

Reserved Acts Requiring Additional Education Worksheet

Employer: Winnipeg Regional Health Authority

Contact: Professional Lead of Nursing, Kim Witges, kwitges@wrha.mb.ca (431) 278 5162

Reserved Act: 3(c) A registered nurse may perform a procedure on the surface of the cornea

Criterion 1 Plan:

There is a plan that demonstrates the need for the reserved act in the practice setting and ensures the RN is able to meet the learning objectives in order to perform the reserved act competently.

Patients often present to Urgent Care, Emergency Departments or Primary Care clinics with an injury to the surface of the eye/cornea.

According to Fusco (2019), corneal abrasion is a common presentation in the emergency department. In accordance with the College of Registered Nurses (CRNM), the act of staining and/or removing a foreign object from the surface of the cornea are clinical skills that require the nurse to be provided additional education to ensure safe and competent practice.

All WRHA Urgent Care, Emergency Departments and Primary Care clinics are staffed and supported by nurses and NPs as part of an interprofessional team. Within regional sites, the professional designations within an interprofessional teams can include: physicians, nurses, NP, pharmacists, OT, PT, SW and administrative support. Within these setting there are available resources to manage or provide direction related to any adverse outcomes.

Scoring Rubric

- Description of the practice setting including why the reserved act is required in the setting.
- Selection criteria defined (policy on learner selection criteria and rationale for criteria used.
- Available resources for the RN to perform the reserved act in practice, including resources to manage adverse outcomes.

Criterion 2 Curriculum:

The curriculum provides a framework, which includes foundational elements applicable to registered nursing practice including client centered practice, collaboration, communication, documentation and ethical considerations.

Many nurses will be introduced to the etiology of corneal abrasions through formal education at university or colleges.

The WRHA framework to achieve competence to perform reserve act 3a is outlined below and is outlined in the RA 3c: WRHA Education Plan for the Management of Corneal Abrasion and/or Removal of Simple Foreign Body for Nurses (Appendix A)

Required Readings:

1. Cash, J. C. M. A. F., Glass, C. A. M. A. W., Fraser, D. M. R., Corcoran, L. P. R., & Edwards, M. P. R. (Eds.). (2019). *Canadian family practice guidelines*. Springer Publishing Company (p. 112)

Corneal Abrasion p. 112 which is an ebook accessible through the University of Manitoba library.

- 2. Fusco, N., Stead, T. G., Lebowitz, D., & Latha, G. (2019). Traumatic corneal abrasion. *Cureus, 11*(4) doi:https://doi.org/10.7759/cureus.4396
- Fluorescein Staining of Eyes: Advance Practice CE
 https://point-of-care.elsevierperformancemanager.com/skills/277/quick-sheet?skillId=EN 160a&virtualname=wrha-canada

 Review all tabs including TEST tab and complete as a self test.
- Ophthalmic Foreign Body Removal: Advance Practice CE https://point-of-care.elsevierperformancemanager.com/skills/279/quick-sheet?skillId=EN-161a&virtualname=wrha-canada
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5. Clinical Practice Training with a Preceptor:

As in most clinical settings, the assessment and evaluation of clinical readiness to learn new skills is a conversation between the preceptor and nurse. The teaching framework most commonly applied in a clinical setting is "see one, do one, teach one" recognizing that 'one' could be several depending on the previous experience and confidence of the nurse.

The assessment, teaching and evaluation of the nurse's clinical skills will be the responsibility of the preceptor/educator. The preceptor will determine if the nurse is ready to perform the clinical skill independently. The nurse will engage with the preceptor to share their knowledge, understanding and overall confidence with the clinical skills related to Reserve Act 3a.

The RA 3c: WRHA Education Plan for the Management of Corneal Abrasion and/or Removal of Simple Foreign Body for Nurses will act as the teaching framework and requires the preceptor initials/or sign off once the nurse is ready to perform the clinical skill independently.

The clinical skills outlined on the:

- Use of topical anesthetic
- Use of fluorescein stain
- Use of otoscope with light source to see uptake of fluorescein
- Use of slit lamp
- Removal of simple foreign body from the cornea
- Removal of rust ring from the cornea

For nurses who are new and learning RA 3a skills, using the RA 3a: Education Plan for the Management of Corneal Abrasion and/or Removal of Simple Foreign Body for Nurses Form:

- Under <u>Practice Setting/Status</u>, the nurse will select:
 - UC/ED: New submission; preceptor initials /signature required

The listed competencies are checked off with a date performed and initialed by the preceptor.

The goal of the education plan is to support the nurse to achieve success with these clinical skills and therefore the time required to learn and consolidate the skill is unique to the nurse and determined by the preceptor and the nurse.

