

# **Standards of Practice for Registered Nurses and Nurse Practitioners**

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**REGISTERED NURSES ASSOCIATION**  
OF THE NORTHWEST TERRITORIES AND NUNAVUT

# Acknowledgements

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Elements of this document have been adapted from the College of Registered Nurses of Nova Scotia Standards of Practice for Registered Nurses (2017).

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# Introduction to the Nursing Standards

The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) has the legislated authority through the *Nursing Profession Act* (NPA, 2004) and the Nunavut *Nursing Profession Act* (1999) to establish, maintain and promote standards of practice for registered nurses (RN) and nurse practitioners (NP). This authority reflects RNANT/NU's primary mandate to protect and serve the public through self-regulation. The Standards of Practice for Registered Nurses and Nurse Practitioners establishes the regulatory and professional foundation for nursing practice. The standards identify for RNs, NPs, the public, government and other stakeholders the expected level of performance of RNs and NPs.

## **This document identifies four standards for the practice of RNs:**

Standard 1 – Responsibility and Accountability

Standard 2 – Knowledge-based Practice

Standard 3 – **Client**-centred Practice

Standard 4 – Professional Relationships and Leadership

## Standards of Practice for Registered Nurses

Standards are broad and principle-based statements. They are authoritative statements that articulate conduct or performance required of RNs. They serve to further define responsibilities set out in legislation, by-laws and policies.

The primary purpose of standards is to identify the level of professional practice expected of RNs in their practice, against which actual performance can be measured. All RNs are responsible for understanding the standards and applying them to their practice. The standards are interrelated and intended to define safe, competent, compassionate and ethical practice across all settings and **domains**.

# Principles Guiding the Standards of Practice for Registered Nurses

## The standards:

- apply to all RNs in all practice roles, including nurse practitioners;
- inform the public and others about what they can expect from practicing RNs;
- protect the public by supporting safe, competent, compassionate and ethical practice;
- provide guidance to assist RNs in their self-assessment as part of their **continuing competence**;
- are the foundation for the development of standards specific to various practice environments;
- may be used in conjunction with other resources to guide nursing practice (e.g. entry-level competencies, scope of practice, position statements, guidelines, employer policies);
- guide decision-making for practice and when addressing **professional practice issues**;
- are used as a legal reference for reasonable and prudent practice;
- guide curriculum development and approval of baccalaureate nursing education programs; and
- may be used to develop position descriptions, performance appraisals and quality improvement tools.

## Indicators for the Standards of Practice for Registered Nurses

The standards of practice are accompanied by indicators, which are developed to illustrate how each of the standards are to be met.

## The indicators:

- are interrelated;
- provide specific criteria against which actual performance is measured;
- are not intended to be an all-inclusive or an exhaustive list of criteria for each standard;
- may be further interpreted based on the contexts of practice; and
- may be interpreted to further describe the practice expectations of RNs of varying levels of competence, ranging from entry-level to advanced-level RNs.

In addition to the standards of practice, there are other standards and documents that guide nursing practice, which are illustrated in figure 1.



Figure 1

- **Public Trust:** can be assured and maintained when RNs exercise judgement and practise according to all standards and documents represented in this figure to meet client needs.
- **Nursing Legislation, By-laws and Policies:** Legislation sets the legal context for the practice of nursing; By-laws and Policies guide the RNs in the application of the legislation.
- **Standards of Practice for RNs and Code of Ethics:** Standards set the expectations regarding nursing practice across the profession in all practice settings and domains; the Code of Ethics provides guidance for ethical relationships, responsibility, behaviour and decision-making.
- **Entry-level Competencies, By-laws, Position Statements and Guidelines:** define in more detail expectations or positions specific to an area of practice; may address components of practice such as documentation or medication administration. These documents complement the Standards of Practice for Registered Nurses and provide additional information on specific topics.
- **Employer Policies:** influence and direct nursing practice and its environment at the institutional, organizational and system levels.
- **Client Needs:** this is the focus of the nursing practice; a therapeutic relationship between the RN and the client is essential in providing safe, competent, compassionate and ethical care.

