursing schools fully integrated the study and practice of medical and surgical nursing into their curricula. At this time, standards were beginning to be developed for nursing specialties. The first medical-surgical nursing practice and standards were published in 1974 by the ANA, with a Statement on the Scope of Medical-Surgical Nursing Practice following in 1980. AMSN was formed in 1991 as a professional organization representing medical-surgical and adult-health nurses. The first edition of the *Medical-Surgical Nursing Scope and Standards* was published in 1996 (Taylor, 2006).

Cecelia Gatson Grindel, one of the founding members of AMSN in 1991, stated that medical-surgical nurses use their widespread knowledge and clinical skills to provide holistic care that is "rooted in health promotion, disease prevention, and health maintenance in either community or institutional settings" (Grindel, 2005, p. 5). The goal of medical-surgical nursing is to promote health, prevent health-related complications, care for a broad range of adult patients, educate, advocate and lead change to provide optimal outcomes for patients.



AMSN Steering Committee (Philadelphia, PA 1991)-Annette Levitt, MSN, RN, Beverly Ann McGuffin, MS, RN, Alice Poyss, PhD, RN, Cecelia Gatson Grindel, PhD, RN, Peggy Miller, AMSN, RN, CS, Sally Brozenec, PhD, RN.

5.1 AMSN Milestones

1991 The AMSN Steering Committee is formed.

1992 Co-Founder, Alice Poyss is inducted as the first president of AMSN during the First Annual Convention.

1993 MEDSURG Nursing Journal is created; Marilyn Fetter serves as first editor.

1994 Co-Founder, Cecelia Gatson Grindel, assumes the presidency for the first time.

1999 The AMSN Web Site, medsurgnurse.org is unveiled.

2000 November 1 is established as "Med-Surg Nurses Day."

2001 Nurses Nurturing Nurses™ Mentoring Program is introduced.

2002 A med-surg nursing certification exam task force was formed and a blueprint was designed
AMSN News is renamed *MedSurg Matters!*

2003 The first Certified Medical-Surgical Registered Nurse (CMSRN) exam is given, and 702 nurses earn the credential.

2004 The AMSN Research & Scholarship Fund of the *Nursing Economic\$* Foundation is established.

2005 Cecelia Gatson Grindel, AMSN's second president, begins a second term as President of the association – she is the only President to be elected to second term.

2006 The AMSN Foundation kicks off fund-raising activities to match a \$10,000 gift from Mike & Cece Grindel

2007 Medical-Surgical Nurses Week, November 1-7, is established.

2010 Compassion. Commitment. Connection. is introduced as the AMSN tagline.

2013 MSNCB FailSafe certification program is introduced.

2014 Collaborated with Dr. Marlene Kramer to recognize healthy practice environments in medical-surgical nursing units.

185 **2015** Developed the Clinical Leadership Development Program (CDLP) for clinical nurses at the
186 bedside.
187 **2016** Happy 25th Anniversary!
188 **2017** AMSN PRISM Award® is established.
189 **2018** Launched the AMSN Legislative Advocacy program.
190 **2019** Updated the AMSN brand and created a new logo.
191 **2020-** First remote Convention due to COVID-19.
192 **2021-** Competency Framework was developed.
193 **2022** Launched a Hybrid Convention and Elevate Education Series (Behavioral Health, Clinical
194 Leadership & DEI).
195 **2023** 7th edition of scope and standards developed.

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6 Current Issues and Trends in Medical-Surgical Nursing

6.1 Diversity, Equity, and Inclusivity

AMSN is committed to the promotion and sustainability of a culture of diversity, equity, and inclusion (DEI). Engaging diverse perspectives strengthens our community by providing safe platforms for thoughtful discussion, removing barriers towards professional development, and finding innovative strategies to address problems facing healthcare. AMSN strives to being an organization that is reflective of our membership and the communities that we serve and imbeds these guiding principles into its mission, goals, and strategic plan.

6.2 Importance of Evidence Based Professional Competencies in Medical-Surgical Nursing

AMSN engages in comprehensive dialogue with nurses at all levels of practice and settings to lay the foundation to assess and improve nurse competency in a standardized, evidence-based manner to address gaps not fully captured by licensure or professional certification.

6.3 Increased demand for Nurse Practitioners

A shortage in primary care physicians is expected by 2034, increasing the need for Certified Nurse Practitioners (CNP). This will lead to an increase in CNP-led practices and demonstrate a need within the healthcare system to grant full practice authority to CNPs.

6.4 Practice Environment Advocacy

AMSN advocates for healthy practice environments and created the [Practice Environment Advocacy position statement](#) to respond to a need indicated in a member survey. AMSN endeavors to empower nurses to transform their workplaces.

The National Institute for Occupational Safety and Health (NIOSH, 2020) defined four categories, which include: Criminal Intent, Customer/Client, Worker-on-Worker, Personal Relationships.

6.5 Political Awareness for the RN

Medical-surgical nurses are the largest specialized group of nursing professionals and must recognize their inherent power to influence changes in health policy.

6.6 Staffing Standards for Patient Care

AMSN supports the provision of the highest quality patient care through appropriate use of staffing standards. The nursing shortage is expected to continue for the next few years due to retirement and an increase in burnout. In addition, nursing roles will evolve in the coming years due to changes in healthcare delivery and population demographics. This highlights the importance of safe staffing standards.

6.7 Growth of Technology

Nursing skills evolve as emerging technologies are deployed in healthcare. Artificial intelligence (AI) is expected to introduce changes in the way that patient data is assimilated and synthesized for the nurse. Virtual simulation training will be used to expose nurses to various situations that require critical decision making and problem-solving skills to increase efficiency in education. Electronic health records and computer workstations on wheels are becoming a part of everyday nursing practice. Telehealth and wearable medical devices are becoming more available to patients in both inpatient and outpatient settings. Virtual nursing is becoming part of medical-surgical nursing care delivery. Medical-surgical nurses must be ready to integrate technology such as AI, virtual care, telehealth and simulation, into their practice to provide quality patient care.

7 Medical-Surgical Competency Framework

AMSN launched a Competency Framework (AMSN, 2022) to set standards for medical-surgical nursing practice. This framework measures dimensions of competency at the emerging, established, or expert levels. The domains, subdomains, and competencies are specific to medical-surgical nursing providing individuals and organizations with information to understand the competencies and measures related to outcomes and practice for nurses, patients, and organizations.

7.1 Background

The Academy of Medical-Surgical Nurses realized there was not a comprehensive competency model for medical-surgical nursing. AMSN identified skills checklists that were used for hiring purposes, and those were institution specific. AMSN envisioned a competency model that was robust and comprehensive; one that identified and measured the knowledge, skills, abilities, and other characteristics (KSAOs) of medical-surgical nurses over the course of their career.

Given the lack of a competency model for medical-surgical nurses, AMSN formed a steering committee made up of nursing leaders in education, practice, regulation, and leadership to provide stewardship and leadership to the project. A task force made up of a diverse set of medical-surgical nurses from around the country, practicing in many different size facilities and many different medical-surgical settings was formed. The task force consisted of nurses that were newer to practice, others that had been nursing for a few years, and some with several years of experience. The selection process ensured that there were certified and non-certified medical-surgical nurses, with diverse educational backgrounds including, Diploma, Associate Degree in Nursing (ADN), Bachelor of Science in Nursing (BSN), and beyond.

7.2 Competency and Definitions

The terms that describe *competency* have been a topic of scholarly debate for centuries. In the late 1700s, competency was defined as “sufficiency of qualification.” (Lasda, 2023). In the 20th century, psychologists in the learning sciences considered the notion of competency and provided scholarly insight. In the late 1950s, an American psychologist suggested that competency was a method to motivate performance. (White, 1959). Throughout the end of the century, scholars continued to build upon the many facets of competency.

The AMSN Scope & Standards finds meaning in a pathway to increase an individual’s competence. Competence exists on a continuum and is the ultimate self-quality improvement process. Four main processes and examples that may resonate with many nurses as they reflect on their practice include (Peel et al., 2015):

Unconscious incompetence: The nurse doesn't know what they don't know.

Example: The nurse is sending a patient with a chest tube on wall suction to x-ray and unplugs suction without thinking twice about this action. The nurse is unaware if the patient can travel without suction and/or is unaware of portable suction.

Conscious incompetence: The nurse has an idea what to do but is not proficient in doing it.

Example: The patient requires pulmonary hygiene. The nurse is not sure how to perform it independently.

Conscious competence: The nurse knows what to do, is able to do it, but is not confident.

Example: The patient's patient-controlled analgesia (PCA) is now beeping and empty. The nurse knows how to obtain a replacement PCA syringe but has only replaced a PCA in the machine once or twice and lacks confidence in proper replacement steps.

Unconscious competence: The nurse's performance is automatic.

Example: The patient is pulseless and not breathing. The nurse calls for help while starting cardiopulmonary resuscitation (CPR) knowing the exact number of chest compressions to deliver.

AMSN defines competency using KSAOs that are required to meet a specific performance standard/proficiency for success in a specified job or job role (AMSN, 2022).

7.3 Competency Framework

The AMSN Competency Framework is made up of three interdependent dimensions: individual nurse attributes, practice competencies, and outcome measures. It begins with the individual nurse's attributes, or non-cognitive competencies (soft skills) unique to the nurse at its core because these non-cognitive factors are a component of individual competency and directly related to outcome measures. The framework encompasses five practice competency domains that cover clinical, professional, and interprofessional competencies required of medical-surgical nurses. Lastly, the final dimension represents the outcome measures impacted by mastery of these domains, including patient, organizational, and individual professional nurse outcomes.

Each competency dimension is then broken down into domains and subdomains that cover the wide range of skills and knowledge that med-surg nurses should be expected to master. Within the practice competencies, there are 5 domains and 28 subdomains. The individual attribute



dimension measures alignment with the Big 5 personality traits and assesses non-cognitive competencies based on the attributes of each nurse rather than on a demonstration of their skills. The outcome measures represent the three outcome domains that are achieved based on the nurse's individual competency profile.



Domain 1: Patient/Care Management

Subdomains and Competencies

Patient Safety - Ensure safety precautions are followed. The nurse anticipates, recognizes, and manages situations that place patients at risk for adverse events.

Infection Prevention – Apply infection control measures to ensure personal and patient safety, educate patients and support systems about infection control measures and participate in interprofessional activities to promote infection control best practices.

Medication Management - Ability to administer medications safely and effectively to various patient populations.

Pain Management - Ability to assess/reassess pain levels based on disease process and patient population using validated tools and assessment.

Non-Pharmacological Interventions - Knowledge of non-pharmacologic and complementary interventions to manage discomfort and promote comfort in patients.

Surgical/Procedural Nursing Management - Manage patients during the pre-procedure and post procedure periods as well as assist during procedures being performed outside the surgical suites.

Nutrition - Assess nutritional status of patients in a variety of patient settings and populations, able to identify and optimally manage nutritional needs.

Domain 2: Holistic Patient Care

Subdomains and Competencies

Patient-Centered Care - Consistently focus all nursing care on the holistic needs (physical, emotional, and spiritual) of patients and families.

