

# Standards for Canadian Orthopaedic Nursing

Revised May 2000



**The Canadian Orthopaedic Nurses Association**  
**Association Canadienne des Infirmières et Infirmiers en Orthopédie**

## *Acknowledgements*

The contribution of the following people to the preparation of these standards is gratefully acknowledged:

Grudecki, Bill, BEd, RN, staff nurse, Rockyview General Hospital, Calgary, Alberta, (Calgary Chapter).

Harris, Robert, MScN, nurse practitioner (acute care), London Health Science Centre, University Campus, London, Ontario, (Forest City Chapter).

Joubert, Denise, RN, BN, coordinator of orthopaedic programs (adult), St Boniface General Hospital, Winnipeg, Manitoba, (Winnipeg Chapter).

Lewis-Macdonald, Margaret, RN, BScN, retired 1997, Baden, Ontario, (Montreal Chapter).

Marshall, Mary, RN, BA, resource utilization coordinator, Toronto East General and Orthopaedic Hospital, Toronto, Ontario, (Toronto Chapter).

Macdonald, Graham, BScEng, (engineer, retired), Baden, Ontario.

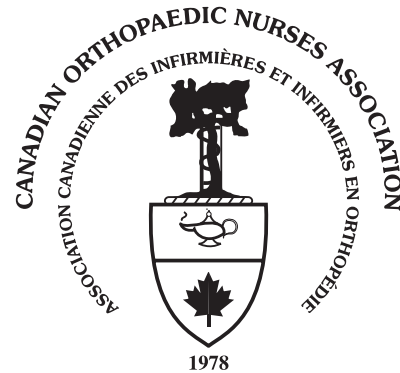
Nowazek, Debra, RN (diploma), staff nurse, Foothills Medical Centre, Calgary, Alberta, (Calgary Chapter).

Ouellet, Louiselle, professor, faculty of nursing, University of New Brunswick, Fredericton, New Brunswick, (Fredericton Chapter).

Stubbs, Janet, BA, TESL, MA, principal, Waterloo Centre for Applied Linguistics, Waterloo, Ontario.

Williams, Daralyn, RN, clinical supervisor, orthopaedics, University of Alberta Hospital, Edmonton, Alberta, (Edmonton Chapter).

The members of the CONA nursing standards committee would like to thank the many CONA members who reviewed and provided feedback for this document, and the Canadian Nurses Association for support and assistance with its development.



# Introduction

January 24, 1978 saw the birth of the Canadian Orthopaedic Nurses Association (CONA), an organization of nurses and allied health professionals who perceived orthopaedic nursing as a distinct specialty requiring advanced knowledge and clinical skills. Within months, the fledgling association held its first national conference and in September 1979 published the first edition of the CONA Journal. By 1986 the membership base of CONA extended nationwide.

In 1984 the membership requested that CONA develop national standards of practice and a process by which nurses could be certified as knowledgeable and competent practitioners in their chosen specialty. The development of standards required strong committed leadership, with the involvement of every chapter. Major input occurred at annual general meetings where members from across the country could share perspectives and discuss issues face to face. At the annual general meeting in 1989, the membership approved the “Standards for Orthopaedic Nursing Practice”. Orthopaedic nurses across the country then used this document in the development of standards particular to their environment.

The standards served the membership well. However, the costs and requirements of the associated certification process proved to be prohibitive. As an active member of the associate and affiliate members of the Canadian Nurses Association (CNA) since its inception, CONA has always vigorously promoted the goals of specialty nurses within the CNA. One of those goals has been the removal of the barriers to the development of specialty nursing certification.

At the 1998 annual general meeting of CONA, the membership approved a motion to review the standards of practice and to work toward the development of a certification process. Simultaneously the Canadian Nurses Association developed “The Proposed National Framework for the Development of Standards for the Practice of Nursing” and received grants allowing them to commit sufficient financial resources to build specialty certification programs. CONA applied to the CNA for assistance and the collaborative process began.

A certification program promotes high national standards of practice, contributes to the quality of orthopaedic nursing care for the citizens of Canada, and provides an opportunity for practitioners to confirm their competence in orthopaedic nursing. The program identifies, through a recognized credential, those nurses meeting the national standards of orthopaedic nursing.

