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# Defining the Scope of Practice for Nurse Practitioners in MIAM

Samantha Lucero  
*Walden University*

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# Walden University

College of Health Sciences

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Samantha Lucero-Daga

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## Review Committee

Dr. Linda Matheson, Committee Chairperson, Nursing Faculty  
Dr. Karen Robson, Committee Member, Nursing Faculty  
Dr. Mattie Burton, University Reviewer, Nursing Faculty

Chief Academic Officer  
Eric Riedel, Ph.D.

Walden University  
2017

Abstract

Defining the Scope of Practice for Nurse Practitioners in MIAM

by

Samantha Lacy Lucero-Daga

MS, Simmons College, 2015

BS, West Coast University, 2012

BA, University of California, Riverside, 2007

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2017

## Abstract

Minimally invasive aesthetic medicine (MIAM) is a relatively new field, which lacks a clearly defined scope of practice. The purpose of this project was to clarify the scope of practice for nurse practitioners in MIAM in California. Without a clearly defined scope of practice, nurse practitioners are unable to practice to the full extent of their license which causes them to be underutilized and face liability issues. This project sought to answer the question: What is the scope of practice of the nurse practitioner in MIAM in the state of California? The model of professional nursing practice regulation was the model used to guide this project. Sources of evidence included case law that has emerged since 1983; reviewing documents from 3 state boards of nursing; and a survey of nurse practitioners who practice in the field of MIAM. The evidence was analyzed noting themes while determining what the legal backbone is for nurse practitioner's scope of practice in California. This project found that nurse practitioners in this field keep up to date in their knowledge, educate their patients, utilize methods to maintain competency, feel support in their environment, assess and refer to others when appropriate, and teach both staff and patients evidence-based practices. It also found that standardized procedures are the legal backbone to understanding the scope of practice in California. A scope of practice was developed based on the findings of this project which was then reviewed by an expert. It is recommended that nurse practitioners utilize their resources to obtain and maintain knowledge as well as learn what the standardized procedures are in their facility. The implications for clarifying the scope of practice will serve this population to fully utilize their capabilities and practice safely, as well as help to develop this relatively new field.

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## Dedication

This paper is dedicated to God; my parents, Daniel and Rose Lucero; and my husband, Nikhil Daga. None of this would have been possible without any of you.

## Table of Contents

Section 1: Nature of the Project .....	1
Introduction.....	1
Problem Statement.....	1
Purpose.....	4
Significance of Project.....	4
Project Question.....	5
Implications for Social Change.....	5
Definitions of Terms .....	5
Assumptions and Limitations .....	6
Summary .....	7
Section 2: Background and Context .....	8
Literature .....	8
MIAM as a Relatively New Field.....	8
Lack of Structured Training and Accreditation .....	9
Lack of a Clearly Defined Scope of Practice.....	11
Concepts, Models, and Theories.....	15
Summary .....	16
Section 3: Collection and Analysis of Evidence.....	17
Project Methods .....	17
Project Evaluation .....	18
Summary .....	19

Section 4: Findings and Recommendations .....	20
Introduction.....	20
Findings and Implications.....	20
Past Case Law .....	20
Three Boards of Nursing.....	22
Survey Results .....	24
Recommendations.....	28
Strengths and Limitations .....	29
Section 5: Dissemination Plan .....	31
Analysis of Self.....	31
Summary .....	33
References.....	34
Appendix A: Model of Professional Nursing Practice Regulation.....	39
Appendix B: Survey Tool.....	40



## Section 1: Nature of the Project

### **Introduction**

The field of minimally invasive aesthetic medicine (MIAM) is a relative new field of advanced nursing practice. As a result, there is currently no clearly defined scope of practice for nurse practitioners (NPs) in this field. This lack of clarification has resulted in the underutilization of NPs as well as issues of liability for the practitioner. Therefore, it was important to clearly define the scope of practice of NPs in the field of MIAM. I undertook this project study to clarify understanding of what NPs can legally do so that they may be more fully utilized in this new field of nursing practice.

### **Problem Statement**

The NP profession is still young. The NP role emerged in Colorado in the mid-1960s as a way to meet patient needs due to a lack of medical care. In 1977, the American Nurses Association issued the first NP certification which legitimized the role and led to more standardized practice outcomes (Furlong & Smith, 2005; Keeling 2015). In the 1980 landmark case, *Sermchief v. Gonzales*, the Missouri medical board challenged two nurse practitioners. The nurse practitioners were accused of practicing medicine but it was found that they were practicing nursing and that the two professions can overlap. The Missouri Supreme Court ultimately decided that the nurse practitioner scope of practice could develop without legal constraints. Subsequently, legislators passed various nurse state practice acts to address advanced nursing practice issues (Furlong & Smith, 2005; Keeling 2015). However, according to experts, legislators use generalized wording in drafting these acts (Furlong & Smith, 2005; Keeling 2015). This

generalized wording allowed for the expansion of new nurse practitioner roles and functions; however, a lack of clarity made it difficult for nurse practitioners to interpret the scope of practice for each new role (Furlong & Smith, 2005; Keeling 2015).

The broad interpretation of the term *advanced practice* has resulted in confusing terminology and classification and a wide variety of practice (Furlong & Smith, 2005; Gardner & Gardner, 2005). The role of the NP evolved quickly while expanding into specialized roles. It is important that policy and appropriate education evolve with the expansion of the nurse practitioner role. Without a clear understanding of what one's scope of practice encompasses, nurse practitioners have been open to the possibility of facing legal issues (Fairman, Rowe, Hassmiller, & Shalala, 2011, Furlong & Smith, 2005; Klein, 2005; Lyon, 2005).

In family and pediatric practice, for instance, nurse practitioners have a defined scope of practice. Family nurse practitioners are generalists, and their education, training, and certification allow them to work with a variety of patients (Freed, Dunham, Lamarand, Loveland-Cherry, & Martyn, 2010). Pediatric nurse practitioners specialize and are more limited in what they are allowed to do as their training and certification are more distinct (Freed, Dunham, Lamarand, Loveland-Cherry, & Martyn, 2010). The scope of practice for these types of NPs is clear due to their education, training, and certifications (Freed, Dunham, Lamarand, Loveland-Cherry, & Martyn, 2010).