# Standard 1: Responsibility and Accountability

The RN is responsible for practicing safely, competently, compassionately, ethically and is accountable to the client, public, employer and profession.

## The RN:

- 1.1 fulfills and maintains all registration responsibilities and requirements;
- 1.2 practises in accordance with relevant legislation, standards, regulatory requirements and employer policies;
- 1.3 practises in accordance with the Code of Ethics for Registered Nurses (CNA, 2017);
- 1.4 is answerable for nursing actions or inactions, decisions and professional conduct;
- 1.5 accepts accountability and takes action to ensure **fitness to practice**;
- 1.6 recognizes and takes actions in a timely manner in situations where client safety is potentially or at risk;
- 1.7 reports to employers and/or the appropriate regulatory body concerns related to **incompetence, professional misconduct**, conduct unbecoming the profession, and/or **incapacity** of nurses and/or other health care providers, and complies with the duty to report;
- 1.8 advocates for and contributes to the development and implementation of policies, programs and practices that improve nursing practice and/or health care services; and
- 1.9 accepts responsibility for continuing professional development, including compliance with the continuing competence program.



## Standard 2: Knowledge-based Practice

The RN practises using evidence-informed knowledge, skill and judgement.

### The RN:

- 2.1** uses critical inquiry to assess, plan, intervene and evaluate client care and related services;
- 2.2** monitors the effectiveness of the **plan of care** and revises the plan as needed in collaboration with the client and the health care team;
- 2.3** recognizes and practises within own level of **competence** and seeks additional knowledge and assistance when needed;
- 2.4** exercises reasonable judgment;
- 2.5** **assigns** and **delegates** nursing activities in accordance with client needs, the roles and competence of other providers, and the requirements of the practice setting;
- 2.6** supports clients, colleagues and students by sharing nursing knowledge and expertise by acting as an effective role model, resource, preceptor or mentor;
- 2.7** maintains accurate and timely documentation (written and/or electronic);
- 2.8** uses credible research findings and evidence-informed practice;
- 2.9** contributes to, uses and evaluates new knowledge and technology; and
- 2.10** demonstrates an understanding of research methods, ethics and governance to critically analyze, safely use, share and apply research findings to promote and inform best nursing practice.

## Standard 3: Client-centred Practice

The RN contributes to and promotes measures that optimize positive client health outcomes at the individual, organizational and system level.

### The RN:

- 3.1** demonstrates a **professional presence** and models professional behaviour;
- 3.2** respects diversity and promotes a culturally safe environment for clients and members of the health care team;
- 3.3** communicates effectively and respectfully with clients to promote continuity and the delivery of safe, competent, compassionate and ethical care;
- 3.4** initiates, maintains and concludes the therapeutic nurse client relationship;
- 3.5** upholds and protects clients' privacy and confidentiality in all forms of communication (e.g. e-records, verbal, written, social media);
- 3.6** practises using a **client-centred practice**;
- 3.7** supports the client in self-management of their health care by providing information, resources and referrals for the client to make informed decisions and access appropriate health care services;
- 3.8** engages in interprofessional, intraprofessional and intersectoral collaboration to ensure comprehensive client care;
- 3.9** advocates for and respects the clients' dignity, and rights to informed decision-making and informed consent; and
- 3.10** plans and facilitates the safe transition of clients between caseloads, settings and services.

## Standard 4: Professional Relationships and Leadership

The RN establishes professional relationships and demonstrates leadership to deliver quality nursing and health care services.

