

Canadian Association of Hepatology Nurses Cirrhosis Competencies

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Preamble

The Canadian Association of Hepatology Nurses (CAHN) approved the Hepatology Nursing Standards in February 2007. The Standards provide a comprehensive framework for the evaluation of professional ethical hepatology nursing practice. Subsequently, a CAHN working group began to develop competency documents that describe core competencies specific to particular liver diseases/conditions. This Cirrhosis Competencies document is the second to be created. The cirrhosis competencies pertain to adults and **do not** include specifics for pediatrics or transplantation.

Purpose

The Canadian Association of Hepatology Nurses Cirrhosis Competencies document provides a mechanism for nurses to examine their practice, determine their learning needs and ultimately improve their knowledge, skill and judgment related to cirrhosis care.

Introduction

The CAHN Cirrhosis Competencies document describes a full range of cirrhosis nursing competencies without identifying educational preparation or specific experience needed for any of the competencies. The document articulates expectations that the regulatory bodies have for Registered Nurses involved in specialty areas of practice. This document can be used by Registered Nurses for ongoing self-assessments and by nurses preparing to transition to cirrhosis practice, education, administration and/or research. The competencies are not intended to be prescriptive, rather they are meant to assist Registered Nurses identify learning needs appropriate for their particular practice context.

The competencies are described within four sections: fundamental knowledge, nursing assessment, interventions and evaluation. Each section contains several competency statements with accompanying knowledge expectations. The nursing assessment section is framed within the twelve determinants of health.

Embedded in the competencies are the assumptions that nurses' advocate not only for the individual but also at the policy or systems level and that nurses engage in collaborative practice.

As the document reflects current knowledge CAHN will review and revise it at least every three years.

Cirrhosis Competency Statements

The competencies are presented within four sections: fundamental knowledge, nursing assessment, interventions and evaluation. Each section contains competency statements followed by bullet points that describe the specific knowledge content related to that competency.

Section 1: Fundamental Knowledge Competencies

1.1 Explain the epidemiology of cirrhosis

- Prevalence and incidence
- Causes of cirrhosis
- Demographics e.g., immigration, cultural, ethnicity, male/female etc.

1.2 Describe changes in liver anatomy and physiology from cirrhosis

- Surface anatomy (e.g., liver lobes)
- Histology e.g., inflammation and fibrosis, liver lobule, portal triad, hepatocytes
- Connection to systemic circulation and portal circulation and the development of portal hypertension
- Intrahepatic and extrahepatic biliary system
- Liver functions e.g., vascular, metabolic and excretory functions

1.3 Describe the natural history of cirrhosis

- The relationship between liver cirrhosis progression and other diseases, e.g., metabolic syndrome, co-morbidities and mental health/addictions
- The dynamics in the development of fibrosis, compensated cirrhosis, decompensated cirrhosis and death
- The risk of HCC development

Section 2: Nursing Assessment Competencies

2.1 Describe the importance of income and social status in cirrhosis prevention, care and treatment

- The role of income security e.g., employed, social assistance, retired
- Types of income assistance available
- The impact of barriers such as unsafe shelter, lack of nutrition and lack of affordable transportation on client health
- Strategies clients can use to access services such as alcohol treatment programs, travel support, and nutrition supplement

2.2 Describe the importance and impact of the client's social support network for

- Living with uncertainty
- Quality of life

- Dysfunctional lassitude
- Palliation

2.3 Explain how the client's level of education and literacy can impact health

- Assess the client's understanding of information e.g., reading, writing, expression and comprehension
- Use of principles of adult learning e.g., language that is appropriate to the client's education, literacy level and ethno-cultural context
- Facilitate client access to information e.g., peer support groups, internet

2.4 Explain the impact of employment/working conditions

- Individual's rights to confidentiality and to not disclose or disclose diagnosis
- Need to plan for periods of inability to work

2.5 Understand the influence of social environments

- Importance and impact of social support e.g., community groups
- Access to community resources
- Impact of stigma on health behavior and human rights

2.6 Understand the importance of physical environments

- Life in an unsafe community e.g., high levels of crime and illegal drug use may affect behavior
- Importance of a safe home environment e.g. falls prevention,
- Contribution of the physical environment e.g., air/ground/water quality and chemical/biological exposure

2.7 Understand the importance of personal health practices and coping skills

- Promote optimum liver function e.g., balanced nutrition, physical activity and alcohol abstinence
- Choices can be affected by socio-economic environments e.g., self care, advocacy and coping mechanisms
- Self-esteem, self-worth and resilience can affect health practices

