
Working Together: A Framework for the Registered Nurse and Licensed Practical Nurse

HOW TO USE THIS DOCUMENT

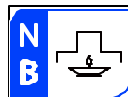
QUESTIONS TO PONDER: At the end of many sections, you will find *Questions to Ponder*, which appear in side boxes. These questions will help you reflect on how the principles discussed in the document apply in your area of practice.

CASE STUDY: The case study at the end of the document applies the principles discussed to a specific area of practice.

TABLE OF CONTENTS: Outlines major topics.



Nurses Association
OF NEW BRUNSWICK



Association of New Brunswick Licensed Practical Nurses
L'Association des Infirmier(ère)s Auxiliaires Autorisé(e)s du Nouveau-Brunswick

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INTRODUCTION

Nursing care in New Brunswick is provided by registered nurses (RNs), licensed practical nurses (LPNs) and other nursing service personnel such as unregulated care providers (UCPs). Collaboration is needed between members of the nursing care team to ensure safe, competent and ethical care and to maximize utilization of all nursing care providers.

The Nurses Association of New Brunswick (NANB) and the Association of New Brunswick Licensed Practical Nurses (ANBLPN), the professional regulatory bodies for registered nurses and licensed practical nurses respectively, believe that there must be open and ongoing communication between nursing care providers in order to foster collaborative nursing practice.

PURPOSE

Although other care workers provide services within the nursing team, this document limits itself to the collaborative working relationship between registered nurses and licensed practical nurses.

As RN and LPN roles evolve in response to system changes, practice expectations must be clearly articulated leading to a better understanding of each other's roles and capabilities.

This document highlights and clarifies some of the key differences between RNs and LPNs in clinical practice. The discussion and examples will assist you to understand the:

- scope of practice of each group;
- practice expectations when both groups work together; and
- contributions that both groups bring to the care setting.

Having a full understanding of the different contributions of RNs and LPNs will enhance and improve the process of collaboration and effective decision-making in the clinical setting.

GUIDING PRINCIPLES

The following principles guide the practice of Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) and form the foundation of this document:

1. Licensed practical nurses (LPNs) and registered nurses (RNs) have a duty to provide safe and appropriate nursing care to clients.
2. RNs and LPNs act in a manner that is consistent with their standards of practice, codes of ethics, employer's policy, scopes of practice and other relevant legislation.
3. RNs and LPNs practice within their own level of competence and seek direction and guidance when aspects of the care required are beyond their individual competence.
4. Where RNs and LPNs work together, safe and appropriate care can best be achieved through collaboration and cooperation, respecting the contributions of each professional.
5. Effective communication among RNs and LPNs and within organizations is essential in order to achieve quality client outcomes.
6. When LPNs work with RNs, the nursing care delivery model must support collaborative practice to help ensure safe and appropriate client care.
7. As clients' health needs increase, the breadth and depth of the competencies required to provide nursing care also increase.
8. When client acuity and /or complexity and/or variability increase, LPNs need additional support from RNs. This support may involve increased consultation with the RN, sharing part of the client assignment with the RN, the RN taking the lead role or the RN taking full responsibility for the care of the client.
9. Responsibilities and accountabilities related to assignment of nursing care are made clear at every level within organizations and are understood by RNs and LPNs.
10. RNs and LPNs require access to supports and resources in order to provide safe and appropriate care. These include effective nursing leadership, appropriate and sufficient staff, adequate staffing, organizational support for collaborative practice and sufficient time to discuss client care needs with colleagues.

Questions to Ponder

- What types of organizational supports and resources for collaborative practice are in place where you work?
- How do you know what is expected of you in your specific clinical setting?
- With which health professionals do you collaborate?
- What opportunities do you have for communicating with your colleagues?

