GUIDELINES FOR INTRAPROFESSIONAL COLLABORATION

Registered Nurses and Licensed Practical Nurses Working Together
Introduction

Nursing care in New Brunswick is provided by two regulated groups of health care providers: registered nurses\(^1\) (RNs) and licensed practical nurses (LPNs). Although other unregulated health care workers provide services and collaborate with RNs and LPNs, this document limits itself to the collaborative working relationship between RNs and LPNs.

This document will:

- Clarify the scope of practice of RNs and LPNs;
- Help RNs, LPNs and employers make effective decisions about the utilization and deployment of nursing resources in the provision of safe, competent and ethical care;
- Provide an overview of the practice expectations when both groups work together; and
- Demonstrate the contributions that both groups bring to nursing care.

Nursing Collaboration

Nursing is a profession that is focused on collaborative relationships that promote the best possible outcomes for patients. These relationships may be interprofessional, involving a variety of health care professionals working together to deliver quality care within and across settings; or it may be intraprofessional, with multiple members of the same profession working collaboratively to deliver quality care (CNO, 2014).

The Nurses Association of New Brunswick (NANB) and the Association of New Brunswick Licensed Practical Nurses (ANBLPN), the professional regulatory bodies for RNs and LPNs respectively, believe that to optimize patient-centered care and positive patient health outcomes there must be open and ongoing intraprofessional collaboration between nursing care providers and a clear understanding of their respective scopes of practice.

Intraprofessional collaboration is evident when RNs and LPNs work as a team utilizing individual skills and talents to reach the highest of patient care standards. This requires that RNs and LPNs:

- talk with each other, share perspectives, plan together and provide care;
- be clear about their roles and the roles of other health care providers; and
- support and assist each other in the interest of providing the best possible patient care.

\(^1\) The term registered nurse includes nurse practitioner.
Principles for Intraprofessional Nursing Collaboration

1. RNs and LPNs practise in a manner that is consistent with Legislation, Standards of Practice, Codes of Ethics, employer policies and scopes of practice.

2. Nursing is based on the integration of knowledge, skill, judgment, critical thinking and personal attributes. It cannot be limited to a list of tasks.

3. RNs and LPNs are responsible, accountable and liable for their own practice. An RN or LPN is not responsible for the actions of another provider.

4. When RNs and LPNs work together, the nursing care delivery model must support intraprofessional collaboration.

5. The patients’ care needs, the scopes of practice of RNs and LPNs, and the practice environment guide decisions about which nursing professional is the most appropriate provider of patient care.

6. The complexity of a patient’s condition influences the nursing knowledge required to provide appropriate nursing care. As a patient’s needs increase, the breadth and depth of the competencies required to provide nursing care increase.

7. When patient acuity, complexity or variability increases, the need for consultation between RNs and LPNs also increases.

8. Effective and professional communication between RNs and LPNs is essential in order to achieve quality patient outcomes.

9. Expectations, including responsibilities and accountabilities related to assignment of nursing care, must be made clear at every level within organizations and be understood by RNs and LPNs.

10. Workplace policies, procedures and resources must be in place to ensure a quality practice environment that allows RNs and LPNs to work together effectively.
Registered Nurses and Licensed Practical Nurses: Similarities and Differences

There are many similarities between RN and LPN practice. However, there are differences in the entry level competencies of each group as a result of differences in foundational education (see Table 1). Both RNs and LPNs are educated to provide safe, competent and ethical practice at the entry level when they graduate from an approved nursing education program. For RNs, a baccalaureate degree education in nursing is required. For LPNs, a two year diploma education in nursing is required. Both nursing programs study from the same body of foundational knowledge. As the education required increases, so does the depth and breadth of foundational knowledge.