Scope of practice can also be influenced by the type of basic education and specialized training nurses gain while practicing. However, even training and the supervision of a collaborating physician do not always equal one's scope of practice. For

example, a family nurse practitioner can treat some mental health conditions, yet a psychiatric mental health practitioner may not be able to treat something such as a rash in all situations (Klein, 2005). This potentially can lead to disciplinary action (Klein, 2005).

Scope of practice is also influenced by certification. Family and pediatric nurse practitioners as well as some other specialty nurse practitioners have their own respective certifying bodies. Family nurse practitioners are certified by the American Academy of Nurse Practitioner as well as the American Nurses Credentialing Center while pediatric nurse practitioners are certified by the National Certification Board of Pediatric Nurse Practitioners (Hooker & Berlin, 2002).

This was not the case for the field of MIAM. It is a specialty that lacks proper education, training, and certifications (Goh, 2009). In this relatively new field, providers use such procedures as injectable and laser and light treatments which potentially carry significant adverse reactions and risks. For example, patients can develop blepharoptosis from botulinum toxin injections or arterial necrosis from dermal fillers (Levy & Emer, 2012).

Minimally invasive aesthetic nurse practitioners primarily receive training for the procedures they perform from physicians (Spear, 2010). Furthermore, nurse practitioners may be held to a variety of standards which gives way to much confusion. Training, employers, the nurse practice act, collaborating physicians, and other factors all influence one's scope of practice (Spear, 2010). NPs may be confused about who they should turn to when determining whether an intervention or procedure is within their respective scope of practice (Klein, 2005).

There is a clear scope of practice for family nurse practitioners with certifications that match it. The field of MIAM does not have a specialty certifying body. Furthermore, the example of whether or not the psychiatric nurse practitioner could treat a rash shows confusion and a lack of understanding of what one can legally do. The field of MIAM, being a relatively new field, is open to much scrutiny in a similar manner. NPs in the field of MIAM may receive training from physicians, yet this is not a guarantee that the subsequent care they provide is within their scope of practice. With a lack of clear understanding of one's scope of practice, nurse practitioners are open to legal ramifications and out of fear and lack of knowledge these providers are not practicing to the full capacity of their licenses (Fairman et al., 2011; Klein, 2005; Lyon, 2005).

### **Purpose**

A scope of practice allows NPs to understand what practices, procedures, and actions they can legally perform according to their license (Ganz, Toren, & Fadlon, 2016). The purpose of this project was to clarify the scope of practice for MIAM so that the NPs in this field will have reduced liability and will be more effectively utilized. While evaluating current health care practice, the scope of practice for nurse practitioners practicing in California, in the field of MIAM was more clearly defined. More clarification of their scope of practice may help NPs in the field of MIAM to more fully use their capabilities, which may lead to greater autonomy and self-efficacy as well as safer practice on their part. Project outcomes may also result in further development of this relatively new field.

### **Significance of Project to Practice**

There are a multitude of stakeholders including nurse practitioners, employers, and patients who are impacted by addressing the lack of a clearly defined scope of practice. NPs who practice in the field of MIAM may be able to have a clear understanding of what they can legally do. This understanding may allow them to fully use their capabilities and practice safely. With more clarity about what these practitioners can legally do, medical directors and owners of practices may be able to better use NPs to their full capability. A more clearly defined scope of practice may lead to safer practice and more cost effective practice.

### **Project Question**

In this DNP project study, I sought to answer the following question: What is the scope of practice of the nurse practitioner in MIAM in the state of California?

### **Implications for Social Change in Practice**

This project aligned with the type of DNP project that evaluates a current healthcare practice. The practice of MIAM was evaluated and a scope of practice was clarified for nurse practitioners in this field. This serves this population to fully utilize their capabilities and practice safely, as well as helps to develop this relatively new field.

### **Definition of Terms**

Following are definitions of terms as they are used in this document:

*Advanced nursing practice:* An expanded practice performed by a registered nurse who has acquired advanced knowledge through higher education, and complex decision-making skills as well as clinical competencies.

*Autonomy*: The situation whereby one has the authority to make judgments and decisions and act in accordance with one's professional knowledge base.

*Injectables*: Any procedure that involves the injection of a product to meet aesthetic needs. Examples include neuromodulators, dermal fillers, and deoxycholic acid.

*MIAM*: A field of medicine which includes such procedures as injectable and laser and light treatments.

*Scope of practice*: The practices, procedures, and actions nurses can legally perform according to their license.

*Self-efficacy*: One's perception of their ability to perform the necessary activities to attain and achieve a goal.

### **Assumptions and Limitations**

An assumption was that all nurse practitioners in the field of MIAM provide the same interventions. A limitation was that this scope of practice will not extend to other states because of a nurse practice act that applies only to the U.S. state of California. Therefore, the scope of practice I developed will not extend to other states.

### **Summary**

MIAM is a relatively new field. At the time I undertook this project study, there was no clearly defined scope of practice for nurse practitioners who practice in this specialty. As a result, nurse practitioners were underutilized and at risk for legal issues (Fairman et al., 2011). In this DNP project, I sought to answer what the scope of practice is for nurse practitioners practicing in this nascent field MIAM. Expected project

outcomes include full utilization of nurse practitioner capabilities as well as a safer practice.

## Section 2: Background and Context

### **Introduction**

The practice focused question I sought to answer in this project study was, What is the scope of practice of the nurse practitioner in MIAM in California? There is much evidence showing that MIAM is a relatively new field without a clearly defined scope of practice. It also shows the importance of having a clearly defined scope of practice (Goh, 2009).

I used a variety of data bases in researching and developing my project. These include EBSCOhost and CINAHL. The key words searched were nurse practitioner scope of practice, MIAM, botox, botulinum toxin, dermal filler, evidence-based aesthetic, scope of practice barriers, full implementation scope of practice, lasers skin, complications botulinum toxin, adverse botulinum toxin, aesthetic dermatology, nurse aesthetic autonomy, medspa, medical spa, injectables, and minimally invasive plastic. I identified three themes in conducting these searches and reviewing the literature: the status of MIAM as a relatively new field, lack of structured training and accreditation, and lack of a clearly defined scope of practice.