ACCOUNTABILITY

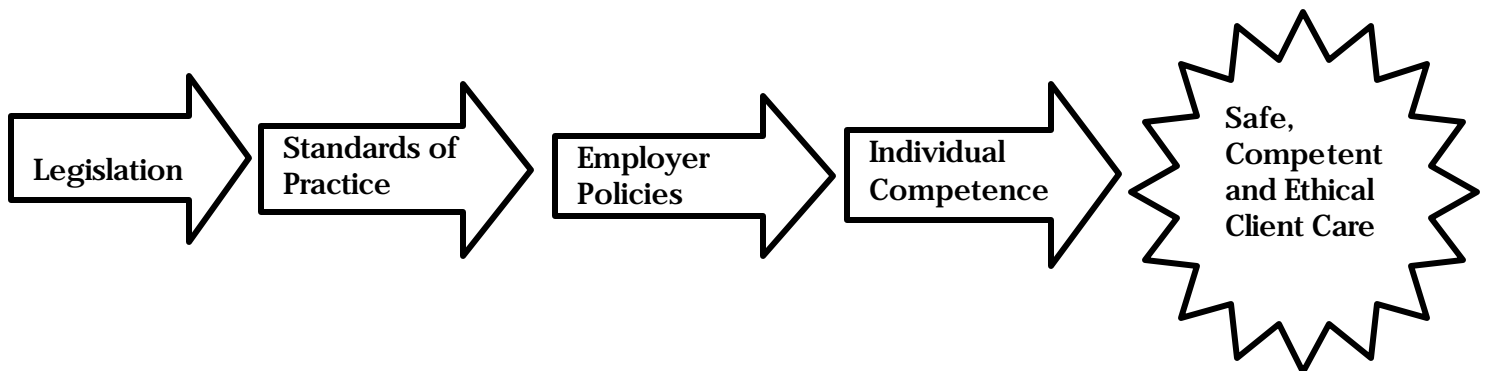
RNs and LPNs receive direction for their practice in a variety of ways. There are four components that outline what RNs and LPNs can and cannot do:

- Legislation
- Standards of practice
- Employer policies
- Individual competence

All four components are necessary for the provision of safe, competent and ethical care. Each component successively narrows an RN's or LPN's practice, as shown graphically in the diagram below.

The following sections of this document address the first two components, legislation and standards of practice, as they apply to:

- scope of practice;
- competence;
- clinical direction and guidance;
- assignment; and
- collaboration and consultation.



Questions to Ponder

- How do you become competent to carry out the activities in your practice area?
- How would you find out what limits your employer may have on your practice?

SCOPE OF PRACTICE

The regulatory definition of scope of practice refers to the activities that RNs and LPNs are educated and authorized to perform. These activities are established through legislated definitions, entry-level competencies and such other guidelines as set by each nursing regulatory body (i.e., NANB for registered nurses and ANBLPN for licensed practical nurses).

It is important to understand that scope of practice refers to activities that a group of professionals are educated and authorized to do rather than what any individual RN or LPN can do. Understandably, then, the idea of “working to full scope” can be confusing. Nursing practice is so broad and varied that no one RN or LPN is competent to carry out all the activities within the regulated scope of practice. For example, while it is within the scope of practice for an RN to initiate an IV to treat hypovolemia, not all RNs have the competence to do so. And while it is within the scope of practice for an LPN to provide nursing services to patients receiving IV therapy, not all LPNs have the competence to provide this aspect of a patient’s care. Questions often arise about whether an activity is “within the scope” of an RN or LPN. To answer this question, it is helpful to think about the difference between the concepts of what an RN or LPN “can do” and what they “should do.” In many instances, activities may fall within the legislated scope of practice of an RN or LPN (can do), but this does not necessarily mean that it is appropriate for all RNs and LPNs in all settings to carry out those activities (should do), as the example below illustrates.

‘CAN’ AN RN OR LPN CARRY OUT AN ACTIVITY VERSUS ‘SHOULD’ AN RN OR LPN CARRY OUT AN ACTIVITY:

An RN or LPN working in an acute care hospital is caring for a client who has been admitted for hip replacement surgery. The client is on peritoneal dialysis which she manages independently at home. The client’s husband asks if the RN or LPN will be doing his wife’s peritoneal dialysis. To answer the question, apply the “can-should” analysis: **Can** the RN or LPN manage peritoneal dialysis? Yes, it is within the scope of

practice (both RNs and LPNs) to care for a client on peritoneal dialysis. There are no legislative barriers. **Should** the RN or LPN manage peritoneal dialysis? The answer depends on a number of factors:

- Does the RN or LPN have the competence to care for a client on peritoneal dialysis?
- What is the employer’s policy for clients who require peritoneal dialysis?