Diversity & Inclusion - Provide nursing care that considers the patient's unique physiologic, psychological, spiritual, cultural, and sexual/gender beliefs/practices as a requirement of competent nursing care. Understanding your own biases and beliefs/practices and how those might impact nursing care is a critical component of inclusive nursing care.

Education of Patients & Families - Provide effective education for patients, family members, and/or care givers based on identified needs and learning preferences.

Health Promotion - Develop and implement clinical programs addressing identified health promotion needs in the community and counsel patients on required behavioral modifications to achieve overall health.

Palliative/End-of-Life Care - Apply palliative care and end-of-life care practices, inclusion of the patient/family in decision making, and improved quality of life.

Domain 3: Elements of Interprofessional Care

Subdomains and Competencies

Nursing Process/Clinical Judgment Measurement Model - Able to assess/reassess nursing care needs by patient population using the nursing process/clinical judgment.

Interprofessional Collaboration - Collaborate with the interprofessional team to develop, implement, and evaluate the patient's plan of care.

Care Coordination & Transition Management - Facilitate care coordination and transition management across the continuum in collaboration with the interprofessional team to achieve optimal outcomes.

Documentation - Accurately, fully, and objectively document findings, procedures, nursing interventions/care and evaluation in a timely manner.

Technology - Effectively use technology and clinical informatics to support the nursing process and the delivery of patient care.

Domain 4: Professional Concepts

Subdomains and Competencies

Communication - Effectively communicates verbally, non-verbally, and in writing with patients, families, interprofessional team members and across departments/levels of the organization. Communication is respectful, effective, efficient, timely and accurate.

Critical Thinking - Evaluates patient conditions, including subtle changes, anticipates clinical outcomes and manages them appropriately while considering the care environment, unit staffing and workload.

Healthy Practice Environment - Contributes to a healthy practice environment that is safe, empowering, and personally/professionally satisfying.

Scope of Practice and Ethics - Knowledge of, and adherence to, state mandated scope of practice for registered nurses, the Scope and Standards of Medical-Surgical Nursing Practice and a commitment to ethical practice as per the American Nurses Association Code of Professional Ethics.

Quality Management - Demonstrates leadership and integration to advance care through collaboration, communication and learning to integrate quality throughout care to achieve patient and organizational objectives.

Evidence-Based Practice and Research - Ability to assess, plan, implement, and evaluate evidence-based practice.

Domain 5: Nursing Teamwork and Collaboration

Subdomains and Competencies

Delegation & Supervision - Delegates appropriate tasks and activities to the care team based on scope of practice and competence and supervise the care team in their conduct of tasks and activities in the delivery of patient care.

Career Development Relationships - Actively participates in career development relationships to continue to grow professionally and to contribute to the professional growth of colleagues in areas where the nurse has greater experience, knowledge, or expertise.

Professional Development - Participates effectively in shared decision-making teams, support team members, provide constructive feedback to self and peers, actively seek professional opportunities, and engage in professional development as appropriate to your level of expertise.

442 Leadership - Clinical leadership: Manages the structure and processes required to obtain
443 positive clinical, quality and safety outcomes. Staff leadership: Manages direct reports to ensure
444 the appropriate resources are available to meet the practice's standards of nursing practice.

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8 Professional Development, Certification and Lifelong Learning

Nursing is an ever-changing lifelong learning profession and to maintain quality of care standards, medical-surgical nurses must stay current and deepen their ability to contribute to their organization, industry, society, and patients. It is the responsibility of individual medical-surgical nurses to read, understand, and identify practice parameters in accordance with state nurse practice acts, professional codes, professional practice standards, and competencies. Lifelong learning can be achieved by continuing in educational preparedness through formal education, joining a professional organization, attending conferences or workshops, and reviewing current evidence-based practice and trends, or obtaining a certification. Medical-surgical nurses' competence is achieved by education, knowledge, experience, and abilities. Newly licensed and experienced nurses transitioning into the medical-surgical specialty should use the *Scope and Standards of Medical-Surgical Nursing Practice* as a guide to understand their role and the expectations of the medical-surgical nurse. Medical-surgical nurses are encouraged to seek national certification in the specialty of medical-surgical nursing.

There are review courses that provide foundational knowledge of medical-surgical nursing including common diseases, symptoms, and issues in conjunction with assessments and interventions that are common in practice. An explanation of each body system, pathological conditions, and treatments are reviewed using the exam blueprint as a course foundation. The courses are offered in several formats including eLearning, Live/ Virtual and provide some test taking strategies. To sit for the CMSRN exam the medical-surgical nurse must meet eligibility requirements. AMSN offers a Certified Medical-Surgical Registered Nurse (CMSRN) review course to prepare for the exam. Criteria for this exam can be found in this link: <https://amsn.org/certification/certify-by-exam>.

The AMSN Elevate Series offers medical-surgical nurses another option in their pursuit of lifelong learning. This link provides additional information: <https://amsn.org/Learning-Development/AMSN-Elevate-Series>.

9 Ethical Issues in Medical-Surgical Nursing

9.1 Ethical Considerations

Medical-surgical nurses encounter a variety of ethical dilemmas. They acknowledge each patient as a unique individual, deserving of respect and dignity. The patient must be recognized and protected by the medical-surgical nurse in every phase of the nursing process. As advocates, medical-surgical nurses are responsible for reporting any incidents that may be considered incompetent, unethical, or illegal practice.

Medical-surgical nurses develop their practice based on the scientific knowledge, interpersonal skills, and emotional intelligence associated with ethical decision-making (Aydogu, 2022). The ANA Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) is a resource that provides ethical guidance for decision-making for the nurse through its nine provisions (Fowler, 2015). Since the late 1890s, the ANA has contemplated the essential role of ethics in nursing practice. Over the last 125 years, the ANA has articulated nine provisions in the Code of Ethics (Fowler, 2015), which form the basis of ethical consideration and action on the part of the medical-surgical nurse. Medical-surgical nurses must be familiar with the nine provisions providing a framework to address ethical issues that arise in all areas of nursing practice.

ANA Code of Ethics Provisions (Fowler, 2015)

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
6. The nurse, through individual and collective efforts, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

The nursing profession formulates values to incorporate social justice, reduce health disparities, and increase equity through participation in professional organizations. The medical-surgical nurse, when confronted with an ethical issue, should consult the interprofessional team to

determine the immediacy of the situation and request a formal ethics consult where applicable. When the outcome causes the medical-surgical nurse moral distress, it is important to voice concerns to the interprofessional team.

Situation Identification

As an exemplar of *situation identification*, imagine a situation wherein the patient has no health insurance, assets, family or community connections, and whose illness has left them with limited speech and understanding. The patient's illness required weeks of critical care resources. After a few weeks, the interprofessional team deemed the patient ready for long-term placement. The team worked tirelessly with multiple long term care facilities to obtain patient placement at the appropriate level of care, but all have been rejected on various grounds. The medical-surgical nurse at some point realizes that limited, high skill resources are being allocated to a patient who needs less acute and more custodial care. The medical-surgical nurse notices the weeks turning into months and observes resources needed for sicker patients are being allocated to this patient who has a reduced need for acute care.

Immediacy

Immediacy is relative. When patient volume is high, sicker patients now occupy the rooms, while this patient is cared for in a hallway until another bed becomes available. When volume is more manageable, medical-surgical nurses can consider this patient a *low-acuity patient*. It is unclear if the nurses shift in thinking about the patient changes the provision of care.

Notification and Collaboration

The medical-surgical nurse must verbalize their concern about resource utilization to ensure the patient receives the appropriate level of care to meet their needs. The medical-surgical nurse provides valuable input to the team. However, a year later, the nurse is informed that the patient is to be discharged to a homeless shelter with a part-time nurse and an attendant. In this exemplar, facility decision makers, aware of the interprofessional team's input, apologized for their decision, but reasoned that the patient had utilized a year of acute care resources, which could not be sustained.

Advocacy

The medical-surgical nurse must advocate as the voice of the patient, to express that a homeless shelter with limited resources is not in the patient's best interest. Nurses have the opportunity to put their plea in writing, become politically involved with legislators to highlight the need to provide equitable and safe care, and to build networks and publish about the issue illustrated in this exemplar.

10 Summary

This publication delineates the philosophical foundation and professional scope and standards of medical-surgical nursing practice. It describes the responsibilities and competent level of behavior expected of all registered nurses practicing in the specialty of medical-surgical nursing, regardless of the setting or level of education. The *Scope and Standards* provide a guide 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.

These documents may serve as the basis for job descriptions, performance appraisals, quality assurance systems, certification activities, employment/skill databases, and educational offerings. This document highlights the roles and proficiency levels of medical-surgical nurses, including the promotion of exemplary nursing practice, scholarly activity with dissemination and implementation of evidence-based practice guidelines, and a commitment to promotion of continuing education for self and others (AMSN, 2023). This document reflects AMSN's mission, vision, and strategic plan, which can be used by medical-surgical nurses in all practice settings (AMSN, 2023).

The first section of this publication defines the 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 defined for registered nurses, advanced practice nurses and graduate-level prepared nurses working in the specialty. It informs other health care professionals, policymakers, insurers, and the public about the roles and responsibilities of the medical-surgical nurse.

The second section of this publication describes the standards of medical-surgical nursing practice. The specialty standards described in this publication provide the foundation for medical-surgical nursing practice by delineating both the standards of professional practice and 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, 2021), are also informed by AMSN's competency framework.

11 Scope of Nursing Practice for Medical-Surgical Nurses

11.1 Description of the Scope and Standards for Medical-Surgical Nursing

The scope of practice of medical-surgical nursing explains the who, what, where, when, and why that defines the role. The scope of practice describes knowledge limitations, proficiency level, and competencies (ANA, 2023). The medical-surgical scope of practice provides guidelines so that the nurse practices safely and lawfully within the terms of their professional lines.

The medical-surgical nursing scope is underpinned by the model representing Regulation of Professional Nursing Practice, which includes, population focus, consensus model, practice setting, organizational policies and procedures, code of ethics, nursing professional scope and standards and specialty certification (ANA, 2021). Each state has their own statutes, rules and regulations, which define the scope of practice and provide guidelines for disciplinary actions for substandard care. State Boards of Nursing (SBON) use these rules and regulations to ensure that nurses fulfill license attainment and renewal requirements, while also protecting patient safety by sanctioning substandard care (Boehning & Haddad, 2022).

11.2 Phenomena of Interest

Phenomena of interest is a structure supported by description or explanation related to nursing practice. The phenomena of medical-surgical nursing involve a wide knowledge base, supplemented by nursing experiences, intuition, and evidence-based practice that allows the nurse to understand the current state of the profession and evolution of medical-surgical nursing. At its core, medical-surgical nursing requires the nurse to utilize the nursing process so that patients achieve their highest functional level.

The medical-surgical nurse can anticipate expansion of nursing practice to incorporate evolving healthcare technologies, informatics, and data abstraction. New core measures will require the medical-surgical nurse to hone existing competencies and develop new ones. Medical-surgical nurses will need to adapt to new practice frameworks to accommodate the evolving relationship between patients and the healthcare system. As traditional practice settings expand into the community, the medical-surgical nurse can anticipate higher levels of patient acuity in traditional settings, with chronic care shifting to more community-based and home practice environments.