6. Maintaining Competency:

For nurses who are maintaining competency, using the RA 3a: Education Plan for the Management of Corneal Abrasion and/or Removal of Simple Foreign Body for Nurses Form:

- Under **Practice Setting/Status**, the nurse will select:
 - o UC/ED: Maintaining Competency; nurses initials/signature required

Based on a self-assessment the nurse will check off and initial the maintained list of competencies.

This form is to be completed annually and submitted to CRNM with the nurse annual registration; with a copy to the Employees Manager/Director.

Nurses will self-report to the employer whether or not they have maintained these skills and if they require a refresher or more hands on experience.

Scoring Rubric

- Name of course/instruction provided and course objectives included.
- Detailed description how the RN will achieve competence to perform the reserved act.
- Statement of the minimum length of learning time and learning methods used.
- Evidence of hands-on learning experience.
- Evidence-based the curriculum (based on expert sources such as textbooks, journals or evidence-informed guidelines.
- Does the curriculum contain a description of course content, learning objectives, learning
 activities, evaluation methods and a plan in place to support the maintenance of competency

Criterion 3 Resources:

The additional education, course, program of study, training or other structured process provides quality education to the RN in order to meet the applicable standards and competencies.

Definition of a Preceptor (Educator):

The nurse will secure preceptorship from a qualified practitioner to engage in learning clinical practices. A qualified practitioner could include:

- A practicing ophthalmologist,
- A practicing physician with clinical expertise and experience in eye procedures, or
- A nurse practitioner practicing Reserve Act 3a in Urgent Care/Emergency Departments and/or Primary Care settings
- 2. Under the Regulated Health Professions Act, the preceptor/educator maintains current knowledge and practice as part of their profession practice expectations.

Scoring Rubric

Yes?

- Evidence of a process to ensure the educator has the knowledge, skill and judgment to provide additional education.
- Description of how the Educator maintains currency in knowledge and practice.
- Description of resources available to support the RNs (e.g. learning management system, journals, textbooks, websites, simulation).

Criterion 4 Evaluation:

The program and RN evaluation supports the RN to achieve the competence to perform the reserved act.

Each year the nurse will self-assess their clinical competencies as outlined in the RA 3a: Education Plan for the Management of Corneal Abrasion and/or Removal of Simple Foreign Body for Nurses Form. Nurses will self-report to the employer whether or not they have maintained these skills and if they require a refresher or more hands on experience.

The WRHA Policy: Employee Performance policy will provide direction when nursing practice is deemed unsafe.

Scoring Rubric

Yes?

- Process for RN evaluation including ongoing and final evaluation.
- Policy to deal with a RN who is unsafe with a process including removing the RN from the education stream as necessary if competency cannot be gained.
- Educators, RN learners and other key stakeholders participate in timely evaluation of the education plan. This
 data is used to inform the education plan (include data collection plan and example of tool used to provide
 feedback.
- Is there a curriculum review schedule?
- Process for tracking records to include: RN name, registration number, area of practice and date of of additional education.

Date: 01July2022 Completed by: Kim Witges



À l'écoute de notre santé

Nurses Name:			Designation:	
Practice Setting / Status:	Drop Down to select:	UC/ED: New submission; preceptor initials /signature required UC/ED: Maintaining Competency; nurses initials/signature required PC: New submission; preceptor initials /signature required PC: Maintaining Competency; nurses initials/signature required		nitials/signature required nature required
Preceptor:			Designation:	

Required Readings:	Sections	Nurses Initials	
Fluorescein Staining of Eyes: Advance Practice - CE	Quick Sheet Extended Test Supplies Videos		
Ophthalmic Foreign Body Removal: Advance Practice - CE	Illustrations Test Checklist Related		
Fusco, N., Stead, T. G., Lebowitz, D., & Latha, G. (2019). Traumatic corneal abrasion. <i>Cureus, 11</i> (4) doi:https://doi.org/10.7759/cureus.4396			
Cash, J. C. M. A. F., Glass, C. A. M. A. W., Fraser, D. M. R., Corcoran, L. P. (2019). <i>Canadian family practice guidelines</i> . Springer Publishing Company			

Completed Clinical Practice Training:	Check	Date Performed:	Preceptor Initials	Check	Maintaining Competency Nurses Initial
Use of topical anesthetic					
Use of fluorescein stain					
Use of otoscope with light source to see uptake of fluorescein					
Use of slit lamp					
Removal of simple foreign body from the cornea					
Removal of rust ring from the cornea					

New Submissions require a completed check / date/ preceptors Initials and submit to CRNM/Manager; Maintaining competency: requires the nurse to check and initial maintained competency and submit to CRNM/Manager

Signature of the RN/NP	Date:	
Signature of the Preceptor:	Date:	