DSHS-School Nurse Notes | December 2017
Supervision of Nursing Care Provided

To address the needs of school nurses, the Texas Department of State Health Services (DSHS)–School Health Program has developed this repository of information. With each issue of *DSHS-School Nurse Notes* (DSHS-SNN), professionals receive the latest research, evidence-based practices, and resources in school nursing related to a topic of interest. The School Health Program wishes to thank the Texas Board of Nursing for their collaboration on this publication, in particular Stacey Cropley, D.N.P., R.N., L.N.C.C. for her contributions. If you have any questions or comments about this issue of DSHS-SNN, please contact School Nurse Consultant Anita Wheeler, M.S.N., R.N. at (512) 776-2909 or at anita.wheeler@DSHS.texas.gov.

Background

Types of Supervision

This DSHS-SNN issue logically follows the *Delegation of Nursing Care* issue. For that reason, some of the same resources are listed in both issues. When a registered nurse (RN) chooses to delegate a task to unlicensed assistive personnel (UAP), the RN must supervise the person to whom s/he has delegated the task. In this case, the RN remains responsible for the nursing care that the UAP provides. School districts may use terms other than UAP (e.g., nurse's aide).

An RN must also provide supervision after assigning a task to a licensed vocational nurse (LVN) or another RN. In this supervisory relationship, the RN decides which task to assign, but both the RN and the LVN are responsible for the nursing care provided. The RN is responsible for making an appropriate assignment, and the LVN is responsible for accepting only those assignments that are within his or her skill set.

While much of the research literature refers to Clinical Supervision, which focuses on enhancing a nurse's performance over time, the two types of supervision referenced above may involve punitive aspects. This is because state laws require such supervision to protect patients by avoiding the inappropriate assignment or delegation of nursing tasks.

Nursing Standards and License Considerations

The next section addresses federal and state statutes and professional guidelines that affect IHP development.

Texas Board of Nursing (BON)

Supervision requirements related to delegated tasks are addressed in Board Rules 224.7 and 225.9. Supervision may be provided in person or via telecommunications. The BON delegation rules identify that the RN who is delegating has the responsibility for determining the degree of supervision necessary and to develop a plan for adequate supervision. This plan is based on the analysis of such factors as: (1) the stability of the client's status in relation to the delegated task; (2) the training, experience, and capability of the UAP; (3) the nature of the delegated task; and (4) the proximity and availability of the RN to the UAP when the nursing task will be performed.

The BON does not issue specific guidelines for frequency of supervisory visits [with the exception of delegation of insulin administration under Board Rule 225.12 (5)] or required RN proximity to the UAP and client. The BON provides general parameters and relies on the RN's professional judgment to determine the appropriate level of nursing involvement and oversight. If there are other legal standards, for example, standards issued by rule and/or statute from another state or federal agency, then the RN is required to adhere to those standards in addition to the Nursing Practice Act and BON rules [Board Rule 217.11 (1) (A)].

A facility/agency could implement a system to assist the RN in meeting supervision needs via telecommunications and/or supervision by other RNs. However, the delegating RN retains accountability for this process since s/he is accountable for the tasks delegated to the unlicensed persons.

1. Nursing Practice Act, Nursing Peer Review & Nurse Licensure Compact: Texas Occupations Code and Statutes Regulating the Practice of Nursing. As Amended September 2017.
2. Rules & Regulations relating to Nurse Education, Licensure and Practice. Published October 2017.
3. Position Statements:
    - *15.13 Role of LVNs and RNs in School Health*
    - *15.25 Administration of Medication & Treatments by LVNs*
    - *15.27 The Licensed Vocational Nurse Scope of Practice*
    - *15.28 The Registered Nurse Scope of Practice*

4. Frequently Asked Questions - Delegation
5. Frequently Asked Questions - Nursing Practice

National Association of School Nurses (NASN)