- Is it in the client’s best interest for the RN or LPN to manage the peritoneal dialysis at this time or are there other options? For example, is the client able to manage it herself? If not, can she be transferred to another area?
- What supports are in place? (e.g. Who are the experts? Who is available for consultation and collaboration? Is the necessary equipment available?)

**SCOPE OF PRACTICE
REGISTERED NURSE**

The *Nurses Act* (1984) defines nursing as “... the practice of nursing and includes the nursing assessment and treatment of human responses to actual or potential health problems and the nursing supervision thereof.”

Standards for RNs

Standards are authoritative statements that describe the required behavior of every RN and are used to evaluate individual performance.

**SCOPE OF LICENSED
PRACTICAL NURSES**

The *Licensed Practical Nurses Act* (2002) defines a Practical Nurse as “... a graduate of an approved school of practical nurses who, being neither a registered nurse nor a person in training to be a registered nurse, undertakes the care of patients under the direction of a registered nurse or duly qualified medical practitioner, for custodial, convalescent, sub-acutely ill and chronically ill patients, and who assists registered nurses in the care of acutely ill patients, rendering the services for which he or she has been trained”

Standards for LPNs

Standards describe expected levels of practice for LPN's against which actual practice can be compared.

COMPETENCE

The respective standards of practice for RNs and LPNs make it clear that they must be competent before they carry out nursing activities.

Competence is not only the ability to carry out a task. Competence is the integration and application of knowledge, skills, personal attributes and judgment required for safe, ethical and competent performance in an individual's nursing practice. For example, if an RN or LPN is planning to change a dressing, they must have:

- the knowledge about the type of wound (e.g., the pathophysiology);
- the skill to perform the dressing change (e.g., manual dexterity and familiarity with equipment; aseptic technique);
- an attitude that reflects the values of the profession (e.g., ensuring care is provided in a discreet manner and respecting the client's choice to refuse treatment); and
- the judgment required to assess, make a decision and plan care (e.g., whether the dressing change must be done at all, whether the client requires an analgesic, whether a family member can be taught how to change the dressing).

Competence
<ul style="list-style-type: none">• Knowledge• Skills• Personal Attributes• Judgment

RNs AND LPNs: SIMILARITIES AND DIFFERENCES

There are many similarities between RNs and LPNs. However, there are differences in the entry level competencies of each group as a result of differences in foundational education (refer to the diagram below). While both groups study from the same body of nursing knowledge, RNs study for a longer period of time allowing for greater depth and breadth of foundational knowledge. LPNs study for a shorter period of time, resulting in a more limited body of foundational knowledge.

After completing their entry-level education, RNs and LPNs continue to consolidate their knowledge and skills. They also build on their education to develop and maintain the specific competencies required to meet the needs of clients in their areas of practice. If RNs or LPNs change areas of practice, they may need to develop new competencies.

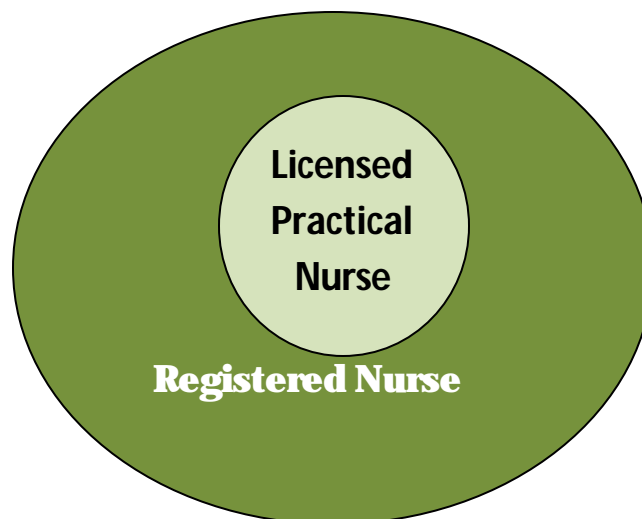


Table 1 lists some of the similarities and differences between the levels of education and context of practice of RNs and LPNs in New Brunswick. Table 2 lists the differences and similarities in practice expectations between the two groups. (Note that in both tables differences are set off in italics.)