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

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

<table>
<thead>
<tr>
<th>ENTRY-LEVEL EDUCATION</th>
<th>Registered Nurse</th>
<th>Licensed Practical Nurse</th>
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<tbody>
<tr>
<td>Enters practice following completion of an approved nursing baccalaureate program.</td>
<td>Successful completion of the NCLEX. Must be registered with NANB.</td>
<td>Enters practice following completion of a recognized LPN diploma program. Successful completion of the Canadian Practical Nurse Registration Examination. Must be registered with ANBLPN.</td>
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<tr>
<th>PATIENT POPULATION</th>
<th>Registered Nurse</th>
<th>Licensed Practical Nurse</th>
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<tbody>
<tr>
<td>Educated to provide care to individuals, families, groups, populations and communities throughout their life span, across the continuum of health.</td>
<td></td>
<td>Educated to provide care to individuals, families and groups throughout their life span, across the continuum of health (see page 7 under scope of practice).</td>
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<tr>
<th>ENVIRONMENT</th>
<th>Registered Nurse</th>
<th>Licensed Practical Nurse</th>
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<tr>
<td>Practises as an independent practitioner or team member in all settings.</td>
<td>Practises autonomously in collaboration and under the direction of an RN, physician, pharmacist or duly qualified medical practitioner in all settings.</td>
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Scope of Practice

REGISTERED NURSE-Scope of Practice

The Nurses Act (2002) 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.”

LICENSED PRACTICAL NURSE-

Scope of Practice

The Licensed Practical Nurses Act (2014) defines a practical nurse as “… a graduate of an approved school of practical nurses who is not a registered nurse in New Brunswick, undertakes the care of patients under the direction and in collaboration with a registered nurse or duly qualified medical practitioner or pharmacist, for custodial, convalescent, sub-acute, 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.”

Scope of practice refers to the activities that RNs and LPNs are educated and authorized to perform as set out in legislation and regulation and complemented by standards, guidelines, policy positions and a code of ethics (CNA, 2015). These activities are established through legislated definitions, entry-level competencies, standards of practice and guidelines as developed by each nursing regulatory body (i.e., NANB for registered nurses and ANBLPN for licensed practical nurses). The overall scope of practice for the profession sets the outer limits of practice for all practitioners. As stated above, the elements that influence the scope of practice of RNs and LPNs are:

- Legislation;
- Standards of practice;
- Employer policies; and
- Individual competence.
Patient Focused, Safe, Competent and Ethical care

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, not all RNs have the competence to do so. And while it is within the scope of practice for an LPN to obtain blood samples from patients, not all LPNs have the competence to provide this aspect of patient care.

There is some overlap in the scope of practice of RNs, and LPNs. In some situations, both may have the knowledge, skill, judgment and personal attributes to provide 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” (See figure 1).

In many instances, activities may fall within the legislated scope of practice of an RN or LPN but this does not necessarily mean that it is appropriate for all RNs and/or LPNs in all settings to carry out those activities. The respective standards of practice for RNs and LPNs make it clear that they must have the competence to 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);
- personal attributes that ensure care is provided in a discreet manner and respect the patient’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 patient requires an analgesic, whether a family member can be taught how to change the dressing).
An RN or LPN working in an acute care hospital is caring for a patient who has been admitted for hip replacement surgery. The patient is on peritoneal dialysis which she manages independently at home. The patient’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 patient on peritoneal dialysis.

**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 patient on peritoneal dialysis?
- What is the employer’s policy for patients who require peritoneal dialysis?
- Is it in the patient’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 patient/family able to manage? Is there another unit that could more safely care for this patient?
- What supports are in place? (e.g. Who are the experts? Who is available for consultation and collaboration? Is the necessary equipment available?)
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 guidance or support when needed. RNs are required to provide guidance and support.

The 2014 Licensed Practical Nurses Act sets the following limitations on LPN practice:
“…undertakes the care of patients under the direction and in collaboration with a registered nurse or duly qualified medical practitioner or pharmacist, 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”

NANB and ANBLPN consider directing care by a registered nurse to be the clinical guidance given by a registered nurse. 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 patient population; and
- nursing practice within the setting.

The RN provides clinical guidance for the overall plan of care, and patient care is the focus of that clinical guidance.