Medical-surgical nursing ultimately addresses the fundamentals of nursing, prevention, evidence-based research to inform practice, functional level, nursing judgement, and patient advocacy, regardless of the patient's demographics. The *Medical-Surgical Scope and Standards of Practice* are a guide for medical-surgical nurses to achieve the goal of promoting health, preventing illness and injury, and caring for populations within their communities.

11.3 The Art and Science of Medical-Surgical Nursing

The art and science of nursing practice applies to medical-surgical nursing. Nurses must be familiar with and comply with requirements such as competencies, guidelines, and algorithms, in addition to aspects of care that cannot be measured or concretely defined. The science of nursing is the integration of objective data obtained through patient assessment, with knowledge of disease processes and human development, social determinants of health and an appreciation of the patient's needs based on their expressions and behavior. Medical-surgical nurses at all practice levels use both the art and the science of nursing in the provision of care.

The science of medical-surgical nursing has its foundation in clinical judgement and the nursing process. Clinical judgement is defined by the National Council of State Boards of Nursing (NCSBN) as, "...the observed outcome of critical thinking and decision making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions to deliver safe client care" (Hensel & Billings, 2019, page 128). Through continued experience, the nurse develops intuition and clinical judgement, which results in clinical expertise.

The nursing process provides the framework for clinical decision making and requires clinical judgement. The nursing process underpins nurses' provision of care utilizing all aspects of nurses' expertise. Medical-surgical nurses apply the nursing process to provide holistic patient-focused care along the illness-wellness continuum. As a nurse's clinical judgement develops, the nursing process will give them the ability to incorporate health promotion and disease prevention to optimize patient outcomes. The ANA has provided authoritative statements of the duties of all registered nurses in the United States and has codified the nursing process as the Standards of Practice (ANA, 2021, p. 73). Each standard is based on a component of the nursing process: Assessment, Nursing Diagnosis, Outcomes Identification, Planning, Implementation, and Evaluation (ANA, 2021)

While the science of nursing is evidence-based, the art of nursing may seem more elusive. In the most basic form, art is the application of science. The practice of art is acquired through experience, study, or observation (Guo et al., 2021). Communication, empathy, understanding, creativity, problem-solving, and observation skills are all aspects of both art and nursing. The essence of nursing practice may best describe what is meant by the art of nursing (Motter, Hassler, and Anthony, 2021).

In early nursing, art was considered a vocational norm related to motherhood and homemaking. As nursing has evolved, the art has transitioned to the ability to be compassionate, caring, and communicative. This ability supports the mental, emotional, and psychosocial needs of the interprofessional team, including the nurse. For example, in recent years during the COVID-19 pandemic, the art of nursing was used to provide patient-centered care. Nurses understood the need for human connection when visitors were restricted, and support systems were not able to be present at the bedside. A proactive approach was taken to facilitate communication by

nonstandard means. Video conferencing technology inspirational messages, murals on windows, white boards, and walls were used to provide emotional support for patients and staff during this time. The art of nursing was captured by sitting at the bedside and holding the patient's hand in their last moments on earth.

Although art and science of medical-surgical nursing have different definitions, one is the application of the other. The connection between art and science highlights the essence of our profession and allows nurses to provide emotion and compassion to patients and their support systems. Practicing the art and science of nursing incorporates value and passion into patient-centered care. Trust in the profession makes it a privilege to be a medical-surgical nurse.

11.4 Safe and Compassionate Care

Safe and compassionate care allows for optimal patient outcomes. The nurse anticipates, recognizes, and manages situations that place patients at risk for adverse events. Safe care is the responsibility of all members of the interprofessional team including the patient. Patient safety prevents and reduces risks and errors that may cause harm to the patient. Safe care involves including and educating the patient in the plan of care, being updated on policies and procedures, using technology as a safety measure, and reporting good catches, near misses, and safety events.

Compassionate care can result in higher patient satisfaction and better overall patient experience, safer care and cost savings, and improved staff confidence and effectiveness (Malenfant et al., 2022). Compassionate care is respectful and essential for building a positive environment for inclusivity for patients and their support system to understand roles for health care recovery and wellness (Jemal et al., 2021). Additionally, compassionate care is the ability to recognize suffering and vulnerability. The medical-surgical nurse makes time for the patient by actively listening to understand their fears and needs (Malenfant et al., 2022). Safe and compassionate care includes working cohesively with the interprofessional team for unified health and wellbeing goals.

11.5 Patient-Centered Care

When the focus of patient-centered care is the patient and support system, the medical-surgical nurse provides their knowledge, skills and caring approach on the health state, problem list, and patient/family needs along the illness-wellness continuum. When the focus of patient-centered care is the community, the medical-surgical nurse identifies potential correctable factors related to environmental risks and lifestyle choices (ANA, 2021).

Medical-surgical nurses provide care in many settings with an understanding that the patient is the fundamental and central focus in the delivery of nursing care. Medical-surgical nurses are committed to assisting the patient in achieving the optimal level of function. The planning and implementation of nursing actions are directed toward promoting a continuum of wellness,

preventing disease and complications, assisting with rehabilitation, and guiding patients and their support system through an empathetic dignified end-of-life experience that aligns with personal beliefs. The patient is viewed as unique and multidimensional, with complex needs across all developmental stages. This view of the patient is considered during every phase of the nursing process to guarantee the development of a personalized plan of care.

Inherent in medical-surgical nursing practice is the commitment to protect patients' rights, including the right to be treated with dignity and respect; to have accessible, evidence-based care; to have their privacy respected; and to have understandable information about choices available and consequences of action or inaction. All patients and their support systems have the right to establish and maintain self-determination and the responsibility to make informed decisions about their future; therefore, patients should be included in discussions that involve their plan of care and expected health care outcomes. Patients have the right to nursing care that is provided in a nonjudgmental, nondiscriminatory, sensitive manner that is respectful of cultural diversity. A partnership based on mutual respect is the foundation of the relationship between the medical-surgical nurse and the patient.

The medical-surgical nurse provides holistic nursing that addresses physical, emotional, and spiritual dimensions. Holistic care is a partnership between the patient, support system and the interprofessional team, in which all parties work toward a common goal of health and wellbeing as defined by the patient and support system. Holistic care ensures the patient and support system feel cared for, comforted, listened to, and participants in the delivery of nursing (AHA, 2019).

11.6 Teamwork, Delegation, and Supervision

The medical-surgical nurse can delegate appropriate tasks and activities to the care team based on scope of practice and competence. The nurse oversees delegation of tasks to other care team members and ensure these specific rights are followed: right task, right circumstance, right person, right supervision, and right direction and communication (Barrow and Sharma, 2022). Supervision and delegation are crucial skills when practicing within a multi-tiered healthcare team (Walker et al., 2021). Decision making and delegating is multi-factorial, such that the nurse must understand the limitations of the delegatee, which are set by their job descriptions, organizational policy, and nurse practice act. Transparent and cohesive teamwork reduces adverse events and errors, improves efficiency, safety and quality care, positive work environment and patient experience and satisfaction (Rosen et al., 2018).

11.7 Technology, Innovation, and Documentation

Electronic health records (EHR) have been prominent in the last decade with the rise of telehealth and the use of electronic devices that remotely monitor patient conditions. Patient health data is stored in the EHR. EHR data can be abstracted to identify and drive quality initiatives and reduce practice variability. Medical-surgical nurses must keep abreast of new

technologies that may fall into their scope of practice to maintain competence. The emerging development in artificial intelligence will likely have a huge impact on healthcare, and nurses must be aware and prepare for emerging technologies.

Medical-surgical nurses are natural innovators as they continually try to deliver care in a safe and efficient manner. It is essential that nurses utilize a structured approach to innovation by searching literature and participating in committees and councils that seek evidence-based practice enhancements.

The medical-surgical nurse documents the patient's assessment, progress toward goals, and interventions performed within the EHR. Documentation is an essential part of the EHR and is accessible to the interprofessional care team. This allows the healthcare team to be aware of the patient care delivered and the response to completed interventions. Clinical documentation promotes continuity of care and highlights gaps and opportunities for care interventions. Nurses build their assessment skills, and eventually their nursing intuition, when documenting in the EHR over a period of time, reflecting on phenomena such as, *I've seen this before, I think this could be..., or I wonder if....* These nursing insights, acquired over time, help the nurse develop through the competency continuum from *emerging* to *established* to *expert* nursing clinician. Documentation also assists with providing auditable data for quality improvement.

It is essential that the patient's protected health information (PHI) be safeguarded according to HIPAA (H&HS, 2022). The nurse must be knowledgeable about Health Insurance Portability and Accountability Act (HIPAA) so that all PHI is treated with confidentiality. In addition, medical-surgical nurses must report potential or actual breaches of confidentiality and restrict their access and dissemination of PHI on a restricted, need to know basis.

11.8 Professional Implications for Practice

Medical-surgical nurses collaborate with the interprofessional team to provide care according to their scope of practice. The role of the medical-surgical nurse depends on nurse readiness, clinical experience, area of practice, formal and informal education, and the ability to engage with the patient and support systems. Medical-surgical nurses use clinical judgment and decision making based on principles of nursing, evidence-based practice and past experiences while accounting for theory, research, and patient preferences.

Professional medical-surgical nurses possess the knowledge and skills enabling them to:

- Establish effective relationships with the patient and support system to facilitate the development of care plans unique to patient needs.
- Use the nursing process to develop and implement the plan of care: collect patient assessment data, determine appropriate nursing diagnoses, identify expected patient outcomes, determine the plans of care, implement interventions, and evaluate patient outcomes.

- 803 • Develop assessment and caring strategies based on the physical, functional, cultural,
804 social, economic, developmental, spiritual, vocational, and lifestyle dimensions of
805 human responses to actual and potential health problems.
- 806 • Anticipate the impact of actual or potential illnesses that can affect patients, support
807 systems and communities.
- 808 • Coordinate and collaborate with the patient and support system through community
809 outreach with the interprofessional team to assess needs, set goals, plan interventions,
810 provide care, and evaluate patient outcomes.
- 811 • Apply the existing body of evidence-based practice and scientific knowledge based on
812 role and scope of practice.
- 813 • Participate with the interprofessional team in decision making that is culturally sensitive,
814 ethical, legal, holistic, informed, compassionate, and humane, and within the boundaries
815 of available economic resources.
- 816 • Serve as an advocate for the patient and their support system.
- 817 • Educate the patient and support system and mobilize resources to support health
818 promotion, health maintenance, health restoration, and comfort.
- 819 • Identify clinical indications for research, participate in the research process, and apply
820 findings to practice.
- 821 • Use standards of medical-surgical nursing practice to increase the quality of care and
822 quality of life for the patient and support system.
- 823 • Utilize leadership skills to enhance patient outcomes.
- 824 • Foster and advocate for a healthy practice environment within the practice setting and
825 profession.
- 826 • Serve as a mentor and role model for nursing colleagues, students, and others.
- 827 • Evaluate the quality and effectiveness of nursing practice.
- 828 • Communicate effectively with the patient, support system, and interprofessional team.
- 829 • Engage in ongoing professional development through participation in continuing
830 education and certification(s).
- 831 • Participate in a healthcare system unit, divisional, or leadership level governance and
832 practice committees.
- 833 • Participate in state, regional, and national professional organizations.
- 834 • Participate in policy development and implementation at healthcare system, state,
835 regional, or national level(s).
- 836 • Inform other health professionals and the community about the specialty of medical-
837 surgical nursing.
- 838 • Promote professional engagement in advanced education at the baccalaureate, master's
839 and doctoral levels.
- 840 • Develop political awareness concerning nursing and health care issues.
- 841 • Participate in self-reflection to assure competent practice.
- 842 • Promote professional engagement in certification and advanced education.
- 843 • Integrate technology for safe and efficient patient care.