- Code of Ethics
- Position Statement (2017): *Medication Administration in Schools*
- Position Statement (2015): *School Nurse Workload: Staffing for Safe Care*
- Position Statement (2015): *Unlicensed Assistive Personnel: Their Role on the School Health Services Team*
- Position Statement (2015): *Role of the Licensed Practical Nurse/Licensed Vocational Nurse in the School Setting*
- Position Statement (2014): *Nursing Delegation to Unlicensed Assistive Personnel in the School Setting*
- Position Statement (2013): *Supervision and Evaluation of the School Nurse*

Texas School Nurses Organization (TSNO)

- School Nursing: Scope and Standards of Practice
- Position Statement (2010): Medication Administration in the School Setting

Research

The following articles have been compiled from a review of the scientific literature. For assistance in obtaining an article, please contact the DSHS Library at library@DSHS.texas.gov and mention inclusion of the requested article in the *DSHS-School Nurse Notes*. Following each citation is a portion of the article's abstract or a summary of the article.

1. Jenkins B, Joyner J. **Preparation, roles, and perceived effectiveness of unlicensed assistive personnel**. *J Nurs Regul*. 2013;4(3):33-39.
   The use of unlicensed assistive personnel (UAP) in hospitals has increased over the last 20 years. In lieu of regulation of UAP by boards of nursing, many health care agencies and organizations have developed their own educational standards, role definitions, and scopes of practice for UAP in acute care. The purpose of this study was to explore how UAP are used in acute-care settings and how their work is perceived by nurses who work with them and by themselves. The results of this mixed method design study showed many similarities among UAP titling; however, there were substantial variations in educational preparation and use of UAP, especially as they move

into advanced or specialty areas. Nevertheless, both registered nurses and UAP perceive the work of UAP to be highly effective. . . .

2. Gursky BS, Ryser BJ. **A training program for unlicensed assistive personnel**. *J Sch Nurs*. 2007;23(2):92-97.
   In many school districts, school nurses are assigned multiple schools with responsibility for the health care needs of all students at those schools. Because they cannot be physically present at all sites simultaneously, it is necessary to delegate tasks to unlicensed assistive personnel (UAP). Educating and supervising UAP are critical steps in the delegation process. This article shows how one school district developed and implemented a training program for UAP using its school nursing staff.
3. Kalisch BJ. **The impact of RN-UAP relationships on quality and safety**. *Nursing Management*. 2011;42(9):16-22.
   The aim of this study was to determine inhibit effective RN-UAP teamwork and then to ascertain if and how dysfunctional teamwork leads to problems in quality of care and patient safety. . . . The study took place in three acute care hospitals (one academic medical center and two community hospitals) in two states. Data were collected on 15 medical-surgical patient-care units. . . . The RNs and UAP were in separate focus groups to maximize open discussion. . . . Seven themes emerged from the focus group data: lack of role clarity, lack of working together as a team, inability to deal effectively with conflict, not involving the UAP in decision making, deficient delegation, more than one boss, and "it's not my job" syndrome. . . . The interviewees identified many examples of quality and safety problems with each of the themes, suggesting that the lack of effective working relationships between these two nursing care providers is resulting in diminished quality and increased errors. . . .
4. Severinsson EI. **Confirmation, meaning, and self-awareness as core concepts of the nursing supervision model**. *Nurs Ethics*. 2001;8(1):36-44.
   The general objective of nursing supervision is to support the development of the supervisee's job identity, competence, skills and ethics. This can be achieved through the stages of the supervision process. The aim of this article is to describe and discuss such a nursing supervision model, as well as the supervisor's competence and moral responsibility, by analyzing the interpretation of nursing supervision. Three main concepts are described: confirmation, meaning, and self-awareness. The findings suggest that these concepts need to be established in the nursing supervision process by the supervisor, who is morally responsible for applying the process and for establishing a relationship with the supervisees.