TABLE 1: COMPARISON OF EDUCATION LEVEL AND PRACTICE CONTEXT FOR RNs and LPNs

	Registered Nurse	Licensed Practical Nurse
ENTRY-LEVEL EDUCATION	<ul style="list-style-type: none"> • Enters practice following completion of a <i>recognized baccalaureate program and successful completion of the Canadian Registered Nurse Examination</i> • Must be registered with <i>NANB</i> 	<ul style="list-style-type: none"> • Enters practice following completion of a <i>recognized certification program and successful completion of the Canadian Practical Nurse Registration Examination</i> • Must be registered with <i>ANBLPN</i>
CLIENT	<ul style="list-style-type: none"> • Educated to provide care to individuals, families, groups, <i>populations and communities</i> throughout their life span, across the continuum of health 	<ul style="list-style-type: none"> • Educated to provide care to individuals, families and groups throughout their life span, across the continuum of health
CONTEXT OF PRACTICE	<ul style="list-style-type: none"> • Works as an independent practitioner or team member in all settings 	<ul style="list-style-type: none"> • Works as a team member in all settings

TABLE 2: COMPARISON OF PRACTICE EXPECTATIONS FOR RNs and LPNs

	Registered Nurse	Licensed Practical Nurse
ASSESSMENT	<ul style="list-style-type: none"> • Assesses and <i>makes decisions</i> about actual or potential client problems and strengths • Makes nursing diagnoses to identify client status and responses to actual or potential problems • <i>Anticipates and recognizes subtle changes</i> 	<ul style="list-style-type: none"> • Assesses and <i>identifies</i> the status of actual or potential client limitations and strengths • <i>Recognizes changes</i>
PLANNING	<ul style="list-style-type: none"> • <i>Leads and coordinates</i> the care planning process • Develops care plans focusing on day-to-day, <i>medium- and long-range</i> plans for care 	<ul style="list-style-type: none"> • <i>Collaborates, contributes and participates</i> in the care planning process • Reviews and interprets the plan of care focusing on <i>current and day-to-day</i> needs of clients
IMPLEMENTATION	<ul style="list-style-type: none"> • Coordinates and oversees the overall care and provides clinical expertise and leadership for the plan of care • Coordinates the care of clients regardless of acuity, complexity, variability and predictability • Directs plans of care for highly complex clients • Meets immediate and anticipated long term client needs, drawing from a comprehensive assessment and a wide range of options • Manages multiple nursing interventions simultaneously in rapidly changing situations • Designs, coordinates and implements health programs, including teaching 	<ul style="list-style-type: none"> • Selects and implements appropriate nursing interventions according to the plan of care • Coordinates care of less acute, less complex, less variable clients with more predictable outcomes • Provides elements of care for highly complex clients in close consultation with the RN coordinating that client's care • Meets current identified client care needs drawing from the known range of options included in the care plan • Performs planned nursing interventions and responds appropriately to changing situations or emergencies • Teaches and delivers elements of established health programs
EVALUATION	<ul style="list-style-type: none"> • <i>Monitors and interprets</i> changes in client status and response to interventions and <i>revises the plan of care</i> as necessary 	<ul style="list-style-type: none"> • <i>Monitors and recognizes changes in</i> client status and response to interventions and <i>participates in revising</i> the plan of care

CLINICAL GUIDANCE

Clinical guidance includes the provision of consultation and support. Because of the differences in the legislation for LPNs and RNs, clinical guidance impacts the practice of the two groups differently. LPNs are responsible and accountable for requesting consultation or support when needed. RNs are required to provide consultation and support.

APPLICATION: LPNs

The *2002 Licensed Practical Nurses Act* sets the following limitations on LPN practice:

... undertakes the care of patients under the direction of a registered nurse or duly qualified medical practitioner, for custodial, convalescent, sub-acutely ill and chronically ill patients, and who assists registered nurses in the care of acutely ill patients, rendering the services for which he or she has been trained

APPLICATION: RNs

NANB considers directing care by a registered nurse, as described above, to be the clinical guidance given by a registered nurse who is providing services to the client. In order to provide clinical guidance, the RN must be familiar with:

- the practice setting;
- the scope of practice of LPNs;
- the role of LPNs in the setting;
- the client population; and

- nursing practice within the setting.

