

Scope of Practice for the Nurse Practitioner in Dermatology



Evolution of nurse practitioners in dermatology

The role of the nurse practitioner in dermatology is increasing at a rapid rate due to shortage of dermatologists. As members of the health care team, nurse practitioners are providing dermatologic care. Nurse practitioners are prepared at the master's or doctorate degree level, however, there has been no formal training or educational programs specific to dermatology for nurse practitioners until 2003. The Leahy Clinic in Massachusetts now offers a one-year postgraduate dermatology residency for nurse practitioners. This unique program educates two nurse practitioners annually. The development of *A Scope and Standards for Nurse Practitioners in Dermatology* will identify a core body of knowledge that a nurse practitioner must acquire to exhibit competency in this field.

Practice Environment

The nurse practitioner in dermatology provides dermatologic care to adults, children, and families in a variety of settings, including but not limited to private offices, hospitals, academic centers, community clinics, and ambulatory care settings.

The practice environment for nurse practitioners in dermatology contains the same dimensions as those for dermatology nursing. These include inquiry, identification, planning, education, implementation, and analysis phase (Hill, 1998).

- 1) Inquiry Phase: The nurse practitioner in dermatology focuses on identifying the individual's need for dermatologic care through a comprehensive assessment and diagnostic reasoning process that elicits relevant data about a patient's condition. A comprehensive health history, focused on the chief dermatologic concern and related medical conditions, physical exam, laboratory studies, biopsy results and medication review are conducted to provide a tentative diagnosis.
- 2) Identification Phase: The nurse practitioner in dermatology will create a medical diagnosis based on information obtained in the inquiry phase.
- 3) Planning Phase: The nurse practitioner in dermatology will establish potential treatment options and desired resolutions based on the diagnosis (Hill, 1998). Clinical decision-making is based on evidence-based clinical practice and is congruent with current standards of practice. Planning and collaboration may be completed in coordination with other health care providers.
- 4) Education Phase: The nurse practitioner in dermatology focuses on educating the patient about the disease process, as well as management and prevention. Teaching, counseling, referral to other health care professionals or self-help groups, physical care, and/or therapeutic use of self is techniques used in this phase (Hill, 1998).

- 5) Implementation Phase: The nurse practitioner in dermatology will diagnose, treat, prescribe, consult, and refer. The nurse practitioner will assist the patient in determining a treatment plan alone or with another health care provider, a member of the patient's family, or significant other.
- 6) Analysis Phase: The nurse practitioner in dermatology focuses on determining the effectiveness of the chosen intervention. The plan of care will be modified to the patient's needs.

The unique knowledge base regarding dermatologic illness and wellness promotion, the respective individualized interventions, the physiological and psychological bodily response to these interventions, and the psychosocial consequences of dermatologic disease are incorporated into the daily practice of the professional dermatology nurse (Hill, 1998).

Patient Population

The population of patients who search for dermatology care is diverse. Dermatology patients span the age continuum. Disease states may be new conditions, acute, or chronic illnesses. It is the nurse practitioner's responsibility to evaluate the individual patient's needs and provide the most appropriate care or referral as indicated.

Educational preparation

A nurse practitioner working in dermatology must be prepared at the master's or doctorate degree level, involving a full spectrum of nursing skills and knowledge, advanced assessment, pathophysiology, diagnostic reasoning, health promotion, disease management, and advanced therapeutics. The nurse practitioner in dermatology expands on the practice of registered nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and significant role autonomy (ANA, 2004). Dermatology specific education is obtained through university-based programs, specific on the job training, continuing education conferences, and independent study.

Practice arrangements

Practice arrangements are based on state regulations and place of employment. Practice arrangements vary according to state regulations for nurse practitioners. Some states require a nurse practitioner to work collaboratively with a physician and others allow independent practice (Cole, 1999). In states that require collaboration, a practice agreement is developed between the nurse practitioner and collaborating physician specifying the medications that may be prescribed and procedures that may be performed.

Standards of Care for the Nurse Practitioner in Dermatology

Introduction

The standards for nurse practitioners in dermatology are consistent with the American Nurses' Association standards and in compliance with state regulations. The standards have been written to provide guidelines for practice for all nurse practitioners practicing in dermatology.

Assessment

Standard of Care

The nurse practitioner in dermatology performs an assessment of the patient's dermatologic health care needs and status.

Measurement Criteria

The nurse practitioner in dermatology will:

1. Identify the patient's chief complaint or reason seeking skin care utilizing a logical and systematic process.
2. Assure the assessment is comprehensive or episodic and includes subjective and objective data from the patient, family, significant other, and other health care professionals.
3. Collect data using a variety of methods and sources, including but not limited to history, physical and psychosocial assessment, and diagnostic testing and procedures.
4. Prioritize data collection as determined by the immediate health care problems of the patient and current health status.
5. Determine the scope of data collection as determined by the health status of the patient as it relates to the individual's illness.
6. Assess the patient's understanding of his/her health status.
7. Use appropriate evidence-based assessment techniques.

Diagnosis

Standard of Care

The nurse practitioner in dermatology analyzes the assessment data in determining diagnoses.

