



# APP/Nurse FAQ Happy Hour

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SRM

**Disclosures:**  
None



**Learning Objective #1:**

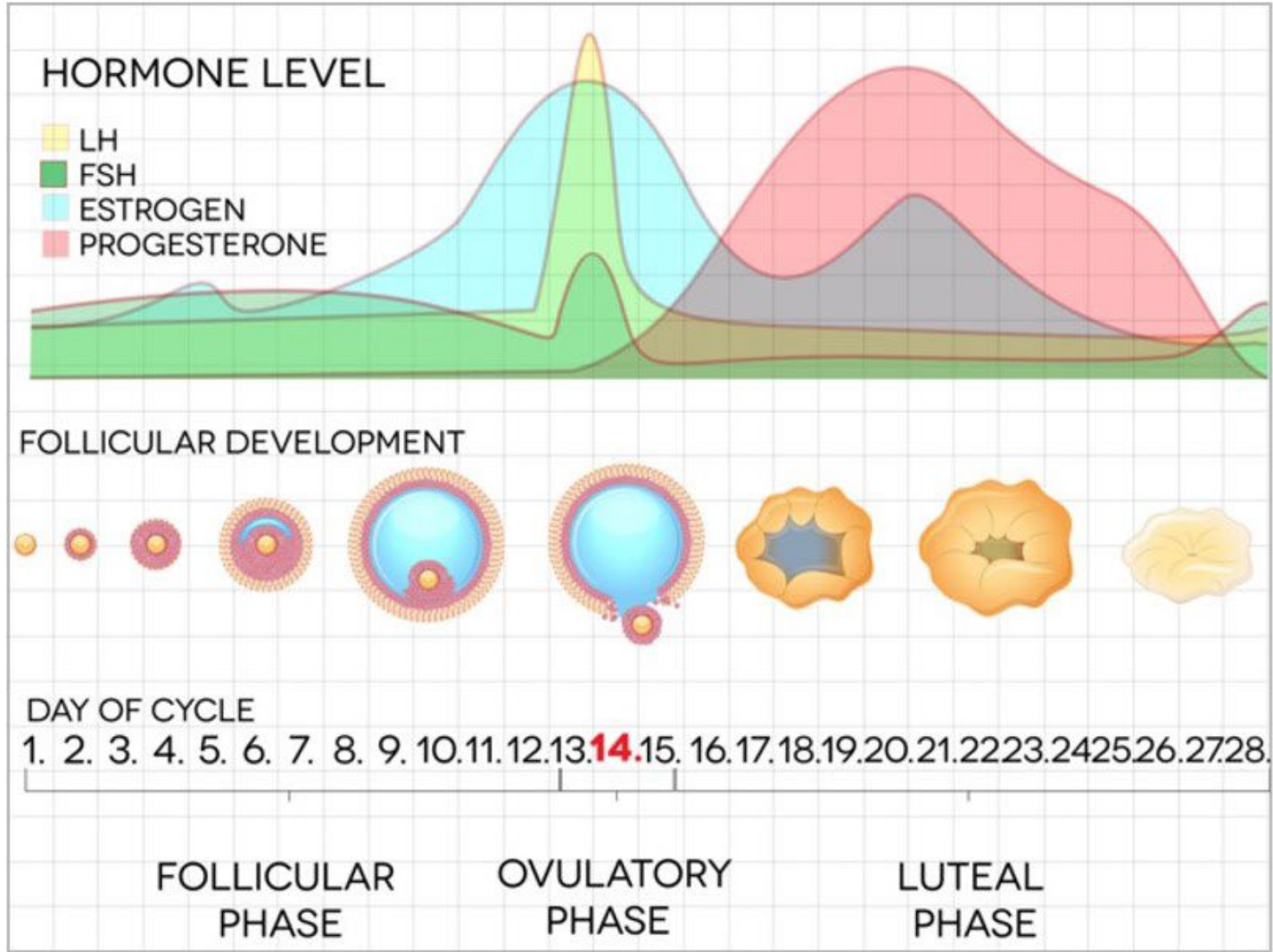
Discuss common questions involved in the infertility workup.