5. Walden PR, Gordon-Pershey M. **Applying adult experiential learning theory to clinical supervision: A practical guide for supervisors and supervisees**. *Perspect Adm Supervision*. 2013;23(3):121-144.
   This article describes the application of adult experiential learning theory to the clinical supervision of graduate student clinicians in communication sciences and disorders. The proposed adult experiential learning model integrates enhanced and updated interpretations of Bloom's Taxonomy. Practical tools to help supervisors and supervisees implement the model are provided: a clinical supervision worksheet and two case studies illustrating use of the model.
6. Turner JB, Hill AL. **Implementing clinical supervision (part 2): using Proctor's model to structure the implementation of clinical supervision in a ward setting**. *Ment Health Nurs*. 2011;31(4):14-19.
   This is the second of three articles on clinical supervision. . . . Following a review of the literature, Proctor's (1987) model of clinical supervision was the model of choice. The authors' objective through this series of papers is to facilitate and enable wards and areas to set clinical supervision in motion. . . . Through a mixed methodology, using a questionnaire to generate data, staff views on the usefulness of the model emerged.
7. Brunero S, Stein-Parbury J. **The effectiveness of clinical supervision in nursing: an evidence based literature review**. *Aust J Adv Nurs*. 2008;25(3):86-94.
   Clinical supervision (CS) is attracting attention in the Australian nursing context with efforts underway to embed CS into mental health settings and to extend it to the general nursing population. The purpose of this paper is to review the available evidence regarding the effectiveness of CS of nursing practice in order to inform these efforts. . . . Of the 32 studies identified in the literature, 22 studies met the inclusion criteria. . . . The reported outcomes of the studies were then categorized according to Proctor's three functions of CS. The results of the studies demonstrated that all three functions, restorative, normative, and formative, were evident. . . . There is research evidence to suggest that CS provides peer support and stress relief for nurses (restorative function) as well as a means of promoting professional accountability (normative function) and skill and knowledge development (formative function).
8. Wallbank S, Wonnacott J. **The integrated model of restorative supervision for use within safeguarding**. *Community Pract*. 2015;88(5):41-45.
   This paper offers a review of a new model of supervision: the integrated restorative model, to underpin effective safeguarding supervision in health settings. This seeks to capitalize on the benefits of using both restorative supervision (Wallbank, 2010) and an integrated model commonly referred to

as the 4X4X4 model (Morrison, 2005, Wonnacott, 2012). . . . This paper urges health settings to ensure that individuals undertaking safeguarding supervision are appropriately trained to identify how those sessions can support professionals to retain their reflective capacity and decision-making skills.

Resources

General Information

- Texas Guide to School Health Services—Professional School Nursing: (Under "Roles" includes the following downloadable document.)
  - Recommended School Health Services Staff Roles [Texas School Health Advisory Committee (TSHAC), 2013]
- Connecticut State Department of Education: Competency in School Nurse Practice, 2nd Edition
- Syracuse University, School of Education webpage: Definition and Components of Supervision (Includes links to the following topics.)
  - Models of Supervision
  - Modes of Supervision Delivery and Intervention
  - Supervisory Relationship
  - Ethical and Legal Issues in Supervision
  - Evaluation in Supervision

Presentation

- Los Angeles County Office of Education Presentation: School Nurse Supervision of LVNs & Health Clerks
  - Health Office Roles
  - Continuum of Health Care
  - Elements of Training
  - Levels of Supervision
  - Components of Supervision
  - Documentation Tools

Books for Purchase

- National Association of School Nurses (NASN) and American Nurses Association (ANA) (2017): *School Nursing: Scope and Standards of Practice, 3rd Edition*
- Costante, CC. (NASN/2013): *School Nurse Administrators: Leadership and Management*, *Section III*
- Texas Nurses Association (2017): *Annotated Guide to the Texas Nursing Practice Act, 13th Ed.*

- Schwab NC, Gelfman M. *Legal Issues In School Health Services: A Resource for School Administrators, School Attorneys, School Nurses*. Lincoln, NE: iUniverse, Inc., 2005.