



Faith Community Nursing: Direct Care or “Hands-On” Practice and Glucose Testing

POSITION STATEMENT

Two frequently asked questions about faith community nursing are:

1. Should faith community nursing be “hands-on” versus “hands-off”?
2. Can faith community nurses (FCNs) do glucose testing?

All nursing practices fall under the legal authority of each state’s Nurse Practice Acts and State Board of Nursing Policies. Scope and Standards of Practice documents reflect the thinking of the nursing profession and provide guidance for nurses in the application of their professional skills and responsibilities. It is up to the nurse who is practicing as an FCN to assess one’s skills, knowledge, and comfort in following any medical orders. Additionally, an employer or setting of practice may limit the scope of practice for the FCN. It is recommended that every FCN have malpractice insurance. The International Parish Nurse Resource Center’s Foundations of Faith Community Nursing course (Documentation Practices and Legal Aspects modules) offers information and recommendations regarding practice responsibilities.

All of nursing practice is guided by *Nursing: Scope and Standards of Practice* (American Nurses Association, 2010) available at <http://www.nursesbooks.org/Main-Menu/Standards/Nursing-Scope-and-Standards-of-Practice.aspx>.

Nurses are also guided by their nurse specialty scope and standards of practice. *Faith Community Nursing: Scope and Standards of Practice* (American Nurses Association & Health Ministry Association, 2005, 2012) is available at <http://www.nursesbooks.org/Main-Menu/Standards/A--G/Faith-Community-Nursing.aspx>.

In fact, the faith community nursing certification by portfolio (Registered Nurse-Board Certified (RN-BC) Faith Community Nurse) facilitated by the American Nurses Credential Center is based upon *Faith Community Nursing: Scope and Standards of Practice* (ANA & HMA, 2012).

Should faith community nursing be hands-on?

Even though there are several faith community nursing interventions that are considered “hands-off,” a skill set that all nurses should have is the ability to do a physical assessment. A thorough physical assessment requires “hands-on” the patient’s body to auscultate breath sounds, assess lymph nodes, palpate pulses, and assess skin turgor, and so on, especially if the patient was recently discharged from a hospital or has a chronic disease. A guide for a head-to-toe physical assessment is available at <http://nursinglink.monster.com/benefits/articles/184-how-to-perform-a-head-to-toe-assessment>.

Can FCN do glucose testing?

Diabetes management can be facilitated by FCN who have received specialized education. Performing a finger-stick for blood glucose testing may be considered part of diabetes management for reasons of demonstration and education. Our goal in demonstration should always be patient self-management and self-efficacy. It is preferred to have the patient demonstrate a finger-stick to the FCN than the other way around.

The FCN needs to possess knowledge of:

- Why and when to do glucose testing (the science behind it)
- How to use the glucose meter (testing and recalibration)
- What to do with the results (interpretation)
- What education the client needs (resources and diary)
- When and where to refer the client (physician-clinic)

- How and where to purchase lancets and dispose of them properly
- Documentation using a standardized nursing language
- Follow-up and follow through for the client

It is recommended that the FCN:

- Follow the “Faith Community Nurse Visitation Guidelines” for Diabetes Assessment available at <http://store.churchhealthcenter.org/>.
- Have additional education regarding diabetes management or seek guidance from other health care team members, such as diabetic educator, nutritionist, or physician.
- Be familiar with state laws and professional guidelines regarding practice issues.
- Develop a policy for consistent practice by using the most recent standards of care and develop a policy for a consistent practice available at http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/Documents/January%20Supplement%20Combined_Final.pdf.

Regarding glucose testing as a mass screening tool, the American Diabetic Association (2015) suggest that “there is insufficient evidence to conclude that community screening is a cost-effective approach to reduce the morbidity and mortality associated with diabetes in presumably healthy individuals. While community screening programs may provide a means to enhance public awareness of the seriousness of diabetes and its complications, other less costly approaches may be more appropriate, particularly because the potential risks are poorly defined. Thus, based on the lack of scientific evidence, community screening for diabetes, even in high-risk populations, is not recommended.” (Retrieved at http://care.diabetesjournals.org/content/25/suppl_1/s21.full.) A diabetes screening tool is available at <http://www.diabetes.org/are-you-at-risk/diabetes-risk-test/>. Targeted screenings for individuals with high risk, such as BMI > 25, family history, comorbidities, should include a referral to a physician.

Here are three studies regarding the use of glucose testing and FCNs.

- Austin, S., Brennan-Jordan, N., Frenn, D., Kelman, G., Sheehan, A., & Scotti, D. (2013). Defy diabetes! A unique partnership with faith community/parish nurses to impact diabetes. *Journal of Christian Nursing*, 30(4), 238-243.
- Mendelson, S. G., McNeese-Smith, D., Koniak-Griffin, D., Nyamathi, A., & Lu, M. C. (2008). A community-based parish nurse intervention program for Mexican American women with gestational diabetes. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 37(4), 415-425.
- Ziebarth, D., Healy-Haney, N., Gnadt, B., Cronin, L., Jones, B., Jensen, E., & Viscuso, M. (2012). A community-based family intervention program to improve obesity in Hispanic families. *Wisconsin Medical Journal*, 111(6), 261-266.

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