**Learning Objective #2:**

Compare clinic organizational structures and utilization of nurses and APPs to their full scope.

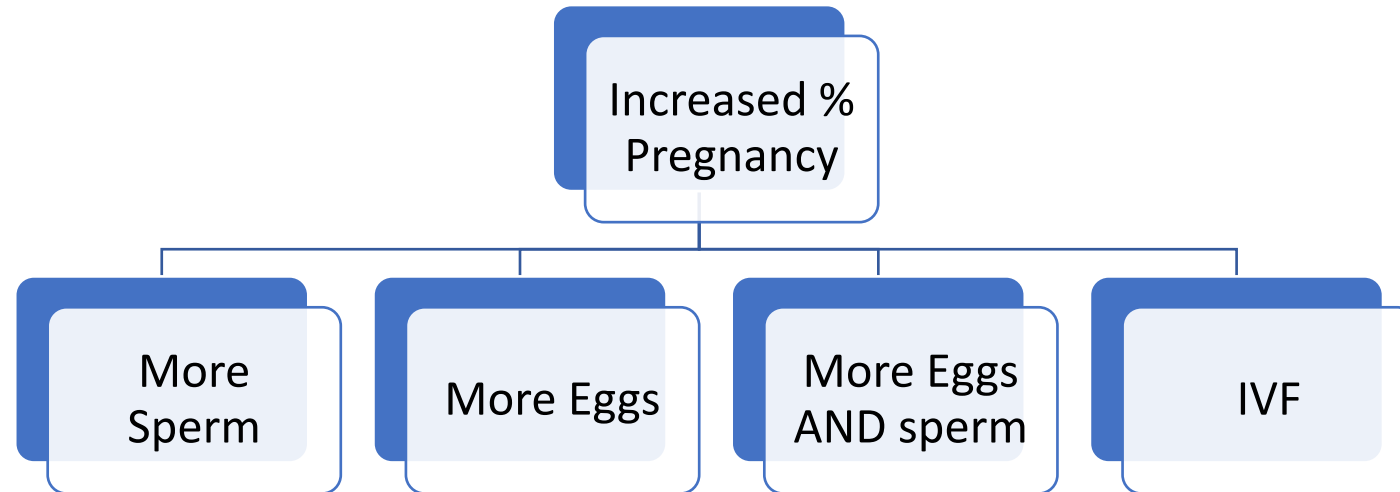
**Learning Objective #3:**

Give examples of challenging patient interactions and strategies for management.