### **MIAM As a Relatively New Field**

MIAM is an evolving field and not traditionally taught in nursing school. Most notably, this form of medicine was found only in plastic or cosmetic surgery practices and dermatology, as numerous skin rejuvenation procedures and treatments were introduced by dermatologists and plastic surgeons. It is now used in a variety of diverse practices and medical specialties with the top five minimally invasive aesthetic



procedures being botox injections, laser hair removal, hyaluronic acid injections, microdermabrasion, and chemical peels (Goh, 2009). However, the scopes and standards of dermatology and plastic surgery are not specific to the area of practice of providers that provide injectable services (Spear, 2010). This leads to a necessity for a scope of practice specific to MIAM.

Providers in other medical specialties have increased their interest in MIAM. MIAM is considered to be a fairly lucrative and easy way to make a living when compared to conventional medicine (Goh, 2009). Therefore, other practitioners, including medical doctors and dentists, have started offering certain MIAM procedures in their offices (Goh, 2009).

### **Lack of Structured Training and Accreditation**

Another theme was noted: lack of structured training and accreditation. Currently there is no accreditation process to regulate this field of practice for nurse practitioners, and many nurse practitioners are not adequately trained to carry out the procedures in MIAM. This is not to say that these NPs are not trained or accredited in their respective fields, such as family practice. However, they often lack specified training for MIAM. This field is consumer-driven, which can result in many providers being motivated to obtain monetary profit for their services. This can lead to unethical and questionable practices, especially if providers are not trained therefore this area of practice should not be exempted from structured training or accreditation (Goh, 2009). Because MIAM is a practice not taught in schools, providers are trained in other ways. A majority of providers are physician trained. Others use various other methods such as workshops

while some are self-trained (Spear, 2010). The lack of appropriate training may lead to the use of non-evidence-based aesthetic treatments as well as complications (Goh, 2009). A lack of appropriate training can also lead to distrust amongst patients in regards to providers because they may be unable to clearly distinguish providers who have been trained to practice MIAM and those who have not (Goh, 2009).

Some individuals are industry trained by aesthetic companies that sell the products (Spear, 2010). The training is usually minimal and is usually limited to what is Food and Drug Administration (FDA) approved (Frevert, 2015; Paula de Sa Earp & Marmur, 2008; Wollina & Konrad, 2005). However, there are a multitude of non-FDA approved uses for various products (Frevert, 2015; Paula de Sa Earp & Marmur, 2008; Wollina & Konrad, 2005). It is important for providers to understand the products they are using as well as the anatomy on which they are working. Patient selection is also important, as there are contraindications to receiving certain procedures (Paula de Sa Earp & Marmur, 2008). Although there are no hard rules with minimally invasive aesthetic procedures, there are recommendations and consensus statements (Goh, 2009; Spear, 2010). An example of this is patient consideration in regards to receiving botulinum toxin. A patient who has a neuromuscular disease or a patient on certain medications such as quinine should not receive botulinum toxin as these are contraindications (Paula de Sa Earp & Marmur, 2008). Complications can occur if the nurse practitioner is not properly trained, does not know contraindications, or understand patient selection

There is the false perception that many of the procedures done in the field of MIAM have little to no risk or side effects. This is due to some providers exaggerating good results and hiding complications or poor results (Goh, 2009). Complications however, may occur. With the utilization of botulinum toxin, complications such as ptosis of the upper eyelid, diplopia, and even blindness have been noted (Wollina & Konrad, 2005). Dermal filler complications can include vascular occlusions and skin necrosis (Daines & Williams, 2013). Complications include burns and skin pigment changes with the use of lasers (Vano-Galvan & Jaen, 2009). Understanding how to manage these complications is important. Knowing contraindications and the anatomy, what the procedure is effective for, possible complications, and how to manage these complications are important parts of appropriate training.

### **Lack of a Clearly Defined Scope of Practice**

The third theme was a lack of a clearly defined scope of practice. NPs are beneficial to, and fill in a gap within, health care in a variety of settings. There are some physician organizations that believe nurse practitioners cannot deliver care that is of the same caliber to physicians because nurse practitioners do not have as much training (Fairman et al., 2011). However, there have been no results proving this belief. In general, their care has been shown to be safe and of high quality. Nurse practitioners provide most of the care in retail clinics where cost-efficiency has been well demonstrated. Yet only sixteen states as well as the District of Columbia support independent practice and prescribing (Fairman et al., 2011; Gardner & Gardner, 2005; Naylor & Kurtzman, 2010).

States vary in what they allow a nurse practitioner to do. Some states adopt the Advance Practice Nurse Model Act in regards to a nurse's scope of practice. This act was created by the National Council of State Boards of Nursing and basically states that nurse practitioners may practice independently but be responsible in knowing their own respective limitations when it comes to their knowledge when managing patients. They must know when a situation is beyond their expertise and when to refer or consult with more appropriate providers (Fairman et al., 2011). This is not a definition adopted by all states. It seems as though many do not even agree on the definition of scope of practice and it is often described in a broad manner (White et al., 2008).

According to Ganz et al.(2016), the exact range of practices a nurse practitioner can perform is based on one's education, training, experience, competencies, state laws and regulations, and the policies of the institution where the individual is practicing. With this said, it was also noted that nurse practitioners are not practicing to the full capability of their scope of practice. This is due to various reasons, some of which include the factors of autonomy, self-efficacy, and role ambiguity.

**Autonomy.** As the role of the nurse practitioner grows and develops, autonomy becomes an issue in relation to one's respective role and scope of practice. Having autonomy allows one to control their respective practice through the use of decision making based on one's knowledge. This lack of autonomy comes in the form of prescriptive authority limitations and decreased reimbursement. Yet, there are a variety factors that challenge a nurse practitioner's autonomy including organizational constraints, collaboration, and the support of other healthcare associates. There is a

correlation between the autonomy of the nurse practitioner and collaboration with physicians. It is believed that the more autonomy a nurse practitioner has, the more likely they are to be assertive while obtaining higher cooperation and support from their physician colleagues which will lead to empowerment of the nurse practitioner and in return better patient outcomes. Furthermore, for the nurse practitioner profession itself, greater autonomy allows for the nurse practitioner role and scope of practice to develop and progress (Maylone, Ranieri, Griffin, McNulty, & Fitzpatrick, 2011).