Orthopaedic nursing standards exist to define the performance behaviours of a nurse in a specialty area of care and to provide a means to measure performance. These standards assume competency in general nursing practice, provide a measure of competency in orthopaedic nursing practice, and allow for the recognition of expertise in this specialty practice. They serve to promote, guide, and direct orthopaedic nursing practice and to guide the education of practitioners entering orthopaedic nursing. They define the expectations of orthopaedic nursing practice for the public and other health care professionals.

# Definitions

## Client

A client is an individual or individuals of any age with the potential for or experiencing neuro-muscular and skeletal challenges including degenerative, traumatic, inflammatory, congenital, metabolic and oncological disorders.

Individuals do not live in isolation, rather they are members of a larger family, a group, or a community with which they interact. Therefore, depending on the situation, an individual, an individual and his family or an individual/individuals within a group may be the focus of care.

## Practice environment

Orthopaedic nurses practise in a variety of capacities and settings including the home, community and health care institutions, primary to tertiary, ambulatory and long-term.

## Orthopaedic nurse

The orthopaedic nurse is a registered nurse who, in addition to his/her general nursing knowledge, brings to his/her practice a specialized and expanding body of knowledge pertaining to the care of clients with, or with the potential for, challenges of the neuro-muscular and skeletal system.

## Health

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity. Health

is a resource for living, a positive concept, the extent to which an individual or group is able to realize aspirations, to satisfy needs and to change or cope with the environment. (World Health Organization, 1984a). Health is influenced by social, economic, political, developmental, psychological, physical, biological, and cultural factors. Moreover, health is individually defined and can be understood only in the context of the client's personal value system. Therefore, value placed on health varies among individuals, as does an individual's health potential vary from individual to individual.

Individuals influence their own health and may direct their behaviours towards the achievement of their own health potential, through preventive and promotive activities, maintenance and rehabilitation efforts.

## Context of practice

Orthopaedic nurses practice independently and/or collaboratively as members of a health care team providing care required by clients in a variety of settings. The orthopaedic nurse coordinates client care activities, facilitates the exchange of information between the client, the family and other health care professionals, and offers a unique and comprehensive perspective drawing on specialized knowledge and clinical experience. Orthopaedic nurses play an important role in policy development in both the public and private sectors as a means of promoting neuro-muscular and skeletal health in the population as a whole.

# Framework for orthopaedic nursing

The orthopaedic nursing framework includes four domains: practice, education, leadership, and research with the focus on client health. Activities in the four domains contribute to achieving the goal of client health. These domains are not mutually exclusive. For example, a nurse working primarily in the practice domain may simultaneously function as an educator, a leader, and a researcher. Furthermore, the domains interact with one another; activities or changes in one domain will have an impact on the activities in the other domains. These activities create the building blocks for the continuing development of the specific body of knowledge that defines orthopaedic nursing, standards, and competencies.

The beliefs and guiding principles of orthopaedic nursing underlie the standards in all four domains. Adherence to the standards contributes to and enhances the effectiveness of client care. Superimposed on all aspects of the framework is the reflective process. Through critical reflection, the orthopaedic nurse continually seeks new understanding and gains insight into health care practices in the pursuit of excellence.



# *Beliefs and guiding principles of Canadian orthopaedic nursing*

The orthopaedic nurse values and believes in:

## **Caring**

Orthopaedic nurses use a caring approach in interactions with their clients by demonstrating genuine concern for and interest in them as well as providing for their welfare, safety, and comfort.

## **Health and well-being of their clients**

Orthopaedic nurses define health broadly recognizing that it is influenced by social, economic, political, developmental, psychological, physical, biological and cultural factors. Orthopaedic nurses respect the clients' perception of health and acknowledge that clients are accountable for their own health.

## **The uniqueness of clients**

Orthopaedic nurses believe clients are holistic beings who have varying roles within their families, groups, and communities. Orthopaedic nurses recognize that responses by an individual to a health challenge are influenced by many factors, the interaction of which may result in complex and varied needs requiring consideration and attention.

## **The rights of clients**

Orthopaedic nurses acknowledge that clients have the right to autonomy, respect, privacy, dignity, confidentiality, informed consent and access to information. Orthopaedic nurses respect and strive to protect, maintain and advocate for the rights of an individual in their care.

## **Fairness and equality**

Orthopaedic nurses strive to preserve, protect and promote fairness by attempting to make health care accessible to and equitable for all clients.

## **Mobility**

Orthopaedic nurses acknowledge that mobility is a multidimensional concept and that all clients are capable of mobility within their individual limitations and/or strengths. Orthopaedic nurses recognize that mobility is affected by orthopaedic challenges/disorders. Alterations in mobility have an impact on client health, well-being, autonomy, and ultimately, quality of life.