12 Standards of Professional Nursing Practice for Medical-Surgical Nurse

The standards of professional nursing practice for medical-surgical nurses are the basis of quality care and outline professional expectations. These are authoritative statements that are context dependent, and they explain the actions of the medical-surgical nurse and what is permitted in a professional capacity. The standards of professional nursing practice can evolve with new technologies and innovation in healthcare. Professional practice is regulated by state and federal laws and rules and regulations created by a panel of experts that govern practice at all levels. These combined inputs provide foundation and role expectations for the medical-surgical nurse (Boehning & Haddad, 2022).

12.1 STANDARD I. ASSESSMENT

Medical-surgical nurses gather and collect patient health data.

Rationale

Assessment is the first step of the nursing process that professional nurses use to apply the best available resources to deliver nursing care (Potter & Perry, 2021). It is the practice of collecting objective and subjective data to recognize and identify patterns relevant to a patient's status and anticipated needs. Nurses trend assessment data over time to develop and adjust the plan of care. Medical-surgical nurses collect and gather data from sources including interviewing, functional, physical, and environmental assessments, personal health, and EHR to assimilate the patient's health condition. These data assist nurses to apply, analyze, and integrate information to plan nursing interventions. Assessment is essential to establishing a nursing diagnosis, developing a plan of care, and working toward optimal patient outcomes.

Performance Criteria

- Collects data about the patient's immediate, interim, and long-term healthcare needs.
- Utilizes assessment tools to collect data that include but are not limited to:
 - Functional abilities
 - Physical and mental status
 - Environmental safety and support
 - Ethical and legal considerations
 - Social determinants of health
 - Healthy lifestyle practices and health beliefs
 - History of health patterns and illnesses
 - Patient's perception of health status and health goals
 - Patient's cultural and spiritual beliefs
- Participates in ongoing and systematic data collection processes.
- Collaborates with the interprofessional care team to assess the patient and their support system.

Graduate-level Prepared Nurse

- Abstracts data in a systematic manner.
- Synthesizes data to further patient assessment techniques.

Clinical Nurse Specialist

- Performs advanced patient assessment to gather data about patient physical and psychosocial problems.
- Interprets data findings to guide evidence-based practice.
- Prioritizes data to guide the assessment process.
- Differentiates data needed for further analysis.
- Provides additional comprehensive assessment skills.
- Assesses, plans, implements, and evaluates plans of care.

Certified Nurse Practitioner

- Evaluates and adjusts current medical plan of care.
- Orders diagnostics for further assessment.
- Conducts capacity assessment.

12.2 STANDARD II. NURSING DIAGNOSIS

Medical-surgical nurses analyze assessment data to determine nursing diagnoses.

Rationale

Medical-surgical nurses synthesize assessment data to derive nursing diagnoses that serve as the foundation for designing interventions for health promotion, restoration, and/or maintenance. Nursing diagnoses result from analysis and interpretation of data about the patient's needs, problems, age, health status, with the goal of restoring health, acclimating to health deterioration, or improving 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.

Performance Criteria

- Derives nursing diagnoses from assessment data.
- Identifies actual or potential risks or barriers to the patient's health and safety associated with the patient's environment, social system, capacity for resilience, and influenced by social determinants of health.
- Considers the patient's abilities and strengths, including health literacy and support systems when forming nursing diagnoses.
- Validates patient preferences and characteristics with the patient, support systems, significant other(s), and health care providers.
- Documents nursing diagnoses in a manner that facilitates the evaluation of expected patient outcomes and are communicated effectively and appropriately.

- Prioritizes nursing diagnoses based on assessment data as well as patient needs and desires.
- Revises nursing diagnoses as new or additional assessment data becomes available.

Graduate-level Prepared Nurse

- Analyzes and categorizes nursing diagnoses to develop care plan templates to allow customization of the patient's care plan.
- Aggregates nursing diagnostic patterns to develop interventions that improve community health outcomes.

Clinical Nurse Specialist

- Offers professional consultation to direct care nurses to develop nursing diagnoses.
- Interprets data findings to develop differential diagnoses.
- Collaborates with the interprofessional team to develop and improve system pathways to guide nursing assessment and diagnosis.
- Translates theory to practice initiatives based on patient and nurse needs, diagnoses, and emerging knowledge.
- Analyzes and researches evidence-based strategies to improve patient care outcomes based on the patient diagnoses.

Certified Nurse Practitioner

- Utilizes assessment findings to determine a medical diagnosis.
- Practices according to state guidelines which vary and may require additional oversight.
- Documents according to codified standards to satisfy diagnostic criteria.
- Employs medical decision making to articulate differential diagnoses based on patient presentation, assessment, history and physical examination, diagnostics among other inputs.

12.3 STANDARD III. OUTCOMES IDENTIFICATION

Medical-surgical nurses identify anticipated outcomes unique to the patient.

Rationale

Expected patient outcomes are based on assessment, nursing diagnoses, interventions and treatment protocols to optimize the patient's condition to achieve health goals. Outcomes identification directs nursing interventions to improve the patient's well-being, health, functional status, and quality of life within a determined timeframe. Anticipated outcomes are specific, realistic, and timely responses to interventions that affect the patient, family, and community.

Performance Criteria

- Derives expected outcomes from nursing assessment and formulation of nursing diagnoses.

- Formulates outcomes statements in collaboration with the patient, family, significant other(s), and the interdisciplinary healthcare team.
- Considers patient outcomes based on capabilities and available resources.
- Guides the plan of care based on actual and/or potential outcomes.
- Identifies patient-centered outcomes that are specific, measurable, attainable, realistic, and time-sensitive, utilizing evidence-based practice.
- Reevaluates and revises outcome statements based on the patient's response.

Graduate-level Prepared Nurse

- Educates clinicians on the multifactorial nature of outcomes identification.
- Identifies quality metrics in relation to expected outcomes, safety, and standards of care.

Clinical Nurse Specialist

- Provides accurate diagnosis of patient's needs and problems.
- Implements appropriate interventions to remedy the problem, promote health, and prevent error.
- Focuses on clinical and functional outcomes, perception of quality and satisfaction of service, and cost of care.

Certified Nurse Practitioner

- Identifies medical and nursing outcomes.
- Seeks to optimize patient outcomes based on evolving evidence-based practice to medical performance benchmarks.

12.4 STANDARD IV. PLANNING

Medical-surgical nurses develop plans of care utilizing nursing interventions to achieve expected outcomes.

Rationale

Medical-surgical nurses develop plans of care to outline therapeutic goals and anticipated outcomes that are of value to patients, families, and healthcare teams. Care planning is the implementation of evidence-based nursing interventions that dynamically address patient response and potential response to disease states, treatment, and therapies across the spectrum of care. The plan of care is valued as a key part of the overall healthcare plan.

Performance Criteria

- Individualizes the patient's plan of care based on needs, circumstances, values, and goals.
- Collaborates with the patient, their support system, and the healthcare team to develop a plan of care.
- Incorporates current evidence-based nursing practice and other relevant standards.
- Documents the plan of care, which is incorporated into the patient's health record.
- Ensures that the plan of care supports identified outcomes.

- Tailors the plan of care based on available resources for the patient, their support system, and other healthcare team members.
- Supports the patient's progression toward maximum ability as identified in the plan of care.
- Reviews and revises the care plan according to patient response and their support system's feedback in conjunction with the healthcare provider.
- Integrates interdisciplinary goals and medical treatment plans into the nursing plan of care.
- Ensures resources are available to implement the plan of care.

Graduate-level Prepared Nurse

- Analyzes patient characteristics to develop a high-level plan of care that can be individualized according to patient needs.
- Leads initiatives by collaborating with the interprofessional team to address opportunities and health challenges in the patient population.
- Creates an environment to lead care plan initiatives that are collaborative, and evidence based.

Clinical Nurse Specialist

- Develops practice standards, education, and mentoring to promote patient safety and quality.
- Synthesizes assessment, expert consultation, diagnostic strategies, and therapeutic interventions that utilize advanced, evidence-based knowledge and practices.
- Incorporates risk/benefit strategies to provide high-quality patient care, treatment, and education initiatives.

Certified Nurse Practitioner

- Develops a medical treatment plan with input from the interprofessional team.
- Establishes comprehensive short- and long-term medical treatment plan interventions with a focus on achieving optimal patient outcomes.

12.5 STANDARD V. IMPLEMENTATION

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

Rationale

Medical-surgical nurses are accountable for planning, implementing, delegating, documenting, and evaluating interventions. These nursing interventions delineated in the nursing plan of care are based on assessment data and nursing judgement. The medical-surgical nurse ensures that these interventions provide patient care that is supportive, ethical, respectful, evidence-based, and that the patient's needs are met across the care continuum.

Performance Criteria

- Ensures that interventions are consistent with the patient's plan of care.

- Implements interventions based on the patient's plan of care.
- Complies with guidelines, policies, and standards to promote wellness and facilitate optimal patient outcomes.
- Documents interventions accurately.
- Delegates selected interventions based on circumstances, participants, tasks, and are overseen by the nurse.
- Assesses outcomes of nursing interventions for patients and determines the need for modifications based on ongoing assessment.
-

Graduate-level Prepared Nurse

- Develops and evaluates interventions from an organizational perspective.
- Uses an evidence-based practice approach to impact organizational and process change.

Clinical Nurse Specialist

- Uses evidence-based practice to guide policy and procedures and development of quality and safety measures.
- Identifies the impact of the intervention on the patient's condition and modifies the treatment plan according to patient needs.

Certified Nurse Practitioner

- Prescribes services identified in the plan of care, including procedures, referrals, treatments, medications, and therapies.
- Collaborates with interprofessional team to implement evidence-based interventions across patient groups.
- Embeds evidence-based practice change into care practices.

12.6 STANDARD VI. COORDINATION OF CARE

The medical-surgical nurse participates in coordination of care by collaborating with the interprofessional team to promote optimal outcomes according to patient preferences.

Rationale

Medical-surgical nurses participate in the care coordination process based on the patient's progression of the individualized plan of care. The care coordination process begins with preventative and pre-admission care planning through post-discharge follow-up.

Performance Criteria

- Collaborates with the patient, support system and interprofessional team to determine goals of care are aligned with patient preferences.

