Nurses Association
OF NEW BRUNSWICK

Association of New Brunswick
Licensed Practical Nurses

NURSING INTRAPROFESSIONAL

COLLABORATION GUIDELINES

LPNs and RNs

Working Together

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Introduction

Nursing care in New Brunswick is provided by two groups of regulated health care providers: licensed practical nurses (LPNs) and registered nurses[1] (RNs), also referred to as nursing professionals. Although **unregulated health care providers** also provide services and collaborate with nursing professionals, this document will focus on the collaborative working relationship between LPNs and RNs. However, it remains essential that collaboration and consultation occur with all other multidisciplinary team members in all healthcare settings.

Changes to the health care system and **care delivery models** are influenced by economic and nursing resource challenges. These changes create new working relationships and opportunities for collaboration between nursing professionals and other health care team members. Due to these changes and the increasing demands in health care, it is imperative that collaboration and role optimization occur for both LPNs and RNs. This allows all nursing professionals to practice to their full scope to better meet the healthcare needs of Canadians, while fitting the right care provider to the right **client** at the right time.

This document will:

- Define intraprofessional collaboration and its expected outcomes.
- Provide guiding principles for intracollaborative nursing practice.
- Clarify the scope of practice and responsibilities of LPNs and RNs in a collaborative context of practice.
- Provide a collaborative framework to support nursing professionals and employers in determining who is the most appropriate nursing professional to ensure the provision of safe, competent and ethical care based on the client's needs.

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 they may be intraprofessional, with multiple members of the same profession working collaboratively to deliver quality care (CNO, 2018).

[1] The term registered nurse includes nurse practitioner.

Both **professional regulatory authorities** of nursing care providers in New Brunswick, the Association of New Brunswick Licensed Practical Nurses (ANBLPN) and the Nurses Association of New Brunswick (NANB), believe that to optimize patient-centered care and positive patient health outcomes, there must be open and ongoing intraprofessional collaboration between nursing professionals.

Collaboration between health care providers is a key requirement for providing optimal patient centered care and is outlined in core regulatory nursing documents, such as the Standards of Practice and the Code of Ethics. These documents serve to guide nursing practice and state the minimal expectations that all nursing professionals must meet across all practice settings.

Standards of Practice for LPNs

Standard 4.8:
LPNs collaborate with colleagues to promote safe, competent and ethical practice.

Code of Ethics for LPNs

Principle 4.2: LPNs collaborate with colleagues in a cooperative, constructive and respectful manner with the primary goal of providing safe, competent, ethical and appropriate care to individuals, families and communities.

Standards of Practice for RNs

Standard 3.7:
RNs engage in interprofessional, intraprofessional and intersectorial collaboration to promote comprehensive client care.

Code of Ethics for RNs

Ethical responsibility B.4: Nurses collaborate with other health care providers and others to maximize health benefits to persons receiving care and with health care needs and concerns, recognizing and respecting the knowledge, skills and perspectives of all.

Expected Outcomes

Intraprofessional collaboration is evident when LPNs and RNs work as a team, utilizing their full scope of individual skills and competencies to reach positive patient outcomes, while ensuring the provision of safe, competent, compassionate and ethical care, by the most appropriate provider based on the patient's needs.

These expected outcomes require that LPNs and RNs:

- have a clear understanding and respect for each other's scopes of practice and roles/responsibilities.
- trust that appropriate consultation and collaboration will occur when patients' needs are beyond respective and individual scopes of practice.
- talk with each other, share perspectives, plan and provide care together; and
- support and assist each other in the interest of providing the best possible patient care

> When nurses have a clear understanding of roles, responsibilities and competencies, they achieve collaborative practice (RNAO, 2016).

Collaborative practice requires a climate of mutual trust and value, where healthcare providers can comfortably turn to each other to ask questions without worrying that they will be seen as unknowledgeable. When healthcare providers are working collaboratively, they seek common goals and can analyze and address any problems that arise (CIHC, 2009).

Principles for Intraprofessional Nursing Collaboration

The following principles aim to provide guidance, promote and facilitate intraprofessional collaboration:

1. LPNs and RNs practice in a manner that is consistent with legislation, scopes of practice, standards of practice, codes of ethics, and employer policies.