## **Partnership with client, family, peers and other members of the health care team**

Orthopaedic nurses use effective communication skills, embrace the knowledge and expertise of others and respect the

values, beliefs, abilities, rights, obligations and needs of all members of the health care team. Orthopaedic nurses support active participation, collaboration, and partnership with all members of the health care team.

Orthopaedic nurses view the client as an equal member of the health care team. The team achieves shared objectives when each team member applies his/her expertise to client health challenges.

## **Practice environments conducive to quality health care**

Orthopaedic nurses believe that environment has a major impact on health and care delivery and that nurses can actively participate in enhancing practice environments.

Orthopaedic nurses value environments that:

- support the best possible client outcomes;
- support safe, competent, and cost-effective ethical care;
- involve and value nursing in decision-making of the practice environment;
- enhance professional nursing practice and quality of work life;
- support and facilitate continuing professional education and personal development; and
- recognize orthopaedic nursing as a specialty nursing practice.

## **Accountability and responsibility for nursing practice**

Orthopaedic nurses act in a manner consistent with their professional responsibilities, beliefs and values, and standards of practice. Orthopaedic nurses are accountable to their clients, to their employer, and to their profession in accordance with the requirements of the provincial regulatory body. Orthopaedic nurses believe nursing practice should be evidence-based and competency should be maintained through a professionally evaluative reflective process.

## **Learning**

Orthopaedic nurses have and use unique knowledge to provide holistic care to their clients. Orthopaedic nurses are committed to lifelong learning. Orthopaedic nurses recognize their responsibility to share knowledge and skills in order for their clients to achieve their potential.

*The beliefs and principles governing the standards arise from the values of nursing as described in the Code of Ethics for a RN (CNA, 1997c) and A National Framework for the Development of Standards for the Practice of Nursing. (CNA, 1998)*

# Orthopaedic nursing standards

Standards of orthopaedic nursing practice have been developed within the four domains of nursing. They are built upon the broad standards of nursing practice formulated by the Canadian Nurses Association and the standards of practice of the provincial and territorial regulatory bodies. These standards are meant to reflect current knowledge and understanding of the specialty of orthopaedic nursing.

## Practice

The goal of orthopaedic nursing is to support the promotion and restoration of the health of individuals who have the potential for or who are experiencing neuro-muscular and skeletal challenges.

Orthopaedic nurses intervene to prevent and support correction of deformities of the musculo-skeletal system, to assist in reducing fractures and dislocations of bones and joints, and to support restoration of function to those with bone and joint injury and disease. Orthopaedic nurses work with the client to maximize and regain health through rehabilitative efforts. If recovery is not possible, the orthopaedic nurse provides supportive end-of-life care.

The orthopaedic nurse engages in the nursing process and:

- analyzes, prioritizes, plans, implements and evaluates care in partnership and collaboration with the client and the interdisciplinary healthcare team;
- conducts a holistic assessment of the client;
- develops an individualized nursing plan of care for orthopaedic clients with emphasis on the following areas:
  - a) pain
  - b) limb and joint alignment
  - c) mobility
  - d) skin integrity
  - e) neuro-vascular integrity
  - f) nutrition
  - g) self-care
  - h) risk management
  - i) social systems
  - j) learning needs
  - k) coping;
- strives to apply evidence-based nursing interventions to the care of the client in an efficient and effective manner;
- evaluates the client's response to the plan of care and thoroughly documents client outcomes;

- plans interventions related to client learning and evaluates the client's response;
- demonstrates collaborative, interdisciplinary approaches to decision-making;
- facilitates activities of the interdisciplinary team;
- implements plans developed by the interdisciplinary team;
- ensures meaningful, relevant, and accurate communication (written and verbal);
- demonstrates effective interpersonal skills;
- includes and supports the client in decision-making;
- facilitates the continuity of care across settings;
- participates in the reflective practice process;
- promotes recreational and vocational practices to prevent injury to the musculo-skeletal system.

## Education

The education of the orthopaedic nurse consists of specialized knowledge enhanced by clinical skills gained in practice. These clinical skills of evidence-based nursing practice are acquired by caring for clients with neuro-muscular and skeletal challenges, and are advanced through specialty educational programs and continuing education programs.

Through the use of the reflective process, the orthopaedic nurse provides comprehensive care consistent with changing knowledge, technology, research, and practice.