Both NANB and ANBLPN respective 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 patient, the role of the RN and LPN and the supports in the practice environment when making decisions about giving and receiving assignments.
Assignment

Assignment is defined as the allocation of nursing care among providers in order to meet patient care needs. Assignment occurs not only at the beginning of a shift but throughout the shift as patient care needs change. In order to rapidly meet the needs of patients and care requirements, RNs must have the authority to change the assignments throughout the shift, as patients’ conditions change.

Assigning nursing care to LPNs should not be confused with delegating activities or tasks. A delegated activity/task are those activities/tasks that are normally performed by an RN and where in an exceptional situation the RN is unable to perform the nursing activity/task and needs to delegate it to an LPN.

Delegating a nursing activity/task to an LPN must always be patient and time specific (one patient and one time only) and cannot be applied by the LPN to other patients. The delegated nursing activity/task does NOT become part of the scope of practice of LPNs. The RN who delegates a nursing activity/task remains responsible for the delegation and the outcome of the task.
### TABLE 2: ASSIGNMENT RESPONSIBILITIES AND ACCOUNTABILITIES

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<thead>
<tr>
<th>Registered Nurses</th>
<th>Licensed Practical Nurses</th>
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<tr>
<td><strong>The RN making the assignment:</strong></td>
<td><strong>The LPN accepting the assignment:</strong></td>
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<tr>
<td>Decides which team member (RN or LPN) has the required competencies to meet patient care needs by considering the patient, the nursing provider and the environment.</td>
<td>Accepts assignments from an RN and provides direction to unregulated care providers in both acute and long term care.</td>
</tr>
<tr>
<td>Must be familiar with the patient population, the practice setting and the nursing practice within the setting in order to make safe and appropriate decisions about assignments.</td>
<td>Practices nursing according to the model of nursing care delivery: aware of who is responsible for decision-making about patient care, how work is assigned to staff and how patient care is communicated.</td>
</tr>
<tr>
<td>Makes an overall determination of patient status.</td>
<td>Practices nursing as determined by educational preparation, competencies, knowledge, critical thinking and the ability to apply clinical judgment and determinates status of assigned patients.</td>
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<tr>
<td>Is responsible for assigning and reassigning patient care/nursing activities appropriately to LPNs.</td>
<td>Ensures clarity of role expectations and lines of communication.</td>
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<tr>
<td>Engages in continuous communication throughout the shift related to the assignment.</td>
<td>Ensures consultation with RNs when requirements to provide safe, competent and ethical care exceeds personal limits.</td>
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<tr>
<td>Provides support to LPN team members providing care.</td>
<td>Ensures effective communication and collaboration when consulting with RNs.</td>
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<tr>
<td>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.</td>
<td>Is able to determine the patient’s complexity status on the continuum from less complex, predictable and probable outcomes to highly complex, unpredictable and potentially high risk for negative outcomes.</td>
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Consultation

Consultation is seeking advice or direction from a more experienced or knowledgeable colleague. The patient care needs, the role description, the individual competence and the available resources in the practice environment influence the requirements for consultation (see diagram below). RNs and LPNs can both care for patients who have less acute, less complex and less variable care needs and more predictable outcomes.

RNs, because of their greater depth and breadth of foundational knowledge, also care for patients with more complex care needs and less predictable outcomes. When a patient falls between two ends of this care continuum, an LPN may meet the patient’s care needs. The need for collaboration and consultation with the RN increases as a patient’s care needs becomes more complex.

Source: College of Nurses of Ontario, 2014.
Consultation Scenario

An LPN/RN team is caring for Mary Brown, a 52 year-old who is admitted to the hospital with congestive heart failure. Subsequent to receiving the change of shift report, the RN directs the LPN to conduct a head to toe assessment of the patient and report any abnormal findings. The RN reads the physician’s notes and the patient’s medical history to determine if the patient’s care needs are being met within the established nursing care plan and makes the necessary revisions. The team huddles to discuss each other’s findings.

The LPN notes that the patient has +2 edema in both lower limbs and the RN makes the LPN aware of the Lasix order that the physician recently changed. Both nursing professionals will keep an eye on the patient’s fluid balance for this shift.

PATIENT FACTORS: include complexity, predictability and risk of negative outcomes.