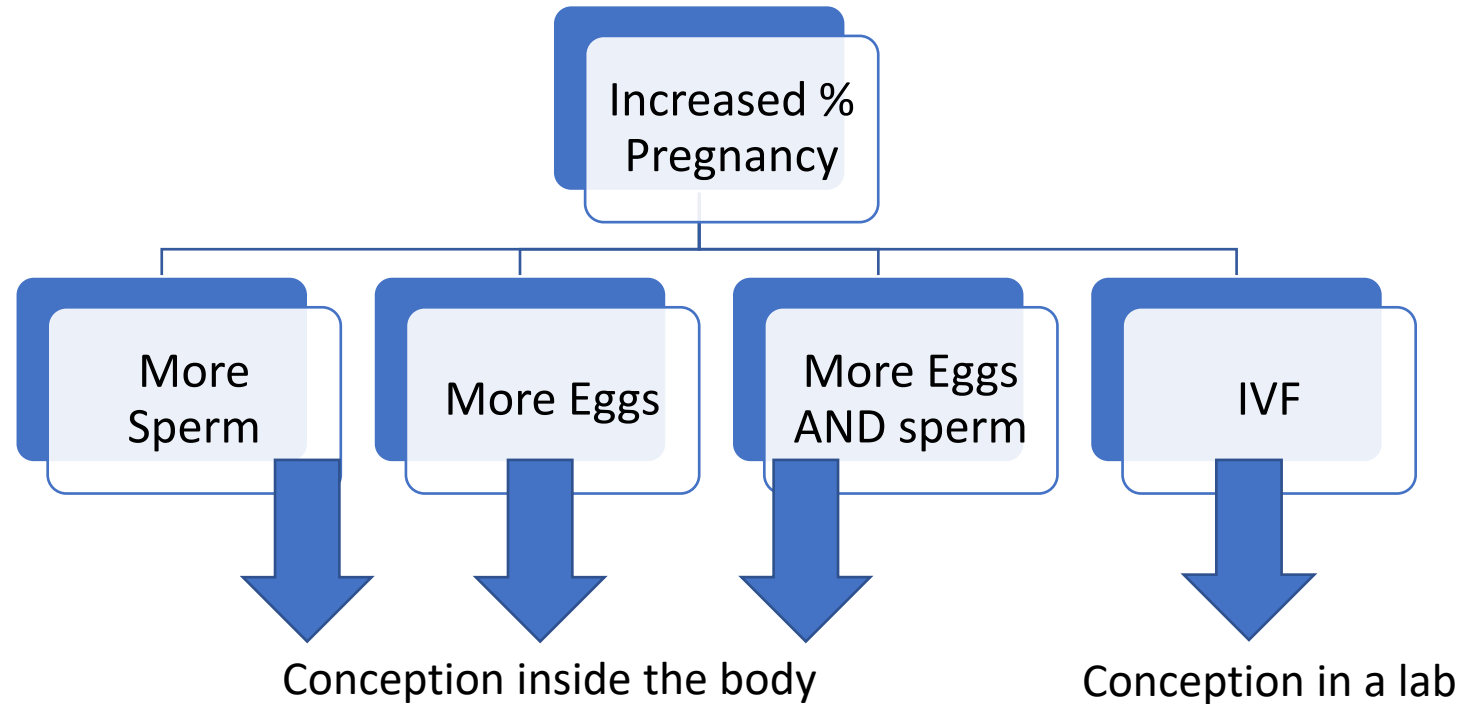




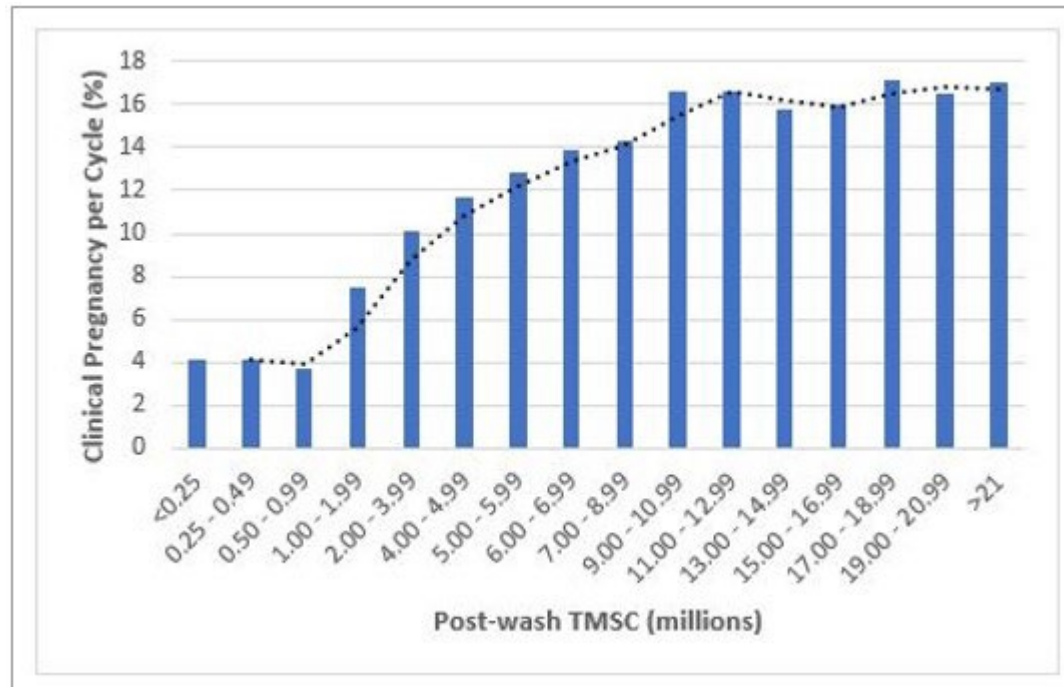
# Fertility treatment



# Fertility treatment



## Total Motile Sperm Counts and IUI Success