The orthopaedic nurse:

- performs a learning needs assessment in collaboration with the client and plans, implements, and evaluates strategies to meet those learning needs;
- provides information and support to assist clients to implement agreed changes in lifestyle and self-care;
- demonstrates current knowledge through the use of appropriate nursing interventions;
- participates in the development of educational tools and programs to assist clients with neuro-muscular and skeletal challenges through their health care experience;
- participates in the ongoing discovery, acquisition, critical application, and evaluation of knowledge and skills for orthopaedic nursing;
- acts as a role model/preceptor for nursing students and the beginning practitioner in orthopaedic nursing;
- participates actively in the planning and teaching of orthopaedic nursing both formally and informally;

- shares knowledge with colleagues through consultation, publication and/or presentations
- identifies and addresses personal learning needs;
- seeks professional recognition through Canadian orthopaedic certification;
- participates in activities of professional nursing organizations;
- attends conferences, workshops and professional meetings to enhance professional practice;
- identifies and/or creates resources to facilitate ongoing learning;
- evaluates the impact of learning on outcomes.

## Leadership

Leadership is the action of influencing the activities of an individual or group towards the attainment of a goal or goals. Leadership is viewed as a participatory, mutual process wherein a common sense of purpose is fostered within a climate of change, innovation, empowerment, and vision. Orthopaedic nurses may demonstrate and use their leadership skills in a leadership position or in the provision of client care.

The orthopaedic nurse:

- coaches and mentors others (colleagues, peers, staff, clients);
- delegates activities to others within the scope of their practice and capabilities;
- manages human, material, and organizational resources effectively;
- identifies limitations in the workplace or care setting that interfere with nurses' ability to perform with skill, safety, and compassion and takes appropriate action;
- shares freely all relevant knowledge that impacts on improved client health outcomes;
- identifies, monitors, analyzes, and plans action in response to developing trends in orthopaedic care;
- facilitates interdisciplinary collaboration;
- demonstrates effective conflict resolution skills;
- articulates and promotes the role of orthopaedic nursing within a dynamic health care system;
- facilitates and promotes the peer review process;
- influences change in nursing practice by engaging in continuous quality improvement activities;
- demonstrates strategies to maintain and promote own health and the health of co-workers;
- influences health outcomes of orthopaedic clients through social and political action;

- creates environments that foster professional growth and improvements in nursing practice;
- participates in and provides leadership for committees and groups relating to care delivery, policy and procedure development, ethical issues, research, education, and professional development;
- demonstrates an effective range of communication skills and strategies in one-on-one and group situations.

## Research

Research is an integral part of the evolving practice of orthopaedic nursing. Research informs and is informed by practice, the interaction of which is key to the provision of quality orthopaedic nursing and its ongoing development. Orthopaedic nurses strive to ground their practice in the developing body of knowledge relevant to issues pertaining to neuro-muscular and skeletal challenges and the client's responses to them.

The orthopaedic nurse:

- demonstrates an understanding of and appreciation for the research process;
- reflects critically on practices to identify researchable questions pertaining to neuro-muscular and skeletal health, for example: mobility, independence, self-care ability;
- reviews the literature for solutions to identified client problems and challenges;
- stimulates colleagues to read about and to apply research findings in their practice;
- networks with colleagues and explores available resources to seek solutions to identified problems;
- participates in nursing research initiatives, the degree of involvement being commensurate with preparation level and ability;
- supports ongoing research efforts in nursing and/or other disciplines and where appropriate participates in the process;
- shares research outcomes with colleagues at professional meetings and/or through publications;
- contributes to the activities of the research committees/groups in the practice setting;
- adheres to ethical practices in conducting research activities;
- advocates for client well-being in health care research;
- initiates and supports changes in practice based on research findings.

# Glossary

**Caring:** The art of caring is “being with” a client as opposed to “doing to” wherein a trusting, caring healing relationship exists to potentiate health and well-being of the client (Watson, 1994). It demonstrates respect and acknowledges the uniqueness of circumstances surrounding the client. Caring suggests support of clients’ social, emotional, cultural, and spiritual strengths through interventions delivered by nurses to compensate for weaknesses, deficits and challenges.

**Challenge:** The orthopaedic nurse views a challenge as an actual or potential disruption or discontinuity in the integrity of the neuro-muscular and skeletal systems that adversely affects client mobility and function thus impacting on self-care ability and independence.