### The RN:

- 4.1** applies the concepts of nursing leadership in practice;
- 4.2** advocates, individually and collectively, for healthy public policy and programs that are informed by the determinants of health;
- 4.3** contributes to and supports initiatives that improve the health system and population health;
- 4.4** participates in activities that inform and advance the profession of nursing in the interest of public safety and the development of public trust;
- 4.5** practises both independently and in collaboration with members of the health care team, while understanding and respecting other team member's **scope of practice**, and contributions in the delivery of safe, competent, compassionate and ethical care;
- 4.6** understands and communicates the role of the RN to members of the health care team, clients and the public;
- 4.7** advocates for and contributes to quality professional practice environments;
- 4.8** coordinates, distributes and utilizes resources within their control to provide effective and efficient care; and
- 4.9** communicates effectively and respectfully with other team members to promote continuity and the delivery of safe, compassionate and ethical care.

## Glossary

**Assign:** Allocation of client care activities among care providers to meet client care needs. Assignment occurs when the required care activity falls within the employing agency's policies and within the regulated health care provider's scope of practice (NANB, 2011).

**Client(s):** Individuals, families, groups, populations or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used, such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant (NANB, 2018).

**Competence:** The ability of a RN to integrate and apply the knowledge, skills, judgments and personal attributes to practice safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values and beliefs (CNA, 2015).

**Continuing competence:** The ongoing ability to assess one's own practice, identify learning needs and obtain, integrate and apply the knowledge, skills and judgement required to practice safely and ethically. It is a necessary component of practice and public interest is best served when RNs constantly improve their application of knowledge, skill and judgment. Reflective practice, or the process of continually assessing one's own practice to identify learning needs and opportunities for growth, is the key to continuing competence (CNA, 2004).

**Delegation:** Is transferring the responsibility to perform a function or intervention to a care provider (delegatee) who would not otherwise have the authority to perform it (i.e. the function or intervention is not within the scope of practice or scope of employment of the care provider to whom it is being delegated). Delegation does not involve transferring accountability for the outcome of the function or intervention, although the delegatee is responsible to successfully perform the intervention or tasks (NANB, 2018b-new ELCs).

**Domains:** Five domains or areas of practice are identified within the profession of nursing: practice, education, administration, policy and research. The practice domain is fundamental to nursing, and all other domains ultimately exist to maintain and support practice. RNs may practise in more than one domain within the context of their role (CNA, 2015).

**Duty to report:** RNs question, intervene, report and address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with their ability to provide safe, compassionate, competent and ethical care (CNA, 2017). Nurses must be attentive to indications that a colleague is unable to provide such care, regardless of the reason. In this situation, the nurse is obligated to take the steps necessary to ensure client safety. Reporting a situation that may protect client safety is a RN's professional obligation (CRNNS, 2017).

**Fitness to practise:** All the qualities and capabilities of an individual relevant to his or her capacity to practise as a registered nurse, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs, that impairs his or her ability to practise nursing (CNA, 2017).

**Incapacity:** Status whereby a registered nurse suffers from a medical, physical, mental or emotional condition, disorder or addiction that either renders her/him unable to practise with reasonable skill or judgment or may endanger the health or safety of clients (CRNNS, 2017).

**Incompetence:** Display of lack of knowledge, skill or judgment in a registered nurse's care or delivery of nursing services that, having regard to all the circumstances, renders the registered nurse unsafe to practise at the time of such care or delivery of nursing service or to continue to practise without remedial assistance (CRNNS, 2017).

**Plan of care:** A plan to guide nursing care that supports interprofessional practice and collaboration. Priority nursing interventions supporting each client's unique care and focus on the achievement of client-centred goals provide a map that guides care (NANB, 2018b-new ELCs).

**Professional misconduct:** Includes such conduct or acts relevant to the profession that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional (CRRNS, 2017).

**Professional practice issues:** Any situation in the workplace that has or could place clients at risk by interfering with the RN's ability to practise in accordance with the Standards of Practice for Registered Nurses, the Code of Ethics for Registered Nurses, the Nurses Act or other legislation, workplace policies, procedures or other relevant standards and guidelines (NANB, 2014).

**Scope of practice:** The activities that RNs are educated and authorized to perform, as set out in legislation and described by standards, limits and conditions set by regulators (NANB, 2018b-new ELCs).

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