The RN provides clinical guidance for the overall plan of care, and client care is the focus of that clinical guidance. RNs who provide clinical guidance act in a way that is consistent with their standards of practice, their code of ethics, employer policies and job/role descriptions.

DETERMINING WHO IS RESPONSIBLE AND ACCOUNTABLE FOR WHAT

Both NANB and ANBLPN standards of practice state that RNs and LPNs are responsible and accountable for their own practice, which includes their decisions and the consequences of their actions and inactions.

RNs and LPNs are also accountable for:

- understanding their own role and the role of others with whom they are working;
- consulting with others when faced with situations beyond their own competence;
- communicating effectively; and
- considering the needs of the client, the role of the RN and LPN and the supports in the environment when making decisions about giving and accepting assignments.

Questions to Ponder

- How do LPNs access RNs for clinical guidance in your setting?
- How do RNs provide clinical guidance to LPNs in your setting?

The NANB *Standards of Practice for Registered Nurses* and the ANBLPN *Standards of Practice for Licensed Practical Nurses in New Brunswick* provide the foundational accountabilities when the two categories of self-regulating nursing care providers work together.

KEY POINTS

- All RNs and LPNs are responsible and accountable for their own decisions, actions and the consequences of those actions.
- LPNs are responsible and accountable for requesting consultation or support when needed.
- RNs providing clinical direction are not responsible or accountable for actions and decisions made without their knowledge and/or not communicated to them.
- All RNs and LPNs have a professional obligation to intervene if they become aware of any situation of unsafe or unethical care.

ASSIGNMENT

Assignment refers to the allocation of clients or client care activities among health care providers. Assignment occurs not only at the beginning of a shift, but throughout the shift as client needs change. RNs and LPNs each have responsibilities and accountabilities related to assignment, as outlined in Table 3 below.

TABLE 3: ASSIGNMENT RESPONSIBILITIES AND ACCOUNTABILITIES

Registered Nurses	Licensed Practical Nurses
The RN making the assignment:	The LPN accepting the assignment:
<ul style="list-style-type: none"> • is responsible for assigning and reassigning client care appropriately 	<ul style="list-style-type: none"> • accepts assignments from a care provider that has the scope of practice for the required care being assigned
<ul style="list-style-type: none"> • must be familiar with the client population, the practice setting and the nursing practice within the setting in order to make safe and appropriate decisions about assignments 	<ul style="list-style-type: none"> • accepts assignments within the employing agency's model of nursing care delivery, which provides a reference about who is responsible for decision-making about client care, how work is assigned to staff and how client care is communicated
<ul style="list-style-type: none"> • makes an overall determination of client status 	<ul style="list-style-type: none"> • is aware of own limitations of practice determined by educational preparation, competencies, knowledge, critical thinking and the ability to apply clinical judgment
<ul style="list-style-type: none"> • decides which team member has the required competencies to meet client care needs by considering the client, the tasks and the practice environment 	<ul style="list-style-type: none"> • ensures clarity of role expectations and lines of communication
<ul style="list-style-type: none"> • uses a collaborative approach to assign clients and/or functions and to clarify responsibilities related to the assignment 	<ul style="list-style-type: none"> • ensures consultation with others when requirements to provide safe, competent and ethical care exceeds personal limits (knowledge, skills and judgment)
<ul style="list-style-type: none"> • provides support to team members providing care 	<ul style="list-style-type: none"> • ensures effective communication and collaboration when consulting with others
<ul style="list-style-type: none"> • is responsible for identifying employer policies and supports regarding assignment, following the agency process for evaluating assignment decisions, and providing feedback to employers related to this process 	<ul style="list-style-type: none"> • is able to determine the client's complexity status on the continuum from less complex, predictable and probable outcomes to highly complex, unpredictable and potentially high-risk negative outcomes

Questions to ponder

- What supports are in place in your clinical setting to ensure appropriate assignments?
- How does assignment between RNs and LPNs take place in your clinical setting?