- Provides information to the patient, support system, and community about necessary resources to support the patient's goals of care.
- Educates the patient and support system about anticipated milestones, potential complications, and follow-up plans.
- Consults members of the interprofessional team to assist the patient in reaching goals.
- Advocates for a progression of a care plan that aligns with the patient's needs, preferences, and available support.
- Documents efforts taken in the coordination of care.

Graduate-level Prepared Nurse

- Provides leadership in the advancement of the coordination of care.
- Advocates for the patient, support system, and interprofessional team to improve the quality-of-care coordination.
- Liaises between the healthcare system and patients to ensure needed resources are available or attainable.

Clinical Nurse Specialist

- Provides evidence-based recommendations to enhance the care coordination process.
- Incorporates evidence-based research to provide the most current and relevant patient education.
- Updates policies and procedures to promote safe, uncomplicated transitions from one setting to the next.
- Facilitates transitions of care with emphasis on quality, safety, and risk mitigation.

Certified Nurse Practitioner

- Ensures accountability of care transitions by systematically reviewing the EHR with the interprofessional team.
- Coordinates care between the care environments using evidence-based standards.
- Manages the care of patients at any point through the progression of care from preventative and pre-admission care planning through post-discharge follow-up.

12.7 STANDARD VII. HEALTH TEACHING AND HEALTH PROMOTION

Medical-surgical nurses provide health teaching and health promotion based on the patient's needs, preferences, and resources.

Rationale:

The medical-surgical nurse practices within the illness-wellness continuum by caring for patients in a variety of settings, but not limited to acute, outpatient, rehabilitation, and community care. The medical-surgical nurse is competent in the knowledge and skills to assess, monitor and educate the patient by identifying barriers and challenges to obtaining health care and tailoring

education, encouragement, and empowerment to the patient's level of readiness and resources.

Performance Criteria:

- Assesses the patient's healthcare status, their actual and potential future needs, and goals of care to develop appropriate and timely educational initiatives.
- Tailors education to the learning preferences and modalities of the patient and their support system.
- Targets educational initiatives to meet the patient's goals of care within the parameters of available resources.
- Participates with the patient and their support system in educational initiatives with a feedback loop to ensure that education has been effective.
- Assists the patient and their support system to develop educational initiatives that are specific, measurable, achievable, realistic, and timely.
- Documents that health teaching and health promotion initiatives have been provided to the patient.
- Encourages the patient and support system to participate in activities that promote health.
- Advises the patient and support system to consistently engage in routine health screenings.

Graduate-level Prepared Nurse

- Analyzes learning theory based on patient characteristics, environmental stressors, heredity, culture, motivation, and worldview to tailor patient and/or support system education.
- Develops education resources to ensure they are evidence-based, understandable, and appropriate for the staff, patients and/or support systems.

Clinical Nurse Specialist

- Facilitates learning for the patients, nursing staff, support systems, and the interprofessional healthcare team.
- Mentors nursing staff, including coaching bedside nurses regarding complex patient care.
- Practices in the roles of clinician, educator, consultant, and researcher to address gaps in education and healthy lifestyle initiatives.
- Leverages relationships within the interprofessional healthcare team to advance projects related to health teaching and health promotion.

Certified Nurse Practitioner

- Educates the patient and support system on wellness, disease prevention, and illness management.
- Provides resources for management through community outreach or healthcare system level follow up.

- Refers patients for specialty services and education.

12.8 STANDARD VIII. EVALUATION

The medical-surgical nurse evaluates patient progress toward goals and expected outcomes established in the plan of care.

Rationale

Medical-surgical nursing care is a dynamic process where the nurse is continuously responding to changes in clinical status and modifying the plan of care. Evaluation is the ongoing process of analyzing patient progress toward goals, responses to treatment and changes in health status over time. Evaluation is an integral part of the nursing process, enabling nurses to modify plans of care based on assessment of goal attainment.

Performance Criteria

- Appraises the effectiveness of interventions in relation to patient outcomes.
- Utilizes ongoing assessment data to revise nursing diagnoses, expected outcomes, and the plan of care, as needed.
- Involves the patient, family, significant other(s), and health care providers in the evaluation and revision process.
- Collaborates with the interprofessional team in a risk/benefit analysis and cost effectiveness of the health care plan.
- Documents the nursing, diagnoses, outcomes, and plan of care based on the patient's responses to interventions.
- Utilizes an evaluation process that is systemic, ongoing and evidence based.

Graduate-level Prepared Nurse

- Encourages the interprofessional team to develop a framework for the delivery of integrated care that best meets the needs of the patient, support system and community.
- Evaluates effectiveness of interventions
- Participates in the development of criteria to be used in the evaluation process.
- Utilizes a continuous assessment of outcomes to optimize the structure and process of an evaluation program.
- Develops evaluation criteria with respect to patient populations.

Clinical Nurse Specialist

- Iterates processes based on the patient and/or support system responses, needs or preferences.

- 1225 • Reviews clinical guidelines, policies, and care plans for appropriateness to the patient
1226 population.
1227 • Assesses interventions to determine efficacy for the patient and improve overall
1228 healthcare delivery.
1229 • Provides evidence-based clinical practice information to staff and audits to ensure
1230 congruency between education and practice.
1231 • Utilizes advanced evidence-based knowledge to inform the evaluations of care plan
1232 interventions.
1233

1234 **Certified Nurse Practitioner**

- 1235 • Analyzes patient response to interventions with regard to procedures, referrals,
1236 treatments, medications and therapies to direct the plan of care.
1237 • Collaborates with the interprofessional team to direct interventions based on the patient
1238 response and condition.
1239 • Recognizes unanticipated treatment outcomes and adjusts therapeutic interventions to
1240 increase safety and efficacy.

13 Standards of Professional Performance for Medical-Surgical Nurses

13.1 STANDARD I. QUALITY OF CARE

Medical-surgical nurses use an evidence-based approach to influence the quality of care.

Rationale

Medical-surgical nurses use nurse-sensitive indicators to improve quality of care. Nurses use evidence-based research to guide changes in practice. The goal of quality patient care is to achieve optimal patient outcomes by participating in quality-of-care activities appropriate to the nurse's position, education, and practice environment. The evaluation of the quality of care should consider the cumulative nature of the patient's experience.

Performance Criteria

- Identifies processes and activities that impact the quality and safety of patient care.
- Incorporates nurse sensitive indicators to monitor quality, value, and effectiveness of care.
- Collects data to monitor the quality, value, and effectiveness of nursing care.
- Monitors quality of care to identify opportunities for improvement.
- Uses results of performance improvement processes to enhance the patient experience and impact patient outcomes.
- Requests peer feedback for performance improvements.
- Follows policies and practices that facilitate access to quality care and overcome biases.

Graduate-level Prepared Nurse

- Analyzes quality data and benchmarks to identify opportunities to improve patient outcomes.
- Implements performance improvement processes to enhance the quality of medical-surgical nursing practice.
- Collaborates with the interprofessional team to identify and develop policy initiatives to reduce variability in clinical practice.
- Analyzes nurse sensitive indicators for core measure improvement initiatives.

Clinical Nurse Specialist

- Modifies care practices suggested by evidence-based research to inform policies and procedures that improve quality, safety, and efficiency.
- Integrates information technology into practice to enhance the safety and quality of patient care.
- Uses advanced knowledge of organizational theories, policies, and practices facilitating access to efficacious, high-quality care and overcoming biases.
- Evaluates outcomes of quality improvement interventions at the systems level
- Executes quality improvement initiatives based on organizational needs to promote safety, evidence-based nursing practice, adherence to regulatory standards, and cost-effectiveness.

- Invites event review and critical appraisal to develop metrics for quality of care.

Certified Nurse Practitioner

- Uses evidence-based research to execute clinical decision-making at the point of care to achieve optimal patient outcomes.
- Fosters patient access to affordable, quality care options that lead to an enhanced patient experience.
- Evaluates efficacy and cost effectiveness of diagnostic tests, clinical procedures, and treatment plans for alignment with patient goals and available resources to enhance quality of care.

13.2 STANDARD II. RESPECTFUL PRACTICE

Medical-surgical nurses treat patients, support systems, communities, and members of the interprofessional team with inclusivity, dignity, and respect.

Rationale

Medical-surgical nurses are accountable to those they serve. Medical-surgical nurses have a responsibility to deliver care that is engaged, transparent and promotes patient autonomy. The foundation of the therapeutic relationship is caring, supportive, non-judgmental, empathic, trusting, and respectful practice. The medical-surgical nurse has a moral commitment to promote respect leading to optimal patient outcomes.

Performance Criteria

- Uses policies, procedures, and professional standards to guide respectful practice.
- Promotes diversity, equity, and inclusion in academic, clinical health care settings and any environment where nurses provide care.
- Engages in reflective practice to examine personal unconscious biases.
- Utilizes technologies and resources within the health care system to provide patients and their support systems with nursing care to promote sensitivity toward environmental, interpersonal, cultural, and social factors.
- Develops a deep and abiding respect for human dignity and the human condition which directs nursing efforts to ensure a culture of respectful practice at all levels of health care.
- Demonstrates allyship by role modeling respectful interactions to reduce microaggressions.
- Acts as a change agent to promote physical and psychological safety characterized by healthy practice environments.
- Shows and supports appreciation and gratitude for patients, support systems and members of the interprofessional team and strengthens interpersonal communication in areas that have opportunities for improvement.

Graduate-level Prepared Nurse

- Ensures culturally diverse health care initiatives based on nursing research and quality improvement to efforts.
- Encourages hiring practices that support a diverse nursing workforce.
- Creates and provides nursing guidelines that ensure equitable practice across populations.

Clinical Nurse Specialist

- Utilizes patient's differences in opinions, interpretations, values, and viewpoints towards the development of innovative learning experiences for members of the interprofessional team.
- Fosters autonomy and truth telling in facilitating ethical decision making and advocates for patients and families to receive treatment, initiate advanced directives, and address end of life care across the lifespan.
- Implements interventions that encompass patient values and preferences, diversity, and external influences, which impact clinical advances, effectiveness, and cost of health care.

Certified Nurse Practitioner

- Consults with the patient, support system, and interprofessional team to develop an evidence-based and non-harmful plan of care that is sensitive to the patient's beliefs, values, culture, preferences.
- Discusses ethical ramifications of medical decisions with the patient, support system and interprofessional team.

13.3 STANDARD III. EDUCATION

Medical-surgical nurses pursue knowledge for professional growth and to maintain practice standards. This knowledge advances the profession of nursing and effectively promotes wellness in the patient, support system and community.

Rationale

Medical-surgical nurses stay up to date on current evidence base practice changes and incorporate them into their daily practice. Medical-surgical nurses maintain competency and enhance their nursing practice through formal education, conferences, workshops, interprofessional meetings and professional certifications.

Performance Criteria

- Participates in educational opportunities to increase knowledge, enhance critical thinking skills, and improve clinical practice for patients, supports systems and communities.

- Seeks education about the social determinants of health for the purpose of addressing racial, cultural and health disparities.
- Mentors new graduate nurses to improve role performance by encouraging, advocating, role modeling and sharing information.
- Maintains a record of educational achievements as evidence of a continuing education commitment.
- Strives to achieve certification in the specialty of medical-surgical nursing.
- Continues the pursuit of lifelong learning to improve patient outcomes and decrease readmission rates, length of stay, and mortality.
- Educates the patient on the potential benefits of preventative, alternative, and holistic care.