Nurse practitioners with greater autonomy also have higher job satisfaction which has been found to lower ethical concerns and give way to better professionalism (Maylone et al., 2011). Autonomy gives an individual the authority to practice and make decisions freely within one's knowledge base. But with constraints placed on one's autonomy, constraints are then placed on one's ability to perform to the full capacity of their scope of practice. This leads to not only underutilization of the nurse practitioner, but also to patient outcomes that are not as effective. If the nurse practitioner was allowed to practice to the top of their license, quality, safety, and cost of care would be further improved (Ganz, 2016; Lyon, 2005; Maylone et al., 2011; Skar, 2010).

**Self-Efficacy.** Self-efficacy is another important factor when attempting to practice to the full extent of one's scope of practice. Self-efficacy is the individual's belief he or she can perform specific tasks. It also determines the amount of effort an individual will put into the task. The higher an individual perceives their self-efficacy, then the stronger their perseverance and efforts are to complete the task. Self-efficacy is obtained through four different ways: the accomplishment of performance, vicarious

experience, verbal persuasion, and physiological states (Bandura, 1977; Ganz, 2016; Holloway & Watson, 2002).

When someone understands what they are to do and has a sense of mastery, they achieve a higher self-efficacy based on their accomplishment of their performance. Furthermore, if an individual were to watch other individuals perform without an adverse event, it strengthens their self-efficacy. Therefore, through their own persuasion of they will likely be more persistent and put in more effort into their activities. People are also led by verbal persuasion. If someone provides suggests they can do something, they may develop a higher self-efficacy through belief of the other individual's suggestion. And finally, when an individual is put in a situation, depending on the outcome as well as how the situation affected the physical state, self-efficacy may be strengthen (Bandura, 1977).

The strongest of these methods of self-efficacy development is through accomplishment (Bandura, 1977). Accomplishment allows an individual to truly know they are able to do something which builds their confidence. It is more than just being able to perform an activity. In respect to nurse practitioner in the field of MIAM, there lacks clarity in what an individual is legally allowed to do. Therefore, if an individual is unsure of what their scope of practice is, they will develop lower self-efficacy. This will cause them to not put in as much effort which in turn will cause them to not practice to the full extent of their capabilities. For the nurse practitioner practice, a more clearly defined scope of practice will lead to a higher self-efficacy which will lead to more efficient and quality care practices (Zhu, Norman, & While, 2013).

**Role Ambiguity.** Many organizations often describe the scope of practice in respect to tasks. Rather, it should be the functional role. When not having a clearly defined scope of practice, role ambiguity can result. Furthermore roles can overlap. This is problematic as it can cause underutilization of the nurse practitioner which leads to diminished identity for the nurse practitioner. Furthermore it can cause tension in the workplace as providers become competitive, and have a lack of trust which leads to ineffective teamwork. As a nursing practice, this is a significant and costly issue (White et al., 2008).

As mentioned, legality is a part of scope of practice in that the scope of practice informs the nurse practitioner what he or she is legally able to perform. Lack of clarity in the scope of practice, enhances role ambiguity which once again leads to underutilization and risk for unsafe practices (Kleinpell et al., 2012; Ganz et al., 2016).

### **Concepts, Models, and Theories**

In 2006, the Model of Professional Nursing Practice Regulation was designed by the American Nurses Association to inform discussions regarding both specialty nursing and advance practice nursing. This model explains the role of various entities that define practice. It aides to clarify roles, confirm the nurse's responsibilities, and provides strategies as well as solution for creating a consensus for legal and external regulation. As new specialties are developed and recognized, former accepted and traditional practices become challenged. The base level of the model embodies the responsibility of the specialty nursing field to define the scope of practice for nursing (see Appendix A). This along with standards of practice and code of ethics provide a foundation to guide the

development of regulatory policy making and legislation. This leads to the development of institutional policies and procedures, which provides structure, which then leads to self-determination. A defined scope of practice influences one's knowledge to make autonomous decisions. It increases one's self-efficacy and in turn more clearly defines one's role. Thus the outcome is safe, quality, and evidence-based practice in a new specialty (American Nurses Association, 2010).

### **Summary**

The literature demonstrated multiple themes that show the importance and necessity of a clearly defined scope of practice for nurse practitioners in the field of MIAM. The Model of Professional Nursing Practice Regulation acknowledges that new specialty areas of practice will arise and challenge traditional processes. A scope of practice allows for a foundation in this new field of practice. It provides role clarity, increases autonomy, and increases self-efficacy which leads to the increase of safe practice and guides the nurse practitioner to practice to the full extent of their license.



### Section 3: Collection and Analysis of Evidence

#### **Project Methods**

In this exploratory project, I reviewed past case law in the U.S. since 1983; reviewed documents from three state boards of nursing to understand the scope of practice in states with varying levels of authority of practice: restricted, reduced and full; and administered a survey to NPs in the field of MIAM. My purpose was to clearly define the scope of practice in the new field of MIAM. The findings were reviewed by an expert. The findings of this project allow for safer, higher quality care, and better utilization of NPs in the field of MIAM.

I reviewed of case law since 1983 was conducted to determine prior legal precedent to clarify nurse practitioner scope of practice. The case of *Sermchief v. Gonzales* is a landmark case. It was taken all the way to the Supreme Court, which unanimously decided to not draw a clear line between what is considered medical practice and what is considered nursing practice as it is clear the two can overlap (Furlong & Smith, 2005). Instead, the type of practice is based on the role of the individual performing the practice. Therefore, nursing scope of practice has been allowed to progress without legal constraints. Although this particular case law does not directly relate to specialties such as cardiology or MIAM, no other case has gone this far in the U. S. legal system, and this case has often been referenced in situations in which nursing scope of practice is questioned (Furlong & Smith, 2005; Greenlaw, 1984; Keeling 2015; Sermchief v. Gonzales, 1983). I also looked at other case law more

extensively to determine legal precedent relevant to clarifying the scope of practice of the minimally invasive aesthetic NP.