2. The differences in the legislated scope of practice, the standards of practice and basic education of each **designation** are respected.

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

4. LPNs and RNs practice within their own level of competency and seek direction and guidance when care required is beyond their competencies.

5. The patients' care needs, the scope of practice and competencies of the nursing professional and the practice environment guide decisions about which nursing professional is the most appropriate provider of patient care.

6. Effective and professional communication between LPNs and RNs is essential to achieve quality patient outcomes.

7. When LPNs and RNs work together, the nursing care delivery model must support intraprofessional collaboration through workplace policies, procedures and resources. This ensures a quality practice environment that allows LPNs and RNs to work together effectively.

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

LPNs and RNs:
Practice Requirements and Expectations

There are many similarities between LPN and RN practice, however there are differences in the entry level competencies of each group as a result of differences in foundational nursing education. Both LPNs and RNs are educated to provide safe, competent, compassionate and ethical care at an entry to practice level when they graduate from an approved nursing education program. The *Entry Level Competencies for Licensed Practical Nurses* and the *Entry-Level Competencies for Registered Nurses in New Brunswick* describe the competencies required of beginning practitioners.

Both nursing programs stem from the same body of foundational knowledge. As the education required increases, so does the depth and breadth of foundational knowledge. RNs work collaboratively with the health care team, however, their increased breath and depth of acquired foundational nursing knowledge results in a broader scope and more **professional autonomy**. LPNs practice their professional autonomy within a collaborative relationship with other care providers, most frequently with the RN (NSCN, 2019).

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

Scope of Practice

Scope of practice refers to the activities that LPNs and RNs are educated and authorized to perform as set out in legislation and regulation and complimented by codes of ethics, standards, guidelines and employer policies (CNA, 2015).

Figure 1: Scopes of practice as per legislation

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." NANB, 2002 (p.3)

Nurses Act

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-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". ANBLPN ,2014 (p.2)
LPN Act

The practice of nursing is guided by four elements which influence the scope of practice for LPNs and RNs. These elements outline what each nursing professional can and cannot do.

These elements are:

1: Legislation

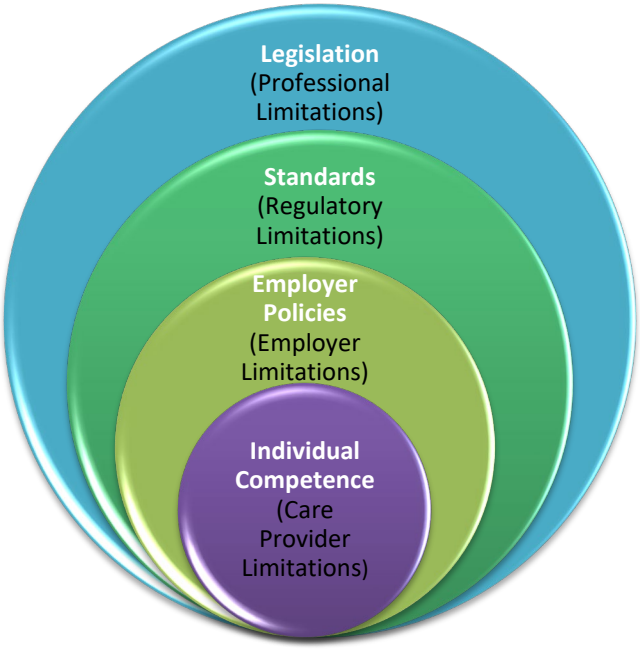
2: Standards of Practice

3: Employer Policies

4: Individual Competence

All four elements must be considered and respected to provide safe, competent, compassionate and ethical care. Each element successively narrows a nursing professional's practice as shown in Figure 2.

Figure 2: Limitations on the scope of practice



Adapted from: Standards of Practice for Registered Nurses, NANB, 2019.

It is important for nursing professionals to be aware of the limits of their individual scope and competency. Based on individual practice reflection and the current requirements of their practice environments, LPNs and RNs must continually enhance their knowledge and competence through ongoing education, experience and participation in quality assurance activities.