Graduate-level Prepared Nurse

- Educates staff on improvements in policies and procedures to streamline nursing practice.
- Provides education to the interprofessional team on improvements in information technology to ensure access, reliability, usability, and maintenance of systems used in clinical practice.
- Utilizes formal advanced education to assume roles in teaching, research, information technology, advanced practice, and leadership.
- Develops a professional portfolio of achievements as evidence of a commitment to continuing education.
- Conducts a gap analysis to determine and address the educational needs of staff, patients, support systems and communities.

Clinical Nurse Specialist

- Develops policies and procedures based on latest evidence to enhance nursing practice.
- Utilizes educational assessment criteria as input to the creation of targeted education for the purpose of enhancing staff competency and improving patient outcomes.
- Maintains continuing education to sustain current practice and ensure patient safety and optimal outcomes.
- Develops learning activities for staff based on emerging evidence, technologies, informatics, and protocols.
- Innovates novel educational activities based on feedback from interprofessional team and patient outcomes.

Certified Nurse Practitioner

- Educates staff, patients, support systems and communities on practice changes to ensure current and safer practice initiatives.
- Complies with advanced practice continuing education to maintain current standards of care.

13.4 STANDARD IV. COLLEGIABILITY

Medical-surgical nurses promote a positive work environment by exhibiting beneficence in all interactions with the patient, caregivers, and the interdisciplinary team.

Rationale

Medical-surgical nurses share knowledge, evidence, research, and clinical information with peers, patients, families, caregivers, and interdisciplinary colleagues through formal and informal teaching and collaborative programs.

Performance Criteria

- Uses opportunities to share knowledge, skills, and clinical observations with patients, families, caregivers, and the interdisciplinary team.
- Assists the healthcare team, including patients and families, in identifying their teaching/learning needs related to healthcare.
- Provides colleagues with constructive feedback regarding their practice with the goal of facilitating professional growth and patient safety.
- Contributes to learning experiences for nursing students, patients, families, caregivers, students, and interdisciplinary colleagues in all care environments.
- Contributes to the advancement of the profession by disseminating outcomes of practice through presentations and publications.
- Promotes career development in students, nurses, and other health care colleagues.
- Facilitates development of clinical judgment in interdisciplinary team members through role modeling, teaching, coaching, and/or mentoring
- Promotes the role and the scope of the advanced practice nurse to reinforce advanced practice recognition within the interprofessional team and stakeholders.

Graduate-level Prepared Nurse:

- Based on a needs inventory, makes evidence-based practice recommendations to improve patient safety and efficiency
- Assists patients and nurses by creating, reviewing, and trending nurse sensitive quality indicators to address gaps and improve/enhance practice.
- Seeks input from caregivers to prioritize the review and change of policies based on evidence-based practice.
- Collaborates with nurses to identify and initiate quality improvement related projects that directly or indirectly affect families and groups in the community.

Clinical Nurse Specialist

- Collaborates with other advanced practice providers to evaluate current practices and their applicability across the enterprise.
- Produces policy recommendations for review, consistent with medical-surgical nursing.
- Assists other stakeholders to ensure best practices are followed.

Certified Nurse Practitioner

- Encourages colleagues to share educational activities in areas of specialty within the medical-surgical framework.
- Support colleagues in the care and treatment of patients.
- Leads the interprofessional team in the holistic care of the patient.

13.5 STANDARD V. ETHICS

Medical-surgical nurses deliver care in a nonjudgmental, nondiscriminatory, sensitive, and inclusive manner.

Rationale

The public's trust and its right to quality health care are upheld by professional nursing practice. The foundation of medical-surgical nursing practice is the therapeutic relationship which ensures high quality patient care. The therapeutic relationship recognizes the effects of moral distress. Medical-surgical nurses recognize the effects of moral distress in themselves and others and the responsibility of individuals and the healthcare system to address moral distress. Medical-surgical nurses have an ethical duty to ensure that care is congruent with the patient's needs, values, and preferences.

Performance Criteria

- Practice is guided by the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015)
- Maintains a professional relationship with patients by providing compassionate and respectful care.
- Protects the patient's right to privacy and confidentiality in accordance with ethical principles and legal mandates.
- Advocates for patient safety, including reporting abuse and practices that are incompetent, unethical, illegal, or impaired.
- Identifies ethical dilemmas in patient care and utilizes available resources to navigate ethical issues.
- Delivers care based on the patient's beliefs and value systems allowing patients to fully participate in care planning.
- Assesses and identifies conflicts between personal values and the patient's plan of care.
- Respects the patient's right to make decisions that may be incongruent with the plan of care.
- Acknowledges personal unconscious biases and actively reflects to address potential inconsistencies with meeting the standard of care.
- Allocates resources using a fair and equitable process.
- Preserves and protects the principles of ethics: beneficence, autonomy, non-maleficence, and justice.

- Recognizes the ethically correct care path but limited resources and support prevent the nurse from delivering such care.
- Operates as a support system for members of the interprofessional team to address workplace incivility.
- Develops an ethical practice for self and provides the same ethical consideration to others.
- Commits to the patient within the duty of the patient-nurse relationship.

Graduate-level Prepared Nurse

- Protects human rights to reduce healthcare disparities in patients, support systems, and communities.
- Demonstrates advanced knowledge of the ethical principles of nursing and assists others in furthering their development of ethically competent care.
- Provides nursing perspectives to local, state, regional, national, and international bodies on ethical cases.

Clinical Nurse Specialist

- Facilitates discussion of advance care directives and end of life care to support the preferences of the patient and support system.
- Ensures social determinants of health parameters are appropriately considered in the treatment plan.
- Consults with direct care staff to identify opportunities to provide care consistent with moral agency.

Clinical Nurse Practitioner

- Interacts with other practice partners to ensure that business transactions are unbiased and independent.
- Provides a safe space to encourage ethical discussions.

13.6 STANDARD VI. COLLABORATION

Medical-surgical nurses collaborate with the patient, support system, family members, community, and the interprofessional team in the provision of care. Collaboration is an intentional working relationship including mutual respect among the healthcare team with safety and quality care in mind.

Rationale

The provision of quality healthcare requires a coordinated, ongoing interaction between patients and providers to deliver appropriate services to the patient. Through the collaborative process, various disciplines of healthcare providers are consulted to offer expertise related to the patient's plan of care. Collaboration reduces adverse events, improves relationships among staff and may impact patient experience. Collaboration drives healthcare evaluation, quality improvement, quality improvement and coordination of care across healthcare settings.

Performance Criteria

- Considers the preferences, resources, culture, language, support systems, and healthcare needs of the patient.
- Supports the patient and support system in formulating goals of care and decisions related to care delivery.
- Consults with other healthcare providers to inform, validate, and implement treatment plans.
- Collaborates with interdisciplinary teams to provide input and seeks resources to ensure optimal quality outcomes.
- Requests advice within nursing and other disciplines to enhance nurse and patient education through teaching, leadership, and research.
- Participates with the interprofessional team in the initiation and implementation of medical-surgical nursing protocols.
- Incorporates information technology designed to improve communication and collaboration among the interprofessional team.
- Educates the patient on the potential benefits of preventative, alternative, and holistic care.

Graduate-level Prepared Nurse

- Assesses nursing competency and provides guidance to ensure optimal care of patients.
- Seeks input from clinical and non-clinical partners to provide financial stewardship and quality care.
- Encourages nursing collaboration through the use of nurse-driven committees to address pertinent topics, issues, and projects.

Clinical Nurse Specialist

- Collaborates with the interprofessional care team to guide safe, evidence-based nursing care for optimal patient outcomes.
- Shares evidence-based research with nurse educators to collaborate on educational delivery.
- Assesses interdisciplinary protocols to ensure consistency and congruency in the delivery of patient care.

Certified Nurse Practitioner

- Assesses newly available interventions for potential inclusion in the formulary and treatment protocols.
- Includes the patient and support system to determine effective treatment protocols and schedules to optimize the patient preferences and resources.

13.7 STANDARD VII. RESEARCH INQUIRY

Medical-Surgical Nurses initiate, participate in, and use evidence-based research findings in practice.

Rationale

Medical-surgical nurses are responsible for contributing to the development of health care by participating in evidence-based research and quality improvement initiatives. Medical-surgical nurses participate in research activities as appropriate to their position, education, and practice environment and are encouraged to develop their skill with research inquiry as they evolve professionally.

Performance Criteria

- Identifies nursing questions of interest and potential relationships between variables and behaviors to generate a research question.
- Continually questions clinical practice to achieve optimal patient outcomes.
- Performs patient-centered data collection in the provision of patient care.
- Acquires nursing knowledge, integrates with nursing experience and critical thought processes to provide meaningful contributions to the safety and quality of nursing care.
- Engages in evidence-based practice utilizing recognized and established protocols.
- Protects the rights of human subjects for all populations to ensure that no group is taken advantage of or receives compromised nursing care.
- Recognizes opportunities to participate in unit, departmental, organizational and community research projects.
- Ensures research projects consider resource availability, organizational constraints and quality and cost-effectiveness of nursing care.
- Collaborates with the interprofessional team to generate and explore new ideas that contribute to the enhancement of nursing education and practice.
- Disseminates quality-improvement and evidence-based research within the organization and interprofessional team.
- Incorporates an evidence-based practice approach to decision making.
- Provides resource material on research in medical-surgical nursing and related disciplines in the practice setting.
- Analyzes evidence-based research to incorporate best practice into patient care delivery.
- Supports team members' understanding of research on patients' perceptions of care.
- Develops and engages nursing staff in evidence-based patient care initiatives.

Graduate-level Prepared Nurse

- Sparks research inquiry in peers across disciplines.
- Demonstrates the ability to assess, plan, implement, and evaluate evidence-based practice.
- Guides peers in the implementation of quality improvement, research, and evidence-based practice.
- Provides feedback that informs the team member's understanding of care provided as it relates to the patient's lived experience.
- Conducts research and disseminates findings.
- Collates evaluation data from interventions to identify potential clinical practice gaps.

- Uses research findings to develop policies, procedures, and guidelines for patient care.
- Critiques research and other evidence for application to practice as good consumers of research.

Clinical Nurse Specialist

- Analyzes evidence-based research to develop best practice into patient care delivery.
- Identifies gaps in specialty areas where medical-surgical nurses' practice.
- Searches evidence-based literature to apply to nursing practice.
- Develops policies, procedures, and guidelines based on new evidence-based interventions and protocols.
- Implements evidence-based practice and staff education to support cost-savings and optimize patient outcomes.
- Presents, publishes, and engages in scholarly inquiry to educate and disseminate new knowledge, while also soliciting feedback for continual quality improvement.
- Instructs on the evaluation and integration of new products, protocols, and technologies into practice.
- Translates research evidence to practice by developing and implementing policies, and procedures to guide nursing interventions at the organization or system level.

Certified Nurse Practitioner

- Implements evidence-based knowledge and research findings to enhance patient's treatment plan.
- Uses evidence-based knowledge and research findings to work with the interdisciplinary team on determining the most beneficial treatment course.
- Incorporates an evidence-based practice approach to decision making to ensure safe, efficacious, and cost-conscious nursing care.