I performed a literature review to see what nurse practitioners are able to do which was used to help develop a survey tool that was sent to various NPs in California (see Appendix B). The survey tool was administered by mail to 30 nurse practitioners who practice in the field of MIAM. These NPs were found through an Internet search. The surveys were mailed back to me. The results of the survey were used to identify what the scope of practice is for this field.

Documents from three boards of nursing were reviewed for their scope of practice. Institutions that employ nurse practitioners can place restrictions on the NP's scope of practice; however, these restrictions may not be less restrictive than those of the state licensing authority (Kleinpell, Hudspeth, Scordo, & Magdic, 2011). States boards I reviewed included Oregon, a state where NPs have full authority to practice; New York, a state where NPs have reduced authority to practice; and California, where NPs have restricted authority to practice.

### **Project Evaluation Plan**

Dr. Beth Haney, DNP, FNP-C, an expert in the field of MIAM, agreed to review the findings of this project. She is a California state health policy leader and a doctoral-prepared NP who has over 10 years of experience in the field of MIAM. She is the chief executive officer for Luxe Aesthetic Center which she founded over 10 years ago, and was an educator and trainer for the Aesthetic Division of Lumenis Laser Corporation. She is also an assistant clinical professor at the University of California, Irvine. She

is a past president of the California Association for Nurse Practitioners where she is still a board member, and is a Fellow of the American Association of Nurse Practitioners. She was on the Speaker's Bureau for Allergan Medical Aesthetics. Dr. Haney is the author of a book regarding cosmetic treatments and is a contributing author for a nursing textbook titled, *Dermatology Essentials for Nursing: A Core Curriculum*, the third edition of which was published by Lippincott, Williams, and Wilkins.

### **Summary**

My goal was to clearly define the scope of practice for NPs in California who work in the field of MIAM. With a clearly defined scope of practice, nurse practitioners may be able to work to the full capacity of their license as well as provide safe and high quality care (Fairman et al., 2011; Klein, 2005; Lyon, 2005). Determining a clear scope of practice was done through various methods. The first was reviewing past case law. The second was reviewing documents from three boards of nursing. The third was by administering a survey to 30 nurse practitioners who practice in the field of MIAM in the state of California. Finally, Dr. Beth Haney, an expert in the field of MIAM, reviewed my project findings.

## Section 4: Findings and Recommendations

### **Introduction**

The field of MIAM is a relatively new field. Prior to this project, there was no clearly defined scope of practice for NPs working in MIAM in the state of California. A lack of a clearly defined scope of practice could result in underutilization of NP in this field as well as legal ramifications (Fairman, et al., 2011; Furlong & Smith, 2005; Klein, 2005; Lyon, 2005). Therefore, I posed the following practice-focused question as part of my project study: What is the scope of practice of the NP in MIAM in the state of California? The purpose of this project was to clarify the scope of practice for NPs in the field of MIAM. Clarifying the scope of practice will serve this population to fully utilize their capabilities leading to greater autonomy and self-efficacy which will lead to safer practice and encourage further development of this field.

### **Findings and Implications**

I used multiple sources to complete this project. I first reviewed past case law. I then reviewed documents from three boards of nursing. Then I administered the survey in Appendix B to 30 nurse practitioners that practice in the field of MIAM in the state of California. Finally, Dr. Beth Haney, an expert in this field, reviewed my findings determined by this project.

### Past Case Law

Through the process of reviewing past case law since 1983, two themes were noted: overlapping practice and the open-ended definition of nursing.

**Overlapping practice.** A great deal of U.S. case law pertained to defendants' beliefs that NPs have practiced medicine outside the scope of their practice. The landmark case of *Sermchief v. Gonzales* is a prime example of this. This case showed that the nurse practitioners were performing acts that were performed in accordance with written standing orders and protocols that were signed by the employed physicians of the agency. Therefore, the nurses were found to be practicing within their scope of practice. Furthermore, it seemed to demonstrate that there is no clear line between the profession of nursing and the profession of medicine (Blumenreich, 1998). It is clear that there are numerous areas where the two overlap (Blumenreich, 1998; Sermchief v. Gonzales, 1983).

Judges in other cases such as *Professional Health Care, Inc., v. Bigsby* and *Hoffson v. Orentreich* came to the same conclusion. In both of these cases, the nurse was accused of practicing medicine. However, in the first case, the NP, although indirectly supervised by a physician, followed protocols and, therefore, was found to be practicing nursing, not medicine. In the second case, the nurse performed an incision and drainage of three acne cysts and the removal of black heads. She was trained to do so, and it was ordered and consented by the physician she was working under. The court found that she was practicing nursing not medicine showing that some activities overlap in practice

between the two professions (Professional Health Care, Inc., v. Bigsby, 1985; Hoffson v Orentreich, 1990).

Dr. B. Haney explained that all of these cases could have been avoided if the nurse practitioners had been allowed to practice to their level of education and training and not been bound by standardized procedures. Being bound by standardized procedures is an issue that affects California as it is a restricted authority state (B. Haney, personal communication, May 15, 2017). NPs in this state are fighting to remove the term *supervision* from the language in law as it is limiting to law that refers to NPs and is a barrier to access of health care (B. Haney, personal communication, May 15, 2017).

**The Definition of Nursing is Open-Ended.** The role of nursing is ever-changing and developing. This is due in part to *Sermchief v. Gonzales*. This case allowed for the development of the scope of practice of nursing without constraint (Sermchief v Gonzales, 1983). This in turn leaves the definition of nursing to be open-ended. Therefore, as new and old fields grow and develop, so does nursing. As nursing grows and develops, so does the scope of practice.

### **Three Boards of Nursing**

The scope of practice was reviewed for three state boards of nursing. Each state board of nursing varies in their level of authority to practice. The first was Oregon which allows nurse practitioners to practice with full authority. The second was New York where nurse practitioners are allowed to practice with reduced authority. The third was California where nurse practitioners have restricted authority. California was the focus of this project.

**Oregon.** The state of Oregon is a state that allows nurse practitioners to have full authority to practice. The scope of practice for this state allows the role of NPs to expand and grow. It does not get into the specifics of MIAM; however, the Oregon State Board of Nursing says that nurse practitioners are responsible for managing health problems and are accountable for the health outcomes within their specialty (Oregon State Board of Nursing, 2017). Therefore, the Oregon State Board of Nursing says it is important that the nurse practitioner knows his or her limitations and when to consult or refer to other providers. Being competent and responsible in the care they provide is not enough. NPs must know when to refer or consult a more appropriate provider as it demonstrates their independence and accountability (Oregon State Board of Nursing, 2017).