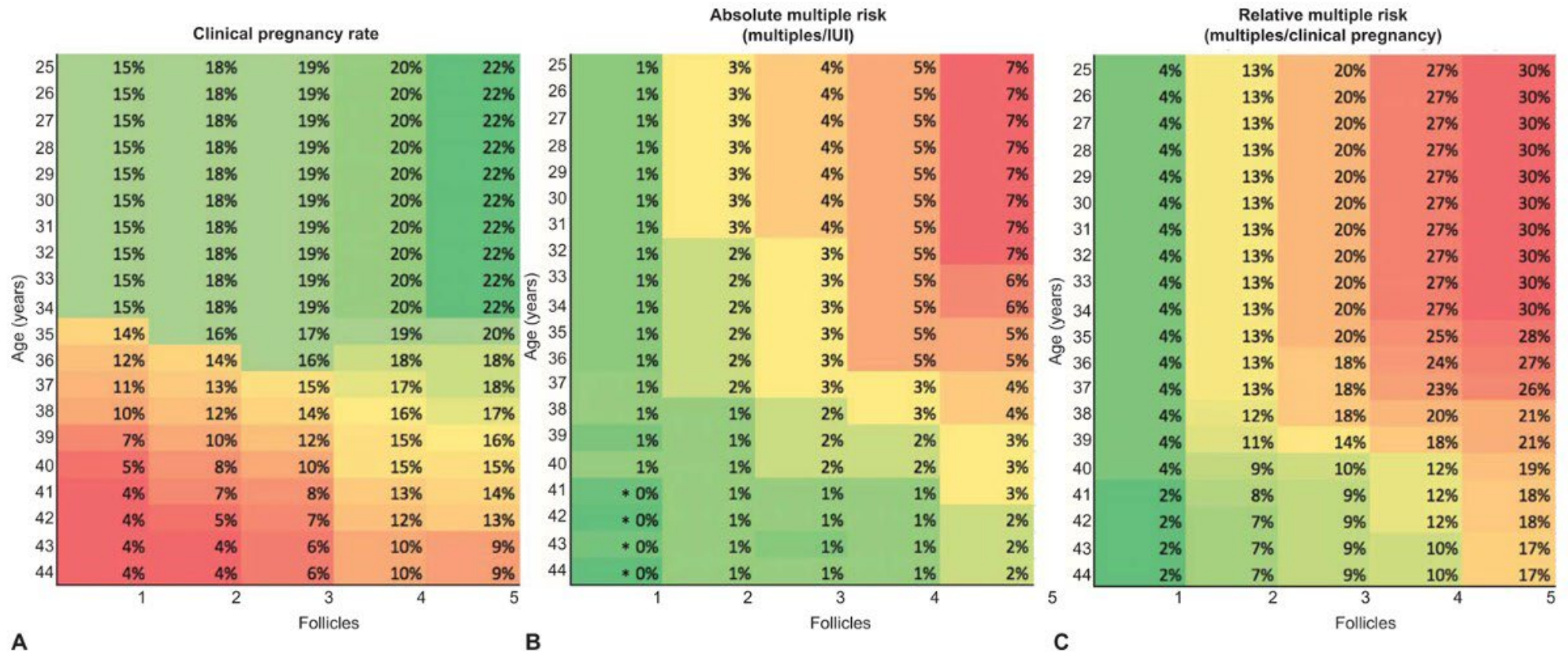


Murthigi et al. (2021). Clarifying the relationship between total motile sperm counts and intrauterine insemination pregnancy rates. *Fertility and Sterility*.