13.8 STANDARD VIII. RESOURCE MANAGEMENT

Medical-surgical nurses promote patient safety and efficacious care by recognizing and requesting resources that meet the unique needs of patients in a fiscally responsible manner.

Rationale

The medical-surgical nurse advocates for the patient's physical, mental, spiritual, and financial needs. Utilization management addresses the allocation of resources including supplies, technologies, treatments and procedures, and personnel while ensuring standards and quality of care are maintained. It is the medical-surgical nurse's ethical duty to uphold fiduciary responsibility in the management of finite resources.

Performance Criteria

- Familiarizes current legislation that mandates transparency of treatment options and costs.
- Advocates for judicious use of resources.
- Facilitates assignments based on medical-surgical nurses' competencies and the needs of the patient.
- Follows practice guidelines and organizational policies pertaining to resource utilization.
- Evaluates the safety and efficacy of products and services intended for patient utilization with the goal of meeting the standard of care.
- Participates in quality improvement initiatives to evaluate efficacy, safety, and can be supported by available resources.
- Educates the interprofessional team about reusable equipment to maintain resource sustainability.
- Requests additional resources to meet the needs of patient care.
- Encourages accurate documentation for products and services used in patient care.
- Informs patients and support systems of availability of resources to mitigate healthcare related costs.

Graduate-level Prepared Nurse

- Consults with the interprofessional team to optimize admissions, length of stay, discharge barriers, and readmissions.
- Evaluates and makes recommendations for the level of care that meets the patient's needs.
- Participates in clinical resource utilization plans.
- Advocates for the reimbursement of specialty services.
- Identifies technology initiatives that contribute to efficiency, safe patient care and related costs.
- Contributes to work groups that make decisions about product efficacy.

Clinical Nurse Specialist

- Facilitates and develops practice guidelines for utilization of resources.
- Utilizes evidence-based practices with knowledge of health patterns to improve quality and safety across the care continuum.
- Synthesizes trends and data into policies and procedures related to best practice initiatives.

Certified Nurse Practitioner

- Triage patients according to patient presentation, condition, and preferences considering available resources.
- Considers the resources of the patient, support system, and organization when developing the treatment plan.
- Documents the applicable billing codes that reflect care and treatments rendered to the

1709 patient.

- 1710 • Determines the scope of the treatment plan based on patient condition and
- 1711 preferences.
- 1712 • Utilizes preventative care and outpatient care models as appropriate to mitigate the use
- 1713 of higher level of care resources.
- 1714 • Prescribes necessary treatments and medications that consider associated costs and
- 1715 find equivalent alternatives to address any patient constraints or concerns.

1717 13.9 STANDARD IX. COMMUNICATION

1719 Medical-surgical nurses communicate effectively with the patient, members of their support
1720 system, and interprofessional team members.

1722 **Rationale**

1723 Medical-surgical nurses recognize that clear communication is essential to ensure patient safety.
1724 To provide high quality care, structured, thorough, and timely communication with the
1725 interprofessional team is crucial to patient safety. The nurse demonstrates the ability to
1726 effectively communicate both verbally and non-verbally to provide and review educational
1727 material with patients and their support system. Effective communication and active listening
1728 are respectful, efficient, timely, and thorough.

1730 **Performance Criteria**

- 1731 • Assesses the health literacy of the patients and support system using the teach-back
- 1732 methodology.
- 1733 • Communicates with the patient and support system at their level of comprehension,
- 1734 with sensitivity to developmental stage, educational background, language barrier, and
- 1735 sensory and cognitive deficits.
- 1736 • Participates in hand-off report, safety huddles, interprofessional patient rounds and
- 1737 purposeful rounding to gather information to facilitate continuity of care and patient
- 1738 safety.
- 1739 • Conveys information to the patient, their support system, and the interprofessional
- 1740 team, using structured communication formats.
- 1741 • Escalates pertinent information using the chain of command to provide timely
- 1742 notification for prevention and management of patient safety.
- 1743 • Discloses observations or concerns related to hazards and deviations from care in
- 1744 accordance with the current standards of nursing, state nurse practice act and state
- 1745 rules/regulations, and organizational policies and procedures.
- 1746 • Implements communication strategies to prevent and de-escalate conflict and develops
- 1747 a plan to maintain healthy communication.
- 1748 • Develops effective interpersonal conflict resolution strategies.
- 1749 • Uses skilled communication to build relationships with the patient, their support system,
- 1750 and members of the interprofessional team.

Graduate-level Prepared Nurse

- Facilitates communication strategies that align with organizational goals to promote quality care and optimize patient outcomes.
- Develops communication strategies to educate groups and populations, such as patients, support system, and the interprofessional team.
- Represents medical-surgical nursing in programmatic initiatives to include quality, safety, environment of care, staffing, and patient-centered priorities.

Clinical Nurse Specialist

- Uses advanced communication skills to mediate complex situations.
- Supports nursing practice utilizing advanced clinical knowledge and communication skills through role modeling, consultation, and education of the interprofessional team.
- Translates current evidence into policies and procedures informing nursing practice.

Certified Nurse Practitioner

- Facilitates effective therapeutic communication between patients and prescribers to improve patient treatment plans and prevent potential errors.
- Interprets medical information and patient data to communicate effectively with the interprofessional team.

13.10 STANDARD X. LEADERSHIP

Medical-surgical nurses exhibit and continually develop leadership skills to influence healthcare in all practice settings.

Rationale

Leadership is professional behavior that includes collaborating with and mentoring colleagues, engaging in conflict resolution, and advocating for patients, their support systems, and communities. Effective leadership directly affects patient outcomes, quality, and safety initiatives, and influences a healthy work environment.

Performance Criteria

- Improves the practice environment by collaborating with the interprofessional team.
- Mentors and precepts colleagues to assist in their professional growth by sharing clinical knowledge, skills, and judgment.
- Participates in practice initiatives and innovations by leading change.
- Fosters actions and standards that support a healthy work environment.
- Influences respectful practice.
- Supports the daily functioning of the practice environment.
- Advocates for medical-surgical nursing and the nursing profession.
- Holds members of the interprofessional team accountable for actions maintaining standards of care, patient rights, safety, privacy, and confidentiality.

- Uses professional autonomy to support shared decision making and collaboration to improve nurse sensitive indicators.

Graduate-level Prepared Nurse

- Evaluates services, processes, resources, and practices to improve efficiency, maximize quality of patient care and maintain professional nursing standards.
- Ensures that the nursing standards of practice are consistent with nationally recognized professional nursing standards and regulatory agency standards.
- Demonstrates knowledge of health care management and business concepts, tools, and processes.
- Monitors nursing performance for trends indicating need for improvement based on practice setting.
- Practices succession planning to ensure smooth transitions of leadership.
- Examines functions of nursing service roles to improve efficiencies in nursing practice.

Clinical Nurse Specialist

- Translates evidence-based research into practice by facilitating in-services and continuing education.
- Leads interprofessional teams for quality improvement across the care continuum.
- Provides formal and informal leadership of nursing practice at the bedside.
- Develops policies and procedures specific to area of expertise.

Certified Nurse Practitioner

- Mentors the interprofessional team in advancing clinical knowledge and patient treatments.
- Monitors current research and health care trends to integrate best practices into patient care.
- Advocates for improvements in patient treatment plans.

13.11 STANDARD XI. CAREER AND PROFESSIONAL DEVELOPMENT

Medical-surgical nurses engage in career and professional development to maintain competencies, grow with the trends and changes in nursing, and advance the nursing profession.

Rationale

The medical-surgical nurse is responsible for engaging in learning activities to continually improve their knowledge, skills, and attitudes to best meet the needs of colleagues, patients, support systems, and the community. Continued self-development leads to increased confidence and competence. Medical-surgical nurses can advance in their careers as the landscape of nursing continues to evolve and offer new opportunities in a variety of areas within healthcare.

Performance Criteria

- Practices self-direction and accountability to obtain professional advancements.
- Engages in learning activities that support and elevate medical-surgical nursing practice.
- Shares knowledge and skills through communication, teaching, and publishing.
- Participates in professional nursing organizations.
- Obtains certification in the medical-surgical specialty.
- Pursues professional growth by engaging in evidence-based literature, reflective practice, and continuing education.
- Seeks mentorship opportunities for career development within the medical-surgical specialty.
- Confers with interprofessional team members to explore potential advancements for medical-surgical nursing.
- Contributes to community needs aligned with the practice mission.

Graduate-level Prepared Nurse

- Encourages staff to pursue professional development opportunities.
- Provides staff with educational opportunities to enhance their knowledge, skills, and abilities.
- Identifies barriers to career growth and addresses these through improvement plans.
- Models professionalism and comportment to inspire the interprofessional team.

Clinical Nurse Specialist

- Maintains their specialty with population foci through continued education.
- Mentors staff towards professional growth and development.

Certified Nurse Practitioner

- Remains current with changes and trends in healthcare to provide optimal patient outcomes.
- Accounts for safe, competent care through practice and didactic continuing education.
- Triangulates patient data and outcomes with evidence-based literature to innovate new policies and protocols.

13.12 STANDARD XII. CARING ACROSS THE LIFESPAN

Medical-surgical nurses care for patients, support systems, and each other while realizing that caring is more than illness prevention. Caring includes considering biophysical needs as well as psychophysical needs, psychosocial needs, and intrapersonal-interpersonal needs.

Rationale

Medical-surgical nurses, as caregivers assess, evaluate, and collaborate with other health care professionals to identify effective care for patients with changing health needs from adolescents through their lifespan. Caring is the central focus of nursing and integrates the how and why of nursing practice, education, research, and service to patients, support systems, and

communities. The core tenets of caring are commitment, conscience, competence, compassion, and confidence.

Performance Criteria

- Provides care that is attentive, open, respectful, and responsive to the patient as a person.
- Recognizes that the caring relationship between nurse and patient is privileged while remaining patient-focused.
- Acknowledges the patient's experiences, stories, feelings, and perceptions.
- Promotes the patient and their support system's autonomy and empowerment, while recognizing barriers and vulnerabilities
- Appreciates that self-care must occur before the highest quality of external care can be provided to the patient and interprofessional team.
- Treats the patient as a whole being, celebrating their successes and empathizing with their moments of suffering.
- Advocates for patients' healthcare choices without bias or judgment
- Champions equity in health and health care for patient populations in disparate environments with diverse cultural, ethnic, and spiritual backgrounds across the life span
- Internalizes that the act of caring is a moral action and a moral imperative.
- Provides a holistic approach to care in collaboration with all members of the interprofessional team.
- Educates the patient on the importance of continuity of self-care by providing relevant tools.

Graduate-level Prepared Nurse

- Facilitates access to care and associated resources by data sharing and the formation of external partnerships.
- Conducts epidemiological analysis to inform initiatives supporting health, disease prevention, and the provision of quality care.

Clinical Nurse Specialist

- Questions and translates new knowledge to improve caring practice and health outcomes.
- Integrates critical analysis of research from science, the arts, and humanities on caring practice to enhance the caring process.