COLLABORATION AND CONSULTATION

Collaboration and consultation are essential elements of safe, competent, ethical nursing practice. RNs and LPNs are expected to collaborate with clients, with each other and with members of the health care team for the benefit of the client. RNs and LPNs are also expected to consult with others when any situation is beyond their competence. Effective communication skills are critical to **successful consultation and collaboration.**

Both RNs and LPNs care for stable clients — those who have less acute, complex and variable care needs and more predictable outcomes. RNs, because of their greater depth and breadth of foundational knowledge, also care for clients with more complex care needs and less predictable outcomes. When a client falls between the two ends of this care continuum, an LPN may meet some of the client's care needs in consultation with an RN. The need for collaboration and consultation with the RN increases as a client's care needs becomes more complex.

COLLABORATION

Collaboration is ongoing communication and decision-making with the goal of working together toward identified client care outcomes. It respects the unique contributions and abilities of each team member.

Collaboration in the practice setting is evident when RNs and LPNs:

- talk with each other, share perspectives, plan together and provide care,
- are clear about their roles and the roles of others and,
- support and assist each other in the interest of client care.

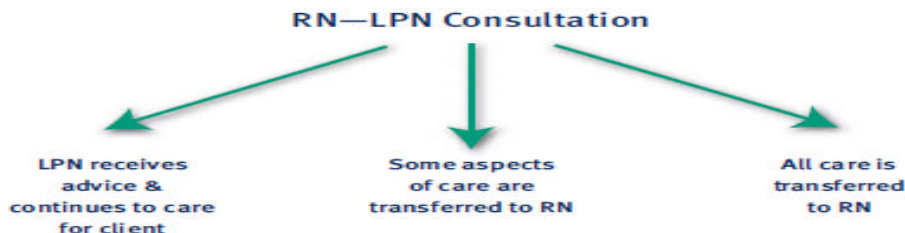
CONSULTATION

Consultation is seeking advice or direction from a more experienced or knowledgeable colleague. The client care needs, the relevant role description and individual competence influence both the amount of consultation required and who to involve in the consultation (see diagram below).

The resources available in the practice environment influence the opportunity for consultation.

Questions to ponder

- What does collaboration look like in your clinical setting?
- With whom do you collaborate? With whom do you consult? What is the difference?
- Describe areas of overlap in roles between RNs and LPNs in your clinical setting.
- How do RNs and LPNs participate in clinical decision making in your clinical setting?



CASE STUDY

Scenario

An LPN is caring for Mary Brown, an 86-year-old widow who is admitted to the hospital with congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). She also has arthritis. The LPN is regularly assisting Mary with the administration of bronchodilators and assessing their effectiveness. Mary's care needs are well defined and established. The LPN provides emotional support and teaches the client to watch for increased shortness of breath.

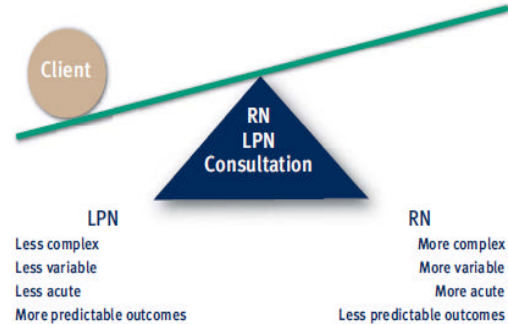
CARE PLAN: Based on Mary's current condition and care needs, the LPN is able to provide care to Mary following the established care plan.

CHANGING CIRCUMSTANCES:

The LPN observes that Mary is becoming short of breath with activity. Mary reports that she is finding it difficult to walk due to the shortness of breath and fatigue. The LPN consults with the RN using SBAR*:

S SITUATION	"I'm with Mrs. Brown who is an 86-year-old widow with shortness of breath."
B BACKGROUND	"She has a history of arthritis, CHF and COPD. She's on several medications and I assist her with her bronchodilators because of her arthritis."
A ASSESSMENT	"She has increased shortness of breath. She is usually quite active but reports that she is spending more time in bed because she finds it difficult to walk due to the shortness of breath and resulting fatigue. Her family is usually very involved with her care but they are on vacation."
R RECOMMENDATIONS	"I think we need to check her oxygen saturation and maybe she needs more frequent bronchodilators."