Patient Focused, Safe, Competent and Ethical Care

The respective standards of practice for LPNs and RNs 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, it is the integration and application of knowledge, skills and judgment required for safe, ethical and effective nursing care in a designated role and setting.

In many instances, activities may fall within the legislated scope of practice of both the LPN and RN, but this does not necessarily mean that it is appropriate for all LPNs and/or RNs in all settings to carry out those activities. For instance, while it is within the scope of practice of both the LPN and the RN to initiate an IV, and to obtain blood samples, not all have the competence to provide this care. The nursing professional must have the competency to carry out the activity to engage in any aspect of care.

When the activities fall within the legislated scope of practice of both the LPN and RN, it is helpful to think about the difference between the concept of what the nursing professional "can do" versus what they "should do" (Figure 3).

While it is important to ensure the overall scope is respected, it is also important to consider the patient's needs, the care provider's competencies and the care setting to guide decisions about care provider assignments.

Figure 3: Can? vs. Should?

Is it allowed?

*While we ask the question: "**Can** the RN or the LPN provide the care?", it is just as important to ask: "**Should** the RN or LPN provide the care?"*

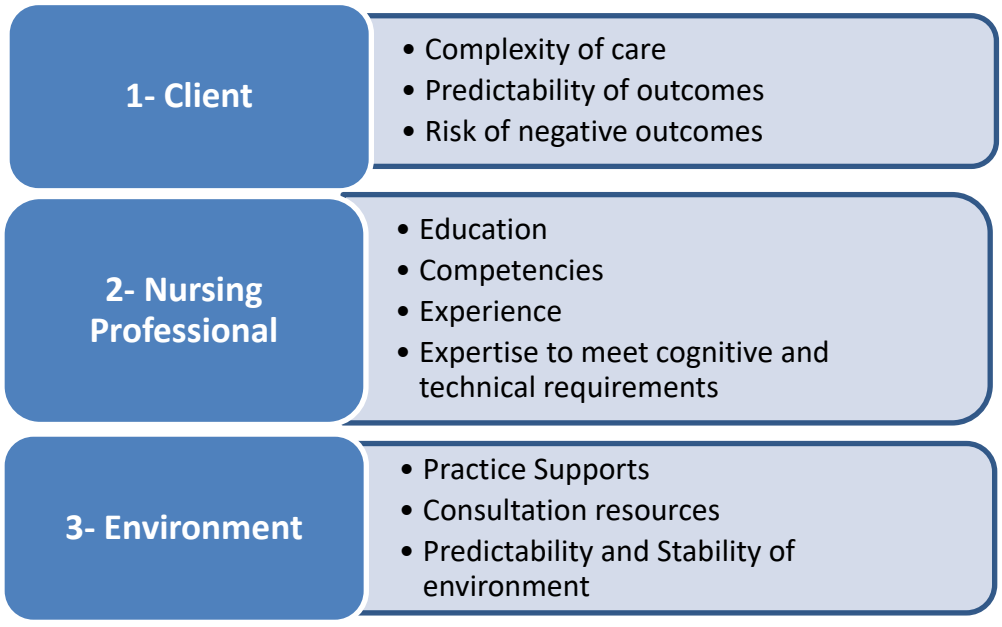
Is it appropriate?

Three Factor Framework

The allocation of nursing care among providers must meet patient care needs. Assignment is a dynamic process that occurs not only at the beginning of a shift, but throughout the shift as patient care needs change. In order to meet the needs of patients and care requirements, RNs have the authority to change the assignments throughout the shift as patients' conditions change and LPNs have a duty to report these changes to the RN. For more guidance on this topic, refer to: *Practice Guideline: A Collaborative Approach to Assigning, Delegating and Teaching in Health Care.*

Making effective decisions about which nursing professional to match with client needs involves more than the professional's title. Consideration should be given to the following factors and their interrelationship in determining care provider assignment: the client, the nursing professional and the practice environment (CNO, 2018). The Three Factor Framework brings these factors into consideration; these factors are identified in Table 2.