**New York.** New York is a state in which NPs have reduced practice authority. NPs are independently responsible for the care they provide (New York State Board of Nursing, 2017). They do not need be under the supervision of a physician; however, they do need to practice in accordance with written protocols and a written practice agreement with a collaborating physician (New York State Board of Nursing, 2017). An exception to this is made under the Nurse Practitioner Modernization Act (New York State Board of Nursing, 2017).

The Nurse Practitioner Modernization Act means that a qualifying nurse with over 3600 hours of practice has two options. The first option is to continue to practice with accordance of written protocols and written practice agreement with a collaborating physician. The second option is to practice and have collaborative relations with at least one qualified physician at a New York State Health Department licensed facility such as

a hospital (New York State Board of Nursing, 2017). There is no information as to why an individual might choose one option over the other based on the assessment of my review.

A NP is allowed to treat and prescribe for any specialty he or she is certified. Furthermore, the NP must be competent to provide the professional service (New York State Board of Nursing, 2017). Therefore, the NP with reduced authority has to collaborate with a physician while being independently responsible for the care they provide. The NP, in addition to being competent in the service provided, must also know when to refer the patient to a more appropriate provider (New York State Board of Nursing, 2017). Knowing one's limitations is a part of understanding one's scope of practice.

**California.** California is a state where nurse practitioners have restricted authority. They must follow the scope of practice within the Nurse Practice Act, relying on standardized procedures in order to perform overlapping medical functions (California State Board of Nursing, 2014). Therefore, as long as NPs in this state follow standardized procedures, they are maintaining their scope of practice. The standardized procedures are a form of physician supervision.

According to my content expert, Dr. Haney, California NPs are able to expand not just maintain their scope of practice as long as they follow the specific standardized procedures document for their particular site in which they practice. Dr. Haney stated these standardized procedures are an aspect not a form of a physician supervision working within the scope of practice. According to Dr. Haney, standardized procedures



are why nurse practitioners can provide over-lapping medical functions (B. Haney, personal communication, May 15, 2017).

### **Survey Results**

A survey was administered to thirty nurse practitioners that practice in the field of MIAM in California. Twenty two of those surveys were returned for a 73% response rate. Of the nurse practitioners that completed the survey, 15 of them had over six years of practice. Four of them were had three to six years experience, and three of them had between one and three years experience. All but two completed family nurse practitioner programs. Those two completed adult nurse practitioner programs. The survey was divided into six sections.

**Knowledge, autonomy, and self-efficacy.** It is clear that many nurse practitioners have the education and foundation to treat the population they serve. Keeping up to date in knowledge and training is essential in order to maintain a level of care appropriate for their patients. All (100%) felt their training and knowledge is kept up to date and is adequate to differentially diagnose and manage the conditions for which they see their patients. All (100%) also said they refer to another provider if they feel a condition is outside their knowledge base. Due to the continuation of knowledge and training, they are able to maintain a level of autonomy in their practice. Self-efficacy plays a significant role in their practice as they understand their limitations and know when they should refer to another provider.

**Role validation.** All of the nurse practitioners (100%) define themselves as a nurse practitioner and an educator. They feel that their training, qualifications,

certifications and licensing match this description. These certifications were obtained through product company training and are related to the skills of this field. Examples of training and procedures performed include injectables, cryolipolysis, which is fat reduction through freezing, laser treatments, sclerotherapy, and chemical peels.

Education and licensing allows the nurse practitioners to be nurse practitioners. Nurse practitioners have a responsibility to also educate their patients. Furthermore, they utilize the trainings available to them in order to learn about the products they currently feel competent to administer. This allows them to not only stay up to date but actually gives them the knowledge base to obtain the self-efficacy they need to practice. This aids in understanding their limitations.

**Competence and skill.** All of the nurse practitioners were trained by a product company trainer. Twenty (90%) of them were also physician trained and three nurse practitioners utilized workshops for training. Ten (45%) of them continue with education from conferences. All (100%) of them continuously maintain competency and skill through continued product company trainings when given the opportunity. It is clear there is no formal education for nurse practitioners in this field, however there are methods to obtain competence and learn the skills needed to perform the professional services for their patients.

Dr. Haney agreed that there is no formal education through an academic program but that there is now a class that she teaches focusing on neuromodulators. It is the only aesthetics course that is three weeks in length with an optional hands-on component at the end through the University of California, Irvine Distance Learning. Furthermore, Dr.

Haney explained that product company trainings are minimal and low level. A stronger educational avenue is to attend workshops, conferences and courses such as the one she teaches (personal communication, May 15, 2017).

**Environment.** Every nurse practitioner (100%) felt their work environment supports what they believe to be their scope of practice through staffing, consultation, policies and procedures, protocols and community standards. One (5%) nurse practitioner considered himself or herself an expert in the field of MIAM. Two (9%) of them considered themselves novice in this field. The others (86%) considered themselves midlevel in the field of MIAM.

The nurse practitioner's environment is important to understanding one's scope of practice. Obtaining support of what one can do through policies and procedures as well as protocols are a part of understanding what is allowed. Nurse practitioners in California can perform under standardized procedures. Therefore, having these things around as well as appropriate staffing and being able to consult are vital to the nurse practitioner.

**Assessment and care planning.** Every nurse practitioner (100%) surveyed they assess both the mental and physical condition of each patient. Furthermore they all (100%) regularly update in writing information regarding the care they provided. They also all (100%) involve the patient in the planning of the patient's care.

To properly treat the patient, it is best to assess the patient completely. This means not just physically but also mentally. Care may change over the course of time and not every patient is the same therefore, keeping the patient involved is best and

updating the plan as well as any other information having to do with the care of the patient is important. It allows the nurse practitioner apply their knowledge and understand when he or she needs to consult.

**Teaching.** Every nurse practitioner (100%) believes in teaching both their patients and their staff. They constantly are assessing the teaching needs and performance of teaching for their patients and of their staff. Furthermore they act as a mentor or educator for their new staff and continuously share new knowledge that has emerged from evidence based practice.