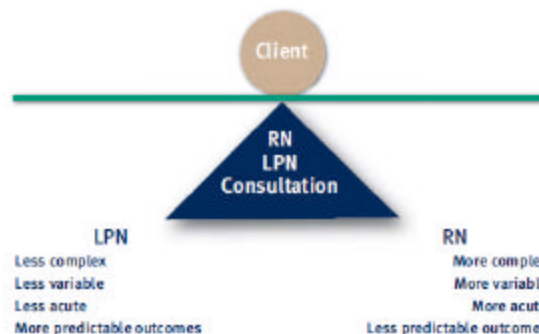
*www.ihi.org



The RN agrees with the LPN's recommendation that she assess the client's oxygen saturation. She also asks the LPN to assess what medications Mary was on before her admission; what she is prescribed in-hospital and to report back with this additional information.

The LPN reports to the RN that prior to her admission, the client ran out of her diuretic and did not have the prescription refilled because her family has been away. She started receiving her diuretic on admission to the hospital. Her oxygen saturation is 92%.

CARE PLAN: Based on Mary's changing care needs, the LPN requires increased consultation with the RN.

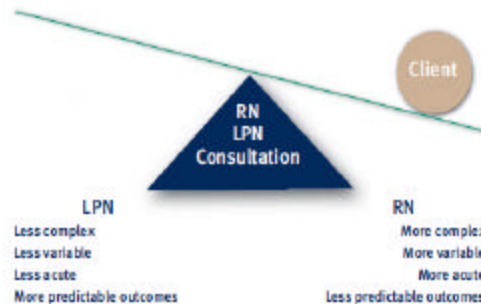


CONTINUING CONSULTATION AND ASSESSMENT

One day later, Mary's health status continues to decline. Her shortness of breath has worsened and she has edema in both legs. She is unable to walk because of her shortness of breath and a lack of energy. She requires oxygen and adjustments in her medications, and she has been started on a steroid inhaler. The nature and timing of outcomes and her responses to care are no longer predictable.

Consequently, the LPN consults with the RN who assesses Mary, determines that the competencies of an RN are required and assumes all of the care for Mary.

The RN will continue to assess the situation and transfer the care back to the LPN when Mary's care needs become less complex and more predictable.



CARE PLAN: Mary's care needs are now more acute and more complex with less predictable outcomes and the RN now needs to provide primary care for Mary.

QUESTIONS AND ANSWERS

1. AS AN RN PROVIDING CLINICAL GUIDANCE, AM I RESPONSIBLE FOR THE PRACTICE OF THE LPN?

RNs are not responsible for the practice of LPNs. Like RNs, LPNs are self-regulating professionals who are required to meet Standards of Practice and follow a code of ethics. As an RN providing clinical guidance, you are responsible for what you do with the information you are given by the LPN and the decisions that you make based on this information. By the same token, you cannot be responsible for what you have no way of knowing. In order to provide clinical guidance, RNs need to be familiar with the scope and role of LPNs in the practice setting, the client population, the nursing practice in the particular setting and the available supports.

2. WHAT IS THE LPN'S ROLE IN DEVELOPING CARE PLANS?

LPNs contribute to the care planning process by identifying client status, reviewing and interpreting the plan of care, implementing interventions and monitoring and recognizing changes in client status and client responses to interventions. While LPNs may participate in many aspects of the care planning process, they must consult and collaborate with an RN or a medical practitioner when doing so.

3. WHAT ARE MY RESPONSIBILITIES IF I SEE EVIDENCE OF UNSAFE OR INCOMPETENT NURSING PRACTICE THAT MAY POSE A RISK TO CLIENTS?

As self-regulated professionals, RNs and LPNs have an ethical, legal and professional responsibility to report any unsafe practice or professional misconduct of regulated health professionals. Professional and ethical standards establish an obligation to report situations in which there is good reason to believe that a health professional's fitness or competence to practice may pose a significant risk to the public. In most cases, you report to your immediate supervisor or employer,

More information regarding your responsibility to respond to and report can be found at:

NANB's Standards of Practice for Registered Nurses and Code of Ethics for Registered Nurses

ANBLPN's Standards of Practice for Licensed Practical Nurses in New Brunswick and Code of Ethics

Or you may call the consultation services at the appropriate regulatory body.