Table 2: The Three Factor Framework - Key factors to consider in care assignment and the need for clinical guidance and collaboration.



Adapted with permission from: Assignment of Client Care: Guidelines for Registered Nurses. CARNA (2014)

1- Client Factor

The first factor to consider in the application of the Three Factor Framework is the client.

When assessing the client's needs, consideration must be given to the client's level of complexity, predictability and risk of negative outcomes:

i. Level of Complexity – the degree to which a client's condition and care needs can be easily identified and the variability of their care requirements.
ii. Predictability – the extent that a client's outcome and future care needs can be anticipated.
iii. Risk of Negative Outcome – the likelihood that the client will experience a negative outcome due to their health condition or response to treatment.

See Appendix I for a comparison of the levels of complexity, predictability and risk of negative outcomes and the impact on the assignment to the most appropriate nursing professional.

These components combine to create a representation of the client that can be placed on a continuum that varies from less complex, more predictable and low risk of negative outcomes to highly complex, unpredictable and high risk of negative outcomes, as shown in Figure 4 (section 1-Client)**.**

Both LPNs (with an established care plan) and RNs can autonomously care for stable clients with less complex, predictable and low risk care needs. When the client becomes more complex, less predictable and their risk of a negative outcomes increases, the need for consultation and collaboration increases. The results of the consultation may result in certain aspects of care being transferred to the RN or there may be a need for all aspects of care to be transferred to the RN.

2- Nursing Professional Factor

The second factor to consider in the application of the Three Factor Framework is the nursing professional.

The practice of LPNs and RNs differs as a result of their foundational nursing knowledge and their legislated scopes of practice. Although nursing professionals can become experts in an area of practice within their own nursing category, enhanced competence through continuing education and experience does not mean that an LPN will acquire the same foundational competencies as an RN, this can only occur through formal education and credentialing (CNO, 2018). RNs, because of the breadth and depth of their knowledge, are able to care for patients with more complex

care needs independently. The independence of LPN practice is contextual to the needs of the client.

When allocating care to nursing professionals, it is also essential to consider the nursing professionals individual competency, their capacity to apply knowledge to make evidence-based decisions, their **critical thinking** and decision-making skills and their leadership skills. These factors also result in differing capacities to practice autonomously and impact the need for consultation and collaboration.

Nursing professionals must be aware of the limits of their own competence, continue to enhance their knowledge and seek guidance from a more experienced and knowledgeable colleague when a situation exceeds their own level of competence. Appendix II outlines the variations between LPN and RN practice.