Measurement Criteria

The nurse practitioner in dermatology will:

1. Systematically compare and contrast clinical findings with normal and abnormal variations and developmental events in formulating a differential diagnosis.

2. Utilize information obtained during data collection, examination, and diagnostic procedures to identify diagnoses.
3. Validate diagnoses with the patient, family, significant others, and other health care providers as appropriate.
4. Document diagnoses in a manner that facilitates patient outcomes and the plan of care.

Outcome Identification

Standard of Care

The nurse practitioner in dermatology identifies expected individualized outcomes for the patient.

Measurement Criteria

The nurse practitioner in dermatology will:

1. Identify patient outcomes based on the diagnoses.
2. Identify expected outcomes that incorporate scientific evidence and are achievable through implementation of evidence-based practices.
3. Formulate patient outcomes with patient, family, significant others, or other health care providers' input.
4. Derive patient's outcome, which incorporates the patient's present and potential capabilities.
5. Support the use of clinical guidelines linked to positive patient outcomes.

Planning

Standard of Care

The nurse practitioner in dermatology formulates a comprehensive plan of care that reflects the patient's developmental state, cultural uniqueness, and formulates interventions that will help the patient achieve expected outcomes.

Measurement Criteria

The nurse practitioner in dermatology will:

1. Develop a plan of care based on assessment, diagnostic strategies, and therapeutic interventions which reflect current evidence, including data, research, literature, and expert clinical knowledge.
2. Engage the patient, family, significant other, and other health team members in the plan of care.
3. Include the synthesis of the patient's values and beliefs regarding nursing and medical therapies within the plan.
4. Identify the patient's ability and knowledge to implement a plan to meet deficits.

Implementation

Standard of Care

The nurse practitioner in dermatology assesses, diagnoses, prescribes, treats, and implements interventions based on the plan of care.

Measurement Criteria

The nurse practitioner in dermatology will:

1. Implement interventions based on sound scientific principles.
2. Implement interventions in a safe and timely manner.
3. Provide educational materials as appropriate.
4. Support collaboration with nursing colleagues and other disciplines to implement care.
5. Facilitate utilization of systems and community resources to implement the plan.
6. Document the implementation of the plan of care.

Coordination of Care

Standards of Care

The nurse practitioner in dermatology provides leadership in the coordination of multidisciplinary health care for integrated delivery of patient care.

Measurement Criteria

The nurse practitioner in dermatology will:

1. Synthesize data to communicate the availability of community and national support groups when appropriate.
2. Provide the plan of care to the primary care provider.
3. Provide follow-up care to the patient if indicated.

Consultation

Standard of Care

The nurse practitioner in dermatology provides consultation to ensure optimal treatment and care options are attained.

Measurement Criteria

The nurse practitioner in dermatology will:

1. Synthesize data, information, theoretical frameworks, and evidence when providing consultation.
2. Provide counseling regarding all treatment options.
3. Facilitate the effectiveness of a consultation by involving the stakeholders in the decision making process.

Prescription of Pharmacologic Agents

Standards of Care

The nurse practitioner in dermatology uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

Measurement Criteria

The nurse practitioner in dermatology will:

1. Prescribe evidence-based treatments, therapies, and procedures, considering the patient's comprehensive healthcare needs.
2. Prescribe a pharmacologic agent based on current knowledge of pharmacology and physiology.
3. Prescribe specific pharmacologic agents and/or treatments based on clinical indicators, the patient's status and needs, and the results of diagnostic and laboratory tests.
4. Evaluate therapeutic and potential adverse effects of pharmacological and non-pharmacological treatments.
5. Provide patients with information about intended side effects and potential side effects of proposed prescriptive therapies.
6. Provide information about costs, alternative treatments, and procedures as appropriate.

Referral

Standards of Care

The nurse practitioner in dermatology will make referrals to appropriate health care providers when the patient's needs fall outside the dermatology realm of practice or nurse practitioner's scope of practice.

Measurement Criteria

The nurse practitioner in dermatology will:

1. Identify issues that require referral.
2. Refer the patient to the most appropriate health care provider.

Evaluation

Standards of Care

The nurse practitioner in dermatology will evaluate the accuracy of the diagnosis and effectiveness of the interventions in relationship to the patient's attainment of expected outcomes.

Measurement Criteria

The nurse practitioner in dermatology will:

1. Evaluate the patient's progress in reaching expected outcomes.
2. Synthesize the results of the evaluation analyses to determine the impact of the plan on the affected patients, families, groups, communities, and institutions.
3. Collaborate with the patient, family, significant others, and health care providers to evaluate the relevance of the plan of care as health needs change.
4. Evaluate the perception of care by the patient, family, significant other, and other health care providers.
5. Utilize the results of the evaluation analyses to make or recommend changes as appropriate.

References

American Nurses Association. 1998. *Standards of Clinical Nursing Practice*. Washington, DC: American Nurses Association.

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Hill, Marcia J. (Ed.) (2003). Dermatologic nursing essentials: A core curriculum. Pitman, NJ: Dermatology Nursing Association.