**Competency:** The integrated knowledge, skills, attitude, and judgment expected of the practitioner (CNA, 1998).

**Evidence-based practice:** Practice supported by research findings and/or demonstrated as being effective through a critical examination of current and past practices.

**Guiding principle:** A fundamental truth or method of operation that links, directs, and shows the way. (CNA, 1998)

**Holism:** The interconnectedness of mind, body, and spirit; the view that holds that the whole is greater than and different from the sum of its parts.

**Interdisciplinary team:** A group of allied health professionals and their client who work together to achieve shared goals.

**Primary:** First contact with the health care system.

**Tertiary:** Health care setting which provides highly specialized services.

**Reflective process:** Critical self-evaluation of current and past professional practices leading to personal and professional growth.

**Reflective practice:** The use of the reflective process.

**Rehabilitation:** A level of care that addresses human responses of individuals to actual or potential disability that interrupts or alters function and life satisfaction. (rehabilitation nurses)

**Standard:** An authoritative statement or expectation describing a level of care or performance common to the profession of nursing by which the quality of the practice of nursing can be judged. (CNA, 1998)

**Value:** Something that is prized and held dear; something that is deeply cared about; a statement of the desirable. (CNA, 1998)

---

# Bibliography

Bryant, G. A. (1997). Suggestions for a Competency-Based Orientation for an Orthopaedic Unit. *Orthopaedic Nursing* 16 (2), 67 - 75.

Canadian Nurses Association. (1998). **A National Framework for the Development of Standards for the Practice of Nursing**. Ottawa.

Canadian Public Health Association. (1986). Ottawa Charter for Health Promotion. **Report of the International Conference on Health Promotion**. Ottawa.

Farrell, J. (1986) **Illustrated Guide to Orthopaedic Nursing (3rd Ed.)** J.B. Lippincott Co., Pennsylvania.

Gates, S. J. & Moar, P.A. (Eds) (1989). **Orthopaedics and Sports Medicine for Nurses; Common Problems in Management**. Williams & Wilkins, Baltimore, MD.

Hieber, K. (1998). Mobility Health Assessment. *Orthopaedic Nursing*, 17 (4), 30 - 35.

Hoeman, S.P. (1996) **Rehabilitation Nursing: Process & Application**, (2<sup>nd</sup> Ed.) St. Louis: Toronto; Mosby.

Love, C. (1996). Orthopaedic Nursing: A Study of Its Specialty Status. *Orthopaedic Nursing* 15 (4), 19 -24.

Magee, D. (1997). **Orthopaedic Physical Assessment**, (3rd Ed.), WB Saunders, Toronto.

Mayer, A.B., Salmond, S.W., Pellino, T.A. (1998). **Orthopaedic Nursing**. W.B. Saunders (2<sup>nd</sup> Ed.), Toronto.

Mourad, L.A., & Drose M. M. (1993). **The Nursing Process in the Care of Adults with Orthopaedic Conditions (3rd Ed.)**. Delmar Publishers Inc., Albany, NY.

National Association of Orthopaedic Nurses. **Orthopaedic Nursing Core Competencies: Adult Acute Care**. NAON. 1999.

National Association of Orthopaedic Nurses. **Guidelines for Orthopaedic Nursing: Adult Trauma**. NAON. 1999.

National Association of Orthopaedic Nurses. **An Introduction to Orthopaedic Nursing, (2nd Ed.)** NAON. 1999.

Ouellet, L.L. & Rush, K.L. (1998). Conceptual model of client mobility. *Journal of Orthopaedic Nursing* 2, 132-135.

Ross, D. (1996). A Contribution to Nursing’s Minimum Data Set. *Orthopaedic Nursing* 17 (5), 22- 27.

Salmond, S. W. (1994). Orthopaedic Nursing Research Priorities: A Delphi Study. *Orthopaedic Nursing* 13 (2), 31 - 45.

Salmond, S.W., Mooney, N.E., Verdisco, L.A. (1996). **NAON Core Curriculum for Ortho Nursing, (3rd Ed.)**, Anthony J. Janetti Inc., Pitman, NJ.

Sedlak, C. A. (1997). Historical Perspectives on Orthopaedic Nursing Research in Orthopaedic Nursing from 1982 to 1995. *Orthopaedic Nursing* 16 (6), 33 -42.

Canadian Nurses Association. (1999). **Standards for Perinatal Nursing**, CNA. Ottawa.