3- Environment Factor

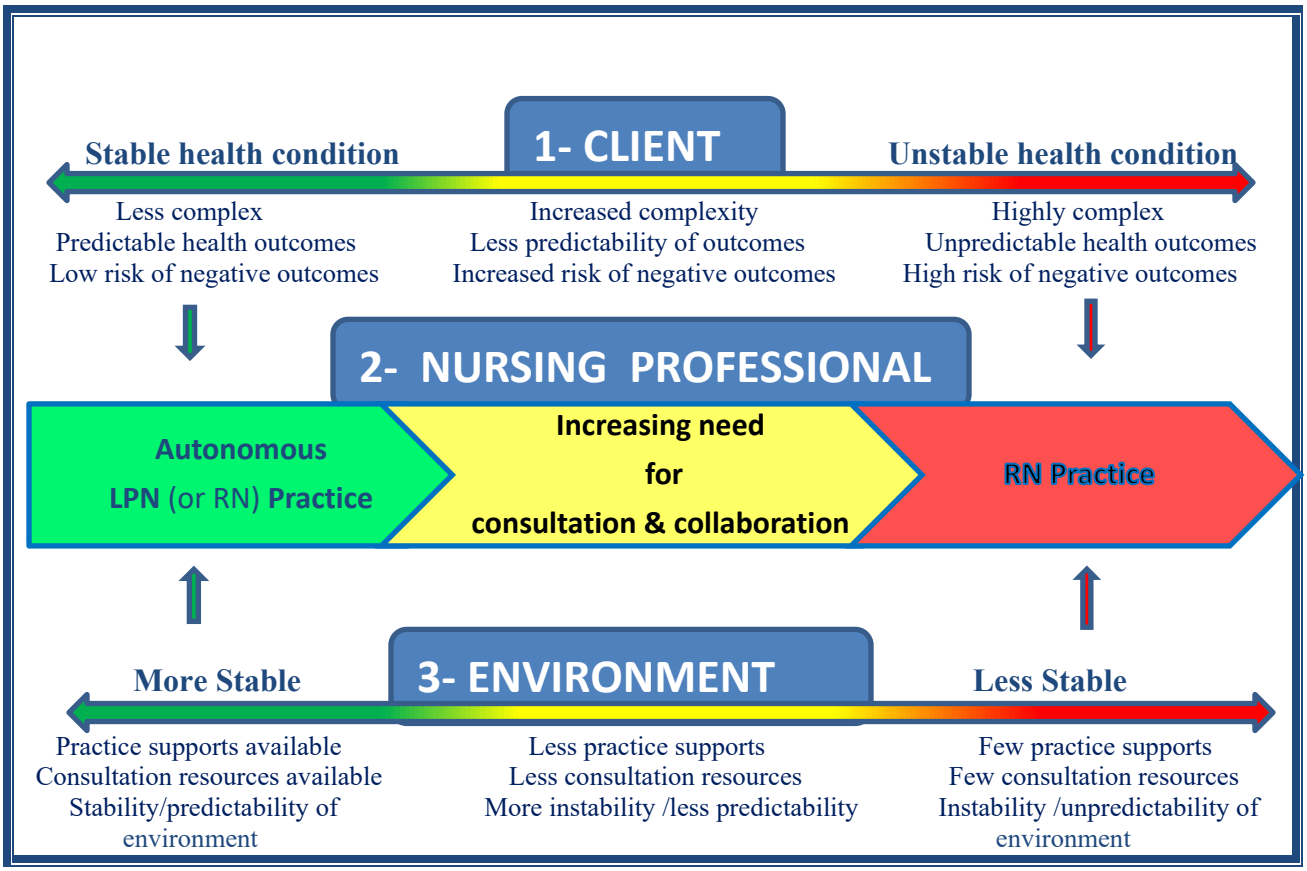
The third factor to considered in the application of the Three Factor Framework is the practice environment.

The following components impact the stability of the care environment: availability and accessibility of practice supports, consultation resources and the predictability of the environment.

A care setting that offers a more stable environment allows for more autonomous nursing practice by supporting nursing professionals in clinical decision-making. The lack of stability increases the need for team collaboration and more in-depth nursing competencies. See Appendix III for more details on the impact of these components on the stability of the care environment.

These components combine to create a representation of the environment that can be placed on a continuum that varies from more stable to less stable as shown in Figure 4 (section 3-Environment). These components vary between practice settings and even within the same setting at different points in time.

Figure 4: The Three Factor Framework



Adapted from: College of Nurses of Ontario *Practice Guideline: RN and RPN practice: The Client, the Nurse and the Environment*, 2018. *The original work is available on cno.org.*

Collaboration happens when two or more individuals discuss the needs of a client, offer their unique perspective based on their professional capacity and collectively come to a consensus regarding a decision to address the issue (NSCN, 2019).

Consultation involves seeking advice or information from a more experienced or knowledgeable healthcare professional. Nursing professionals consult with one another when a situation demands nursing expertise that is beyond their competence.

Consultation results in one of the following:

- Advice is received and the nursing professional continues to care for client
- Care is provided in collaboration, or some aspect of care is transferred to the more experienced or knowledgeable nursing professional
- All care is transferred to the more experienced or knowledgeable nursing professional.

Unless care is transferred, the nursing professional who sought consultation is still accountable for the client's care. When any care is transferred from one nursing professional to another, the accountability for that care is also transferred.

When the need for consultation/collaboration increases and/or exceeds the efficient delivery of care, it may indicate the need for the responsibility of care to be transferred to an RN, however, the LPN may still support the RN in meeting the client's care needs by being assigned specific activities for which they have the competency to perform.