Evidence-based practice is important to utilize for the nurse practitioner. It allows for an optimum level of care. Considering others such as registered nurses care for patients as well it is important that the nurse practitioners also stay up to date when it comes to the services provided and what is the evidence-based practice when it comes to those services. Furthermore it is important that the patients themselves are taught about the professional service so that they understand what the best practice is. This allows for a more safe and effective practice.

### **Recommendations**

The field of nursing and the role of the nurse practitioner are growing constantly. It is important to keep up to date on the most current evidence based practices. Furthermore continued education to understand and gain knowledge is important in this field. Although there are no formal academic programs, it is recommended to utilize product company trainings, courses, workshops, and conferences to obtain and maintain knowledge and competency. Physician trainings are also effective for obtaining and

maintaining knowledge, but the nurse practitioner has the responsibility to find out what are the standardized procedures of the facility where they practice. This leads to support their scope of practice within the state of California as standardized procedures are the legal mechanism that delineates the scope of practice of the nurse practitioner at a specific facility.

Standardized procedures are the legal backbone to understanding the scope of practice for nurse practitioners in the state of California, including within the field of MIAM. They are developed collaboratively by nursing, medicine, and administration in the organized healthcare system where they are utilized and include policies, procedures, and protocols that are to be followed. Along with standardized procedures are knowledge, competence, and self-efficacy. The nurse practitioner must have the knowledge and competence to support their practice. Not only does it lead to self-efficacy, but it also leads to understanding one's limitations. Just as every other health care provider, the nurse practitioner must know when they should refer or consult a more appropriate provider. This provides safer practice and a higher quality of care for both the patient and nurse practitioner based on evidence.

### **Strengths and Limitations**

The main strength of this project is that it provides knowledge to all nurse practitioners, including in the field of MIAM, in the state of California, that standardized procedures are required to practice. This knowledge will reduce the risk of legal ramifications allowing for a safer practice for not only the nurse practitioner but also the facility he or she works for. It might also provide a facility to broaden the language of

their standardized procedures which may also allow for better utilization of the nurse practitioner which may also produce a more cost-effective practice. Furthermore, it may contribute to the goal of many nurse practitioners to remove standardized procedures from the law allowing for the nurse practitioner to practice to the full level of his or her education and experience while also furthering the development of this field.

A limitation of this project is that standardized procedures are written differently from facility to facility. The language can be broad which broadens the scope of practice for nurse practitioners and others can be narrow making the scope of practice more rigid.

### Section 5: Dissemination Plan

Dissemination of this project is important in order for nurse practitioners that practice in the field of MIAM in California to obtain clarification of their scope of practice. This clarification may lead to the full utilization of their capabilities as well as a decrease in their risk for legal ramification (Fairman et al., 2011; Klein, 2005; Lyon, 2005).

The plan for dissemination of this project is to publish it in a journal related to this field. The journal I am considering to use for dissemination is the *Journal of Aesthetic Nursing*. It is specific to the field of MIAM and, therefore, is likely to reach those who might benefit from my project findings.

### **Analysis of Self**

This project has enhanced my roles as a practitioner and a scholar. As a practitioner and a scholar, this project has taught me how to research and analyze literature to obtain evidence-based practice. I learned how to then apply these to my own practice.

Project findings confirm the idea that nursing is an ever-changing field that will continue to grow quickly (Furlong & Smith, 2005). Therefore, it is important to realize that I am more than a practitioner but a lifelong scholar. Because of this project, I have grown and learned that I have the ability to take on a project that may have a significant impact on the profession of nursing. Although this project is specific to NPs who practice within California; it may have a great impact on the profession itself. It may

help it to continue to grow and develop while maintaining a safe and higher quality practice based on evidence.

Because of my experience with this project, I plan on purchasing a medical spa by the end of 2019 where I will continue to practice. My preceptor and I have considered creating some sort of residency program by the end of 2023 for nurses and NPs where they can have a proper education and training in the field of MIAM.

The completion of this project has opened doors to new goals. The project itself has been a journey. I feel as though I have been working on it for much longer than I actually have. I not only found an important need within society, I was able to find a solution. The topic for the project itself was not something Walden University usually approves. But the individuals who heard about my project understood the importance and need for it. One of the largest challenges was finding an expert to review the project. Numerous physicians and registered nurses who have been in the field of MIAM for many years and are very knowledgeable; however, I wanted to use as my expert a nurse practitioner who lives in the state of California. Through an intense search I finally found Dr. Beth Haney. Given her background she was the perfect person to review my findings. Prior to finding her, I did wonder if I would find anyone. I started looking at other options such as attorneys, but the attorneys I found were not specific to MIAM, and if they had knowledge in it, either they were not nurse practitioners or they were also nurse practitioners but have a different background such as pediatrics. Dr. Matheson, my committee chair, was instrumental in pushing me and supporting me to find the most appropriate individual. When I found Dr. Haney, I was easily able to find her email



address, and email her explaining my project and if she would be willing to review my findings to which she quickly agreed.

Her quick response and interest motivated me, and I could not believe how easily she was willing to help me. Her quick response and willingness to help show there are many who want to see others succeed, and see nursing as a field to continue to develop and grow.

### **Summary**

This project clarifies the scope of practice for nurse practitioners practicing in the field of MIAM in California. It may decrease the risk of legal ramifications and aid in the full utilization of the nurse practitioner. This might lead to a safer, higher quality practice based on evidence.

