



Society of Gastroenterology Nurses and Associates, Inc.

POSITION STATEMENT

Role Delineation of Unlicensed Assistive Personnel in Gastroenterology

Disclaimer

The Society of Gastroenterology Nurses and Associates, Inc. assumes no responsibility for the practices or recommendations of any member or other practitioner, or for the policies and procedures of any practice setting. Nurses and associates function within the limitations of licensure, state nurse practice act, and/or institutional policy.

Definitions

Role delineation is a description of the responsibilities and functions of a healthcare worker in a specific role, including the current activities common to this role.

Unlicensed assistive personnel (UAP) is an unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient/client activities as delegated by the nurse (ANA, 1997). UAP's who have specialized training or education in a specific area (Gastrointestinal), may be further classified as Technicians, for example, GI assistants, GI techs, or GTS (GI Technical Specialist) who have direct patient care responsibility and are supervised by a Registered Nurse (RN) (ANA, 1997, McClung, 2000).

Delegation is "entrusting the performance of a selected nursing task to an individual who is qualified, competent, and able to perform such tasks. The nurse retains accountability for the total nursing care of the individual" (ANA, 1992) (Habgood, 2000).

Accountability is "being responsible and answerable for actions or inactions of self or others in the context of delegation" (NCSBN, 1995).

Supervision is "directing, guiding, or influencing the outcome of another individual's performance through verbal and written communication" (ANA, 1992; Kopishke, 2002).

Background

The changing health care environment has compelled the reassessment of the roles and tasks involved in providing patient care (ANA, 1992) in gastroenterology, hepatology, and endoscopy practice settings. The following is a statement on the role of unlicensed assistive personnel.

UAPs are accountable to and perform duties under the direct, on-site supervision of the RN when providing delegated patient care (ANA, 1997). As the person accountable for the outcomes of the patient care provided during the diagnostic or therapeutic experience, the RN is responsible for assessing patient care needs and determining the education and competency level of assistive personnel to whom the task is delegated as noted below:

Role Delineations

- **Education**, specialized Gastro-intestinal training and appropriate utilization of UAP roles (ANA, 1992) (Kido, 2001)
- **Clinical Competency** of UAP's which should be evaluated initially on employment and on an ongoing basis (ONS, 2001)
- **Assessment** of patient care needs, development of the nursing plan of care using the nursing process (assessment, diagnosis, planning, intervention and evaluation), and evaluation of patient outcomes (Kido, 2001).
- **Delegation** of appropriate tasks while retaining the responsibility and accountability of the care given (Habgood, 2000). "Any nursing intervention that requires independent, specialized, nursing knowledge, skill or judgement cannot be delegated" (ANA, 1992,1997). When delegating to UAP's, the State Nurse Practice Act in each state must be followed as well as the institutions policies and procedures with the Nurse Practice Act being the final authority in the event of a discrepancy (Kido, 2001).
- **Supervision** requiring direct oversight and timely feedback of care given by UAP's to ensure quality patient outcomes (Anthony, Standing & Hertz, 2000) (Haas & Gold, 1997).

Position

After demonstrating required competencies, UAPs contribute to optimal patient outcomes by providing delegated patient care activities within specified limits which includes, but is not limited to (NCSBN,1995):

UAPs can:

1. Assist in collecting data for an objective assessment to identify the patient's needs, problems, concerns or human responses, e.g., vital signs
2. Assist, under the direction of the RN, in the implementation of the established plan of care.
3. Assist the physician and RN during diagnostic and therapeutic procedures.
4. Respond to emergency situations as directed by the RN.

UAPs will:

1. Provide and maintain a safe environment for the patient and staff (ANA, 1997) by complying with regulatory agency requirements and standards set forth by professional organizations and employers.
2. Be responsible for personal continuing education.
3. Be knowledgeable about professional and practice issues related to the field of gastroenterology.
4. Comply with ethical, professional and legal standards inherent in patient care and professional conduct, e.g., patient's bill of rights.
5. Participate in organizational performance improvement (PI) activities as directed.

UAP's are strongly encouraged to:

1. Complete the GI Associate's skill validation test and achieve the title GI Technical Specialist (GTS)(Heard, 2004).

References

- American Nurses Association. (1992, 1997-I Attachment). *Registered Nurse use of unlicensed assistive personnel*. [position statement]. New York: Author. Available world wide web:<http://www.nursingworld.org/readroom/position/uap/uapuse.htm>.
- Anthony, M. K., Standing, T., Hertz, J. E., (2000). Factors influencing outcomes after delegation to unlicensed assistive personnel. *JONA*, 30(10), 474-481.
- Haas, S., & Gold, C., (1997 January-February). Perspectives in Ambulatory Care. *Nursing Economics*, 15(1), 57-59.
- Habgood, C., (2000 May). Ensuring proper delegation to unlicensed assistive personnel. *AORN*, 71(5), 1058-1060.
- Heard, L., (2004) A new Opportunity for SGNA Associate Members. *Gastroenterology Nursing*. 27(4),147-148.
- Kido, V., (2001 November). The Dilemma. *Nursing Management*, 32(11), 27-29.
- Kopishke, L., (2002) Unlicensed assistive personnel: a dilemma for nurses. *Journal of Legal Nurse Consulting*, 13(1), 3-7.
- McClung, T. M., (2000 November). Assessing the reported financial benefits of unlicensed assistive personnel in Nursing. *JONA*, 30(11), 530-534.
- National Council of State Boards of Nursing (NCSBN). (1995). Delegation concepts and decision-making process. Available world wide web:http://www.ncsbn.org/regulation/uap_delegation_documents_delegation.asp.
- Oncology Nursing Society (ONS). (2001). The role of unlicensed assistive personnel on cancer care. [position statement]. *ONE*, 28(1), 17.

Recommended reading list

- Kupperschmidt, B. R., (2002 November-December). Unlicensed Assistive Personnel Retention and Realistic Job Previews. *Nursing Economics* 20(6),279-283.
- Society of Gastroenterology Nurses and Associates, Inc. (2005). Standards of care. In Standards of clinical nursing practice and role delineation statements. *Gastroenterology Nursing*,28(5),422-427.

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Role Delineations