Some clinical scenarios are provided in Appendix IV to illustrate the application of the Three Factor Framework.

Clinical Guidance

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

In order to provide clinical guidance, the LPN and RN must be familiar with:

- The practice setting;
- The scope of practice;
- The role of each nursing professional in the setting;
- The patient population; and
- The nursing practice within the setting.

The RN initiates and provides clinical guidance for the **plan of care** and patient care is the focus of that clinical guidance. LPNs, in collaboration with the RN, contribute to the nursing care plan by assessing client's needs, implementing client specific interventions and evaluating client's response to the interventions. The LPN is responsible for ensuring the client evaluations are as anticipated and outcomes are achieved. When outcomes are not anticipated or achieved, the LPN is accountable to consult with the RN for clinical guidance.

Conclusion

This document is intended to support nursing professionals in N.B. and their employers in the provision of safe, competent, compassionate and ethical care and optimal use of these valued professionals in an intraprofessional collaborative practice. Role optimization allows LPNs and RNs to practice to the full extent of their scope of practice, based on their individual level of competency, which is built from their education and experience. To allow this optimization, it is important that the variations in the scopes of practice of each designation be understood, the care needs and the environment must always be considered, and the essential elements of collaboration and consultation must always be part of the process. ANBLPN and NANB, who are accountable to the public to ensure safe, competent and ethical care, support role optimisation within a collaborative practice, and matching the right care provider to the client's needs. Evidence strongly shows that this approach results in optimized patient-centered care and positive patient health outcomes.

Should you require any assistance with the application of the Three Factor Framework, please contact your regulatory body.

Appendix I: Matching the Client's needs to the appropriate care provider

Client factors	Autonomous LPN Practice	RN involved or RN providing Care
Complexity	▪ Care needs well defined and established ▪ Coping mechanisms and support systems in place and effective ▪ Health condition well controlled or managed ▪ Little fluctuation in health condition over time; few factors influencing client's health	▪ Care needs not well defined, established or changing ▪ Coping mechanisms and support systems unknown, not functioning, or not in place ▪ Health condition not well controlled or managed ▪ Requires close, frequent monitoring and reassessment ▪ Fluctuating health condition; many factors influencing client's health
Predictability	▪ Predictable outcomes ▪ Predictable changes in health condition	▪ Unpredictable outcomes ▪ Unpredictable changes in health condition
Risk of negative outcomes	▪ Predictable, localized and manageable response ▪ Signs and symptoms are obvious ▪ Low risk of negative outcomes	▪ Unpredictable, systematic or wide-ranging responses ▪ Signs and symptoms are subtle and difficult to detect ▪ High risk of negative outcomes

Adapted with permission from: Collaborative Decision-making Framework: Quality Nursing Practice, SALPN, SRNA, RPNAS, 2017.

Appendix II: Variations between LPN and RN practice

The differences in the practice of the LPN and the RN are set in **blue bold** in the following table.

Nursing Process	Autonomous LPN Practice	Autonomous RN Practice
Assessment	**Collaborates** with RN to establish baseline Assesses and **identifies the status** of client's actual /potential needs **Recognizes changes**, probes further and manages or **consults appropriately** with RN or other health care team member	**Establishes** baseline Assesses and **makes decisions** about client's actual/ potential needs **Anticipates and recognizes subtle changes**, probes to assess further, identifies relevant factors, understands significance and manages appropriately
Planning	**Collaborates, contributes and participates** in the care planning process **Collaborates** in the development of care plans **Accepts assignments** from RN Provides **leadership, direction, assignment** and **supervision to unregulated health workers** **Shares knowledge** and **expertise** with others to meet client needs.	**Leads** and **coordinates** the care planning process **Establishes** the **initial** plan of care based on a **comprehensive assessment*** **RNs can utilize data collected by other healthcare providers, but they cannot delegate the comprehensive nursing assessment of that data* **Assigns and delegates** nursing activities in accordance with client needs, the roles and competence of other providers and the requirements of the practice setting **Supports** clients, colleagues and students by sharing nursing knowledge and expertise and by acting as an effective role model, resource, preceptor or mentor