<https://doi.org/10.1016/j.fertnstert.2021.01.014>



Figure 3:



Heat maps to guide clinical decisions and counseling patients on the risks versus benefits of their pregnancy outcome. Clinical pregnancy rate (A), absolute multiple risk: multiples/intrauterine insemination (IUI) (B), and relative multiple risk: multiples/clinical pregnancy (C). The red region indicates low pregnancy success or high multiples risk, yellow indicates moderate pregnancy success or multiples risk, and green indicates highest success in acquiring a pregnancy or lowest multiples risk. Follicle number across the bottom of the graphs are  $\geq 14$  mm in size. This tool can counsel the patient, based on her age and number of follicles present, what her overall clinical pregnancy rate is, absolute multiple risk (multiples/IUI), and if she became pregnant, what her risk of multiples would be (relative risk). \*Percentages are rounded to the closest whole number and represent mean outcomes from the study. 95% CI of the actual risk are not shown.





**Learning Objective #2:**

Compare clinic organizational structures and utilization of nurses and APPs to their full scope.

# Dos and Don'ts of Delegation

While most of us know by heart the rights of medication administration, rights of delegation may be less familiar (NCSBN & ANA, 2019):

Right task

Right circumstance

Right person

Right directions and communication

Right supervision and evaluation

Team Nursing Model—What it is and how to make it work.

<https://www.nursingcenter.com/ncblog/december-2020/team-nursing-model>

# When delegating to unlicensed assistive personnel, remember these dos and don'ts:

## **Do delegate**

ADLs

Range of motion/positioning

Data collection (intake and output, weight, etc.)

## **Don't delegate**

Assessments and reassessments

Care planning and evaluation

When to contact physician, nurse practitioner, or physician assistant

Team Nursing Model—What it is and how to make it work.

<https://www.nursingcenter.com/ncblog/december-2020/team-nursing-model>



## Five Rights of Delegation

**Right task:** The activity falls within the delegatee's job description or is included as part of the established written policies and procedures of the nursing practice setting. The facility needs to ensure the policies and procedures describe the expectations and limits of the activity and provide any necessary competency training.

**Right circumstance:** The health condition of the patient must be stable. If the patient's condition changes, the delegatee must communicate this to the licensed nurse, and the licensed nurse must reassess the situation and the appropriateness of the delegation.

**Right person:** The licensed nurse along with the employer and the delegatee is responsible for ensuring that the delegatee possesses the appropriate skills and knowledge to perform the activity.

**Right directions and communication:** Each delegation situation should be specific to the patient, the licensed nurse and the delegatee. The licensed nurse is expected to communicate specific instructions for the delegated activity to the delegatee; the delegatee, as part of two-way communication, should ask any clarifying questions. This communication includes any data that need to be collected, the method for collecting the data, the time frame for reporting the results to the licensed nurse, and additional information pertinent to the situation. The delegatee must understand the terms of the delegation and must agree to accept the delegated activity. The licensed nurse should ensure that the delegatee understands that she or he cannot make any decisions or modifications in carrying out the activity without first consulting the licensed nurse.


**Right supervision and evaluation:** The licensed nurse is responsible for monitoring the delegated activity, following up with the delegatee at the completion of the activity, and evaluating patient outcomes. The delegatee is responsible for communicating patient information to the licensed nurse during the delegation situation. The licensed nurse should be ready and available to intervene as necessary. The licensed nurse should ensure appropriate documentation of the activity is completed.

*Source: NCSBN. (1995, 1996)*



**Learning Objective #3:**

Give examples of challenging patient interactions and strategies for management.



Do you have  
further questions?

Thank you!

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