4. DO RNS AND LPNS NEED TO DOCUMENT THE CONSULTING THEY HAVE DONE WITH EACH OTHER?

RNs and LPNs document client assessments, interventions carried out, client responses to interventions and follow up actions, including any advocacy undertaken on the client's behalf. When consultation occurs, nursing documentation includes the name of the person who was consulted, their professional designation, the information or concerns reported, the guidance provided and any follow up actions in response to the consultation.

More information about documentation:

NANB's Documenting Care: Standards for Registered Nurses

ANBLPN's Documentation Standards

5. AS AN LPN, WHAT DO I DO IF I AM CONCERNED ABOUT THE GUIDANCE GIVEN BY THE RN?

All RNs and LPNs have a professional and ethical responsibility to advocate for safe, competent, ethical client care. If after consulting with an RN, you are concerned that you have not received appropriate guidance, you must continue to advocate in the client's best interest. This may include consulting with another health care provider or bringing your concerns forward to your manager or supervisor. RNs and LPNs must also ensure they document any advocacy undertaken on the client's behalf.

6. WHAT IF I AM ASKED TO CARRY OUT AN ACTIVITY FOR WHICH I AM NOT COMPETENT?

RNs and LPNs are responsible and accountable for their own individual competence. They are expected to practise competently and to continually acquire new knowledge and skills in their areas of practice. When RNs and LPNs are asked to carry out activities for which they are not competent, they discuss with the person assigning the care so that alternative arrangements can be made for providing that care. They provide only the care they are competent to give while seeking out ways to gain the competencies required in their role.

7. I JUST STARTED A NEW JOB AND BECAUSE OF THE POLICY HERE I'M NOT ABLE TO DO ALL THE THINGS I WAS ABLE TO DO IN MY OLD JOB. WHAT DO I DO?

RNs and LPNs receive direction for their practice in a variety of ways. One of these is through employer policies. Legislation and Standards of Practice from NANB or ANBLPN set the expectations for the RN and LPN practice. From these, the employer develops policies around what is appropriate practice for RNs and LPNs in a particular setting. If you believe RNs or LPNs at your new job could be working in different ways to provide safe, competent, ethical care to clients, talk with your manager or supervisor about how this can be explored.

8. FMAN RN PROVIDING CLINICAL GUIDANCE TO LPNS. IF ONE OF THE CLIENTS DETERIORATES, DO I HAVE TO TAKE OVER THE CARE IN ADDITION TO MY OWN WORKLOAD?

If the condition of one of the LPN's clients deteriorates, there are several different ways the RN can provide support.

The RN may:

- provide advice to the LPN regarding further assessments the LPN can carry out or further care the LPN can provide within the LPN role description, or
- provide care to the client together with the LPN focusing on aspects of care that may be outside of the LPNs role description or level of competence or
- need to take over the client assignment if most aspects of care are outside of the LPNs role description or level of competence.

It is important to consider how the impact of caring for an additional client may affect the RN's workload and their ability to provide safe, competent, ethical care. Some examples of how this may be managed are: the LPN may take over care for another client currently assigned to the RN or, the LPN may carry out certain care functions currently assigned to the RN such as taking vital signs on the RN's clients.

GLOSSARY

Assignment: Allocation of client care activities among care providers in order to meet client care needs. Assignment occurs when the required care falls within the employing agency's policies and role descriptions and within the regulated health care provider's scope of practice.

Client: An individual, family, group, population or entire community who requires nursing expertise. In some clinical settings, the client may be referred to as a patient or resident.

Competence: The integration and application of knowledge, skills, personal attributes and judgment required for safe, ethical and appropriate performance in an individual's nursing practice.

Collaboration: Collaboration is ongoing communication and decision-making with the goal of working together toward identified client care outcomes. It respects the unique contributions and abilities of each team member.

Consultation: Consultation is seeking advice or direction from a more experienced or knowledgeable colleague.

Personal attributes: Include, but are not limited to, attitudes, values and beliefs.

Nursing care delivery model: A framework that describes how to deliver nursing care to patients or organizes how patients are assigned. There are many ways of organizing patient assignment at the unit level.

Scope of practice: Activities that RNs and LPNs are educated and authorized to perform as set out in legislation and standards of practice.

Standard: A desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable.

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