Source: College of Nurses of Ontario, 2014.

Changing Patient Condition:

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 assesses the patient’s oxygen saturation to be 84%. The LPN provides supplemental oxygen of 2 L via nasal cannula per employer policy and then consults with a RN. The RN reassesses the patient and the LPN obtains another full set of vital signs. The RN determined that a respiratory therapist should further assess the patient.

NURSING PROFESSIONAL FACTORS

Source: College of Nurses of Ontario, 2014.
Continuing Consultation and Assessment

The respiratory therapist advises the RN that the oxygen saturation levels are not stabilizing and the RN determines that a consult with the physician is in order. The LPN continues to assess vitals frequently and provides comfort measures to the patient to facilitate breathing as they wait for the physician to assess the patient.

The physician determines that the patient will be transferred to the ICU. Consequently, after determining that the competencies of an RN are required, the RN takes over the care for Mary until she is safely transferred to the intensive care unit.

More predictable environment

LPN Practice

LPN/RN Collaboration

LPN/RN Increased Collaboration

RN Practice

Less predictable environment

ENVIRONMENTAL FACTORS: availability of practice supports, consultation resources, and the predictability of the environment.

Source: College of Nurses of Ontario, 2014
Frequently Asked Questions

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-regulated professionals who are required to meet their 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. In order to provide clinical guidance, the RN needs to obtain relevant data to make decisions and be familiar with the scope of practice and role of LPNs in the practice setting, the patient population, the nursing practice in the particular setting and the available supports. However, one cannot be held responsible for what they have no way of knowing.

2. **What is the LPN’s role in developing care plans?**

   LPNs contribute to the care planning process by identifying patient status, reviewing and interpreting the plan of care, implementing interventions and monitoring and recognizing changes in patient status and patient responses to interventions. This information is then shared with the RN who has the final responsibility for care planning.

3. **What are my responsibilities if I see evidence of unsafe or incompetent nursing practice that may pose a risk to patients?**

   As self-regulated professionals, RNs and LPNs have an ethical, legal and professional responsibility to report unsafe practice or professional misconduct. 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.

4. **Do RNs and LPNs need to document the consulting they have done with each other?**

   RNs and LPNs document patient assessments, interventions carried out, patient responses to interventions and follow up actions, including any advocacy undertaken on the patient’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.

5. **As an LPN, what do I do if I am concerned about the guidance (direction) given by the RN?**

   All RNs and LPNs have a professional and ethical responsibility to advocate for safe, competent, ethical patient care. If after consulting with an RN, you are concerned that you have not received appropriate guidance, you must continue to advocate in the patient’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 document any advocacy undertaken on the patient’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 the situation 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 employer/unit policy 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 patients, talk with your manager or supervisor about how this can be explored.

8. I’m an RN providing clinical guidance (directing care) to LPNs. If one of the patient’s health status deteriorates, do I have to take over the care in addition to my own workload?

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

The RN may:

- provide advice to the LPN regarding further assessments,
- collaborate with the LPN in providing care focusing on aspects of care that may be outside of the LPNs role description or level of competence, or
- take over the patient assignment if most aspects of care are outside the LPN’s role description or level of competence.

It is important to consider how the impact of caring for an additional patient may affect the RN’s workload and their ability to provide safe, competent, ethical care. Some examples of how this may be managed are: Sometimes the LPN may take over care for another patient 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 patients.
Other Resources

Both the NANB and the ANBLPN have additional resources available for their members that provide further information about the expectations for nursing practice.

**NANB resource documents**

- *Nurses Act*
- *Examining Requests for Post Entry-Level Procedures*
- *Entry-Level Competencies for RNs in NB*
- *Code of Ethics for Registered Nurses*
- *Standards of Practice for Registered Nurses*

**ANBLPN resource documents**

- *LPN Act*
- *Standards of Practice*
- *Entry to Practice Competencies for LPNs*
- *Provincial Competency Profile*
- *Code of Ethics*

**Consultation services:**

NANB: 1-800-442-4417

ANBLPN: 1-800-942-0222
References