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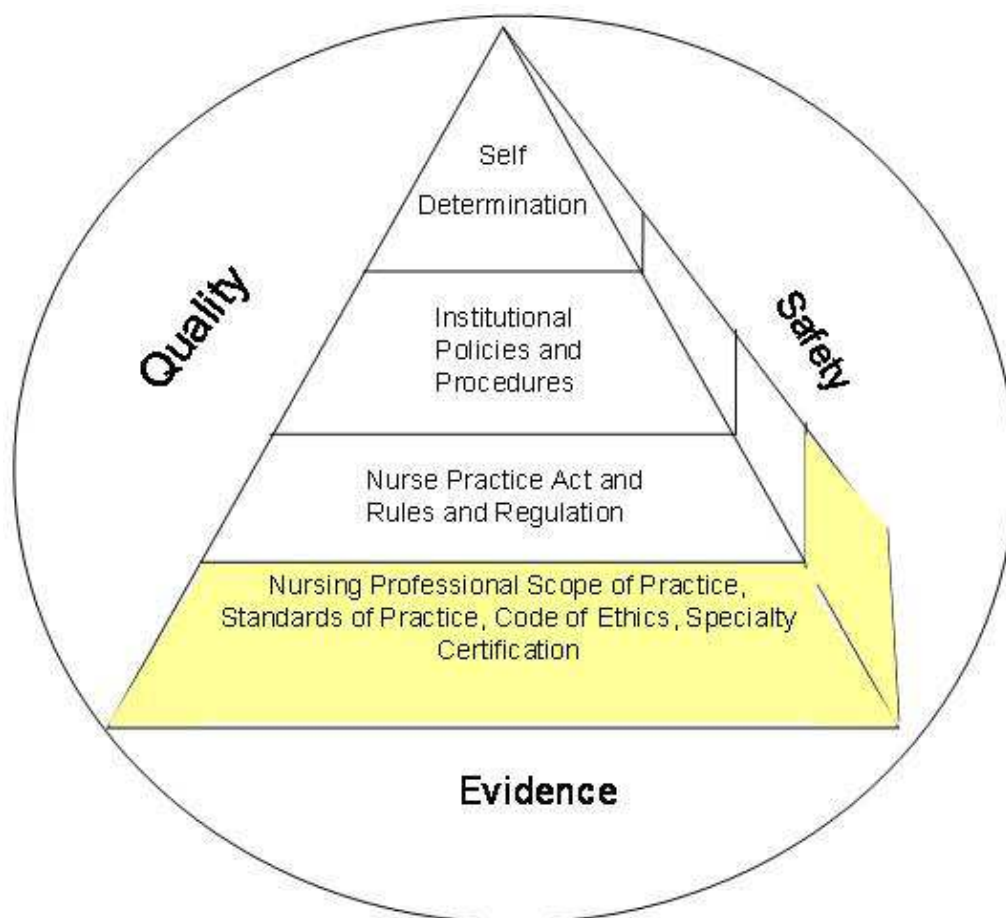
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## Appendix A: Model of Professional Nursing Practice Regulation



Adapted from *Specialization and Credentialing in Nursing Revisited: Understanding the Issues, Advancing the Profession* by Margretta Madden Styles, EdD, RN, FAAN; Mary Jean Schumann, MSN, RN, MBA, CPNP; Carol J. Bickford, PhD, RN-BC; and Kathleen White, PhD, RN, CNAA-BC. Pgs 19–21. Copyright © 2008 American Nurses Association. All rights reserved.



## Appendix B: Survey Tool

(D'Amour et al., 2012; Klein, 2005).

**Knowledge**

- 1.) How long have you worked in the field of MIAM
  - a. <1year
  - b. 1-3 years
  - c. 3-6 years
  - d. >6 years
  
- 2.) What nurse practitioner program did you complete that prepares you to see this population?
  - a. Family
  - b. Adult
  - c. Psych
  - d. Women's Health
  - e. Other

\_\_\_\_\_ Please fill in if you marked other
  
- 3.) Did this program include supervised clinical training for this population?
  - a. Yes
  - b. No
  
- 4.) Do you feel you have adequate knowledge to differentially diagnose and manage the conditions for which you see the patient?
  - a. Yes

b. No

5.) Do you refer to another provider such as a physician if the condition for what the client is coming to you for is out of your knowledge base?

a. Yes

b. No

6.) Do you keep your knowledge up to date?

a. Yes

b. No

7.) Do you improve your practice based on new knowledge derived from best practices and research?

a. Yes

b. No

### **Role Validation**

1.) Are you licensed to practice in this field?

a. Yes

b. No

2.) Do you have any certifications that are required to perform the skills that go along with this field? If so, please list. (IE: neuromodulator injections, dermal filler injections, laser hair removal)

- 3.) How do you define your role with the public?
  - a. Yes
  - b. No
- 4.) Do your qualifications, training, and licensing match this?
  - a. Yes
  - b. No
- 5.) Is the information regarding your training easily accessible and can it be validated to any interested parties?

### **Competence and Skill**

- 1.) What are the competence/skills required to treat the conditions in which patient see you?
- 2.) How were you trained in MIAM?
  - a. Workshop course
  - b. Physician trained
  - c. Product company trainer
  - d. Other: \_\_\_\_\_ Please specify

- 3.) How did you achieve or demonstrate competence in this field?
  
- 4.) How has competence been maintained?
  
- 5.) Did you complete any specialty preceptorship or internship beyond your basic educational training?

### **Environment**

- 1.) Does the environment you work in support what you believe your scope of practice is through structures such as staffing, consultation, policies and procedures, protocols, and community standards?
  - a. Yes
  - b. No
- 2.) Do you feel you are an expert, novice, or midlevel provider in the field of MIAM?
  - a. Expert
  - b. Novice
  - c. Midlevel Provider
- 3.) Does your credentialing match your above answer?

### **Assessment and Care Planning**

- 1.) Do you assess the physical and mental condition of the patient?
  - a. Yes

- b. No
- 2.) Do you regularly update in writing information regarding the care provided?
  - a. Yes
  - b. No
- 3.) Do you involve the patient in the planning of their care?
  - a. Yes
  - b. No

### **Teaching**

- 1.) Do you assess the educational needs of your patient in regards to what they are coming to see you for?
  - a. Yes
  - b. No
- 2.) Do you perform teaching and verify that the patient understands the teaching you provided?
  - a. Yes
  - b. No
- 3.) Do you adapt teaching strategies as needed for each patient?
  - a. Yes
  - b. No
- 4.) Do you check the quality of teaching of patients by the staff that works with you?
  - a. Yes
  - b. No

- 5.) Do you act as a mentor or educator for newly hired staff?
- a. Yes
  - b. No
- 6.) Are you involved in identifying education needs of the staff or in conducting training activities as needed for the staff?
- a. Yes
  - b. No
- 7.) Do you share your knowledge emerged from research and evidenced based practice with your staff?
- a. Yes
  - b. No