Implementation	**Accountable for requesting guidance and support** in the implementation of plan of care Evolves* **established** plan of care /coordinates care of/ provides care **to less acute, less complex, less variable clients with more predictable outcomes** * as long as client is achieving established outcomes or optimal health outcomes **Uses established** nursing care plan to facilitate nursing actions and guide decisions **Performs planned nursing interventions** for which **client outcomes can be managed during and after** the intervention, and resources are accessible **Consults appropriately** in changing situations and emergencies, when requirements of safe, competent and ethical care exceed personal limits **Provides elements of care** for **highly complex clients with the RN directing/coordinating that client's care**	**Coordinates** and **oversees** the **overall care and provides clinical guidance and support** Provides **direction**, **clinical expertise, leadership, clinical guidance** and **support** for the implementation of plan of care Evolves / coordinates / provides care to client **regardless of acuity, complexity, variability and predictability** **Directs** plan of care/ cares for **highly complex client**
Evaluation	Monitors and **recognizes changes** in client status / **deviations** from expected response to interventions and **consults appropriately** **Revises** plan of care for **stable/predictable patients** achieving expected outcomes. **Participates in revising/modifying/changing** the plan of care for patients with **variable/complex status**, when **outcomes are not as anticipated/achieved** (in collaboration with RN and client)	**Monitors** and **interprets** changes in client status /response to interventions /effectiveness of plan of care **Revises/modifies/changes** plan of care when the client is / is not achieving established or optimal health outcomes (in collaboration with healthcare team and client)

Appendix III: The incidence of the environment factors on the stability of the care setting

Environment factors	More stable Environment	Less stable environment
Practice supports	▪ Clear and identified procedures, policies, medical directives, protocols, plans of care, pathways and assessment tools ▪ High proportion of expert nurses or low proportion of novice nurses ▪ High proportion of nurses familiar with the environment	▪ Unclear and unidentified procedures, policies, medical directives, protocols, plans of care, pathways and assessment tools ▪ Low proportion of expert nurses or high proportion of novice nurses and unregulated staff ▪ Low proportion of nurses familiar with the environment
Consultation resources	▪ Many consultation resources available to manage outcomes	▪ Few consultation resources available to manage outcomes
Stability & predictability of the environment	▪ Low rate of client turnover ▪ Few unpredictable events	▪ High rate of client turnover ▪ Many unpredictable events

College of Nurses of Ontario: *Practice Guideline: RN and RPN Practice. The Client, the Nurse and the Environment*, 2018.

Appendix IV: Application of the Three Factor Framework

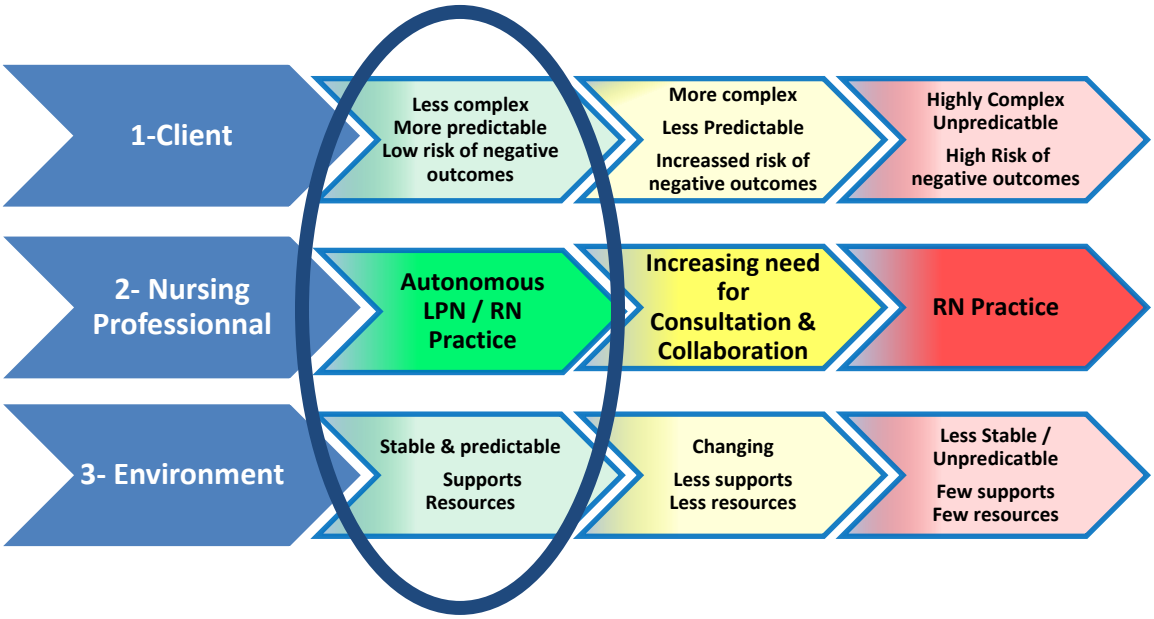
In clinical scenarios A, B and C, the framework is used to determine which provider the client should be assigned.