2.8 Explain the importance of healthy child development

- Experiences in early life that can affect lifestyle choices and behaviours in adulthood e.g., childhood obesity, physical abuse and family alcohol use

2.9 Describe the role of biology and genetic endowment

- Role of genetic disorders causing cirrhosis
- Importance of taking a family history
- Identification of at-risk individuals or groups e.g., family screening

2.10 Describe the impact of health services on cirrhosis

- Importance of client self advocacy
- Role of significant others in client advocacy

- Nurse's role in client advocacy
- Nurses' role in advocating for health system change e.g., improved access for care and medications, participation in advocacy organizations such as Canadian Association of Hepatology Nurses
- Affect of stigma and discrimination on service access and utilization

2.11 Understand the role of gender

- Recognize gender differences in likelihood of diagnosis, disease progression, and cancer risk e.g. men have faster disease progression and women are under diagnosed

2.12 Understand the impact of culture

- Implications related to cirrhosis e.g., alcohol as part of lifestyle, ethnicity
- Need to be culturally sensitive e.g., avoid actions that diminish, demean or disempower the cultural identity and well-being of an individual
- Spiritual and religious beliefs impact decisions e.g., natural healing beliefs
- Impact of provider's values on relationships and client decision-making

Section 3a: Intervention Competencies (Client Focused)

3a.1: Describe health promotion activities associated with liver health

- Balance nutrition and exercise to maintain an ideal body weight e.g., low sodium intake
- Avoid alcohol, tobacco, illicit substances, solvents and chemical irritants
- Safer sex
- Immunize to prevent co-morbid diseases e.g., pneumovax, shingles, influenza, hepatitis

3a.2 Understand harm reduction philosophy, strategies and their effectiveness

- Harm reduction approaches and their effectiveness e.g., alter dietary, tobacco, alcohol habits and use of illicit substances.

3a.3 Describe commonly used complementary and alternative therapies

- Use and effects of herbal medications, massage, therapeutic touch

3a.4 Explain what the nurse needs to know about cirrhosis assessment

- Stigmata of chronic liver disease e.g., muscle wasting, palmar erythema, clubbing, Dupuytren's contracture
- Changes in cognition and ability to make informed choices related to advancing cirrhosis
- Signs of change from compensated to decompensated liver function
- Tests used to diagnose and monitor those with decompensated liver disease e.g., liver synthetic function, ultrasound, liver biopsy, non-invasive fibrosis tests

- Clinical importance of the cirrhotic scoring tools e.g., hepatic venous pressure gradient (HVPG), Child-Pugh, and model for end-stage liver disease (MELD) and the future importance of the emergent five clinical stages approach to assessment
- The impact of underlying disease and management

3a.5 Describe the management of complications of cirrhosis

- Common complications
- Screening, surveillance, medical and surgical interventions for complications e.g., portal hypertension,
- Banding/sclerosing of varices, Portal/Systemic venous system shunting (TIPS), diuretics
- Nurse's role in monitoring interventions
- How and when to access additional services e.g., transplant or palliative care programs

3a.6 Describe screening and therapeutics for Hepato-Cellular Carcinoma (HCC)

- Importance of screening tests and surveillance e.g., ultrasound, alpha fetoprotein
- Treatment modalities e.g., transplantation, surgical resection, radiofrequency ablation, alcohol injection, chemoembolization, transplantation, radiation and multiple kinase inhibitor such as Nexavar (Sorafenib)
- Monitoring after treatment

Section 3b: Intervention Competencies (System Focused)

3b.1 Recognize methods to effect policy change

- Advocacy role of non-profit/community organizations,
- Role of governments in health policy change e.g. resource allocation
- Nursing activities that can influence policy change e.g., participation in policy development and systems advocacy

3b.2 Advocate for ongoing nurse education and learning opportunities

- Advocate for cirrhosis education and learning opportunities for nurses and other health care professionals

3b.3 Describe the importance of collaboration

- Identify and collaborate with other providers and support systems, e.g., mental health and addictions services, local community support groups
- Identify and participate in local, provincial, national and international health and social service initiatives

Section 4: Evaluation Competencies

4.1 Evaluate client responses, clinical effectiveness, efficiency, cost effectiveness, and ethical considerations of interventions

- Evaluate the effect of interventions and progress towards targeted outcomes
- Discuss findings with appropriate health care professionals/agencies

4.2 Participate in the discovery and the dissemination of new knowledge in cirrhosis

- Share leading practices/discoveries in your cirrhosis practice
- Participate in research and/or disseminate findings e.g., participation in journal club