Certified Nurse Practitioner

- Develops caring practice by integrating principles of change throughout health care systems.
- Welcomes humanity into the treatment plan.

13.13 STANDARD XIII. CRITICAL THINKING

Medical-surgical nurses utilize the nursing process to develop and guide critical thinking in the provision of patient care.

Rationale

Medical-surgical nurses encounter clinical situations that involve sorting information, recognizing changes, and making timely clinically indicated decisions. Critical thinking is grounded in the nursing process. It is the basis of the nurses' decision making and provides a systematic and logical manner for safe and skillful nursing interventions.

Performance Criteria

- Combines creativity with problem solving, using pertinent data and information relative to the patient's condition.
- Develops insights by gathering information, drawing conclusions, and collaborating with the interprofessional team to determine purposeful next steps.
- Utilizes inferential thinking in determining actual or potential nursing diagnoses, problems, or issues.
- Asks questions of self and others to deepen an understanding of the patient's clinical condition.
- Resists value-biased judgment when problem solving to mitigate implicit biases.
- Practices self-reflection for the purpose of improving critical thinking skills.
- Values independence of thought, integrity, and self-confidence to deduce general to patient specific interventions.
- Recognizes critical thinking as an essential process for safe, efficient, and skillful nursing practice.
- Anticipates plan of care and nursing interventions based on the nursing process. Applies standards of nursing process to maintain high level of quality nursing.
- Recognizes that nursing intuition is high-level critical thinking that incorporates multiple cues so expertly that the intermediate steps of thinking may not be apparent.
- Learns the value of and practices intellectual humility.

Graduate-level Prepared Nurse

- Mentors nurses to develop their critical thinking skills.
- Provides learning opportunities to test and enhance the nurse's response in patient situations.
- Revises policies to incorporate critical thinking principles.
- Educates staff on the importance of nurse sensitive indicators and identifies gaps in practice using root cause analysis.

Clinical Nurse Specialist

- Synthesizes advanced nursing knowledge and expertise with critical thinking skills.
- Determines the need for quality patient outcomes initiatives to improve patient safety

- 1964 using evidence-based practice, clinical inquiry, and systems thinking.
- 1965 • Develops an effective patient-focused relationship with staff to promote the critical
- 1966 thinking process.
- 1967

1968 **Certified Nurse Practitioner**

- 1969 • Utilizes information from the patient's chart, patient, support system, and relevant
- 1970 consults to formulate diagnosis and treatment plan.
- 1971 • Connects symptoms and patient cues to determine differential diagnosis.
- 1972 • Predicts potential outcomes and prevents complications from treatment.

DRAFT

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15 GLOSSARY

Activities of Daily Living

Self-care activities such as eating, personal hygiene, dressing, recreational activities, and socialization 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 these self-care activities.

Assessment

A systematic, dynamic process by which the nurse, through interaction with the patient, support system, and the interprofessional team, collects and analyzes patient data. Data may include the following: physical, psychological, sociocultural, spiritual, cognitive, functional abilities, developmental, economic, and lifestyle.

Advanced Practice Nurse

A nurse practitioner, clinical nurse specialist, midwife or nurse anesthetist who holds a master's degree or higher 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 a patient.

Certification

The process for obtaining validation of advanced knowledge, skills, and attitudes via a graded examination and having fulfilled the educational and practice requirements as set forth by the credentialing body. Certification reinforces the commitment to the profession as evidenced by continuing professional development.

Collaboration

The process whereby nurses and the interprofessional team 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 patients, support systems, and communities.

Community

The entities outside the patient and support system, who may provide services within an area to assist those in need, as well as benefit when citizens are satisfactorily reintegrated into the area after illness or injury.

Competency

An integration of nursing knowledge, judgment, skillset, values, and intelligence to perform the role of the nurse.

2301 **Delegatee**
2302 Supportive health care personnel, such as nursing assistants and licensed practical/vocational
2303 nurses. These individuals are trained to function in an assistive role and help the registered
2304 professional nurse provide patient care as delegated by and under the supervision of the
2305 registered professional nurse.
2306

2307 **Diagnosis**
2308 A clinical judgment about the patient's response to actual or potential health conditions or
2309 needs. Diagnoses provide the basis for determining a plan of care to achieve expected
2310 outcomes.
2311

2312 **Evaluation**
2313 The process of determining both the patient's progress toward the attainment of expected
2314 outcomes and the effectiveness of nursing care.
2315

2316 **Evidence-Based Practice**
2317 The practice of health care in which the practitioner systematically identifies, appraises, and
2318 uses the most current and valid research findings as the basis for clinical decisions.
2319

2320 **Functional Ability**
2321 The ability to perform a variety of skills necessary for physical, cognitive, behavioral, and social
2322 activities.
2323

2324 **Functional Status**
2325 Level of the patient's ability to independently perform activities related to self-care, social
2326 relations, occupational functioning, and use of leisure time.
2327

2328 **Guidelines**
2329 Describe a process of patient care that has the potential of improving the quality of clinical and
2330 patient decision making. Guidelines are systematically developed statements based on available
2331 scientific evidence. Guidelines are specific to a clinical condition and assist the interprofessional
2332 team in clinical decision making by describing recommended courses of action for specific
2333 patient conditions.
2334

2335 **Health**
2336 The positive state of optimal functioning in relation to one's capabilities and lifestyle, not merely
2337 the absence of disease or infirmity.
2338

2339 **Health Care Reform**
2340 Spans a broad continuum of entities, from prior authorization for a service in an indemnity
2341 health insurance plan, to the assumption of all legal, financial, and organizational risks for
2342 providing a set of comprehensive benefits to a defined population. Also includes clinical services
2343 supplied by groups of providers with the aims of cost effectiveness, quality, and accessibility.

2344 Health care reform is an ongoing, evolving set of discussions and legislation to find ways to
2345 ensure citizens have access to appropriate health care and services.

2346

2347 **HIPAA**

2348 Health Insurance Portability and Accountability Act of 1996, which is a national standard that
2349 protects personal health information (PHI) from unauthorized disclosure.

2350

2351 **Implementation**

2352 Include any or all of these activities: intervening, delegating, and coordinating.

2353

2354 **Interprofessional Health Care Plan**

2355 A comprehensive, coordinated, individualized plan for each patient that addresses the desired
2356 outcomes for the patient for each service provided.

2357

2358 **Interprofessional Team**

2359 Individuals with special expertise who provide health care services or assistance to patients.
2360 They may include nurses, physicians, psychologists, social workers, nutritionists, pharmacists,
2361 dietitians, and various therapists. Interprofessional team members may also include service
2362 organizations, vendors, and payers.

2363

2364 **Interventions**

2365 Nursing activities that promote and foster health, assess dysfunction, assist patients to regain or
2366 improve their coping abilities, and prevent further disabilities. Examples of interventions can
2367 include case management, maintaining a therapeutic environment, tracking, and assisting with
2368 self-care activities, administering, and monitoring treatment regimens and their effects, and
2369 providing health education.

2370

2371 **Leadership**

2372 A combination of personality traits, administrative skills, and talents which inspire nurses and
2373 others to work together in pursuit of a shared goal while maintaining a balance between legal
2374 concerns, ethical demands, and patient care.

2375

2376 **Long-Term Care**

2377 Comprehensive health care services that transition from the acute care setting or period of
2378 illness to chronic care management and based on patient and support system preferences,
2379 assistance with a dignified death.

2380

2381 **Mentorship**

2382 A guided experience formally or informally assigned, over a mutually agreed upon period, which
2383 empowers the mentor and mentee to develop personally and professionally within the auspices
2384 of a caring, collaborative, culturally competent, and respectful environment.

2385

2386 **Moral Action**

2387 An act that is good and done with good intention.

2388 **Moral Agency**
2389 Intention and action to achieve optimal outcomes congruent with one's moral and ethical
2390 principles.
2391

2392 **Moral Imperative**
2393 A principle that drives a person to the right action
2394

2395 **Moral Distress**
2396 When an ethical action is known, however, an impediment or obstacle precludes such action.
2397

2398 **Nurse Practice Act**
2399 State statutes that define the legal limits of practice for registered nurses.
2400

2401 **NANDA**
2402 National Nursing Diagnosis Association that maintains and updates nursing diagnoses used in
2403 the care planning process.
2404

2405 **NDNQI**
2406 National Database of Nurse Sensitive Indicators, which tracks and reports nurse sensitive
2407 indicators of care such as patient falls.
2408

2409 **Nursing**
2410 The diagnosis and treatment of human responses to actual or potential health problems.
2411

2412 **Nursing Interventions**
2413 Any treatment that a nurse performs on behalf of the patient.
2414

2415 **Nursing Process**
2416 A systematic and interactive problem-solving approach that includes individualized patient
2417 assessment, diagnosis, outcomes identification, planning, implementation/intervention, and
2418 evaluation.
2419

2420 **Outcomes**
2421 Measurable, expected patient-focused goals.
2422

2423 **Patient**
2424 Individuals and support systems for whom the nurse provides care and care. The patient and
2425 nurse co-create their environment of care and care plan. Nurses provide care to patients who
2426 seek wellness, disease management, and mental health support.
2427

2428 **Performance Criteria**
2429 Indicators for professional and performance standards of nursing practice.
2430
2431

2432 **Plan of Care**
2433 Comprehensive outline of care to be delivered to attain expected outcomes.
2434

2435 **Professional code**
2436 Professional Code Statement of ethical guidelines for nursing behavior that serves as a
2437 framework for decision making.
2438

2439 **Registered Nurse**
2440 An individual educationally prepared in nursing and licensed by the state board of nursing to
2441 practice nursing in that state. Registered nurses may qualify for specialty practice at two levels –
2442 basic and advanced. These levels are differentiated by educational preparation, professional
2443 experience, type of practice, and certification.
2444

2445 **Scope of Practice**
2446 A range of nursing functions that are differentiated according to the level of practice, the role of
2447 the nurse, and the work setting. The parameters are determined by each state's nurse practice
2448 act, professional code of ethics, and nursing practice standards, as well as each individual's
2449 personal competency to perform particular activities or functions.
2450

2451 **Social Determinants of Health**
2452 Non-medical conditions that impact health including where someone was born and raised,
2453 financial resources, environmental factors, and perceived safety.
2454

2455 **Standard**
2456 Authoritative statements enunciated and promulgated by the profession by which the quality of
2457 practice, service, or education can be judged.
2458

2459 **Standards of Nursing Practice**
2460 Authoritative statements that describe a level of care or performance common to the
2461 profession of nursing by which the quality of nursing practice can be judged. Standards of
2462 clinical nursing practice include both standards of professional nursing practice and standards of
2463 professional performance.
2464

2465 **Standards of Professional Performance**
2466 Authoritative statements that describe a competent level of behavior in the professional role,
2467 including activities related to quality of care, education, collegiality, ethics, collaboration,
2468 research, and resource utilization.
2469

2470 **Subacute Care**
2471 Comprehensive inpatient care designed for patients recovering from an acute illness, injury, or
2472 exacerbation of a disease process.
2473

2474 **Support System**
2475 Individuals who play an important role in the patient's life.