Clinical Scenario A

A 76-year-old with a history of heart failure, in stable condition, has been admitted to the surgical unit for an infected wound following an abdominal surgery. A saline lock is in place and intravenous antibiotics are prescribed. Standardized assessment tools and an established care plan are in place. There are three senior RNs and two LPNs familiar with the practice setting working this night shift. The LPNs and RNs working the shift have the education and experience to administer intravenous medications.

In this scenario, it is appropriate to assign the patient to the LPN.

The LPN would consult the RN should the condition change.



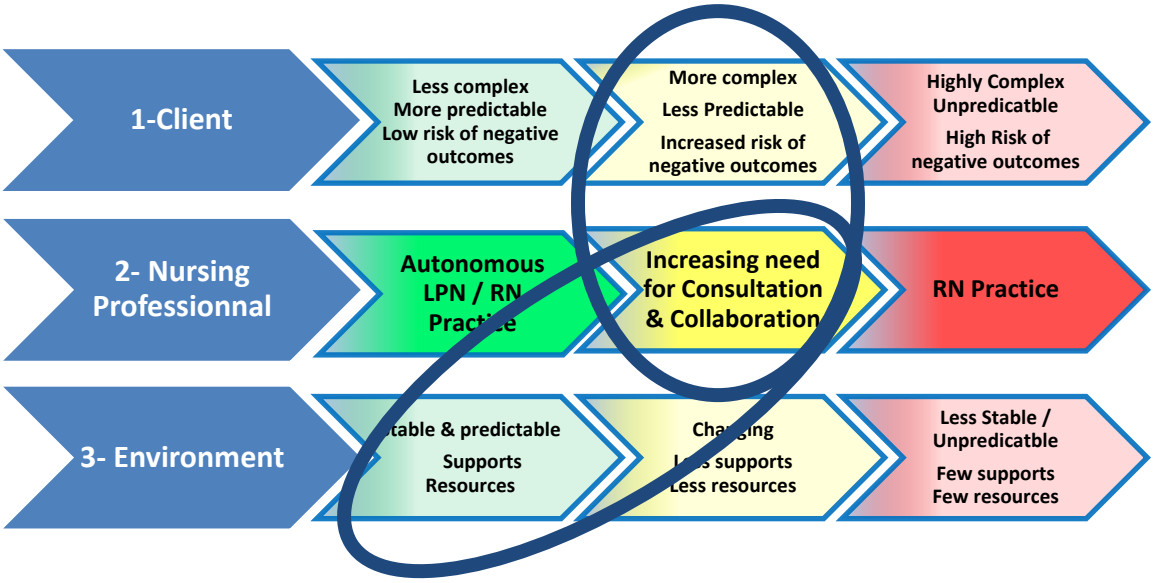
Clinical Scenario B

The LPN has now noted a decrease in urinary output for the patient in clinical scenario A. Standardized assessment tool and the care plan have been updated to monitor for signs of heart failure.

In this scenario, it is appropriate to assign the patient to the LPN in collaboration with the RN.

The LPN would be expected to collaborate with the RN when making decisions about a change in the plan of care or when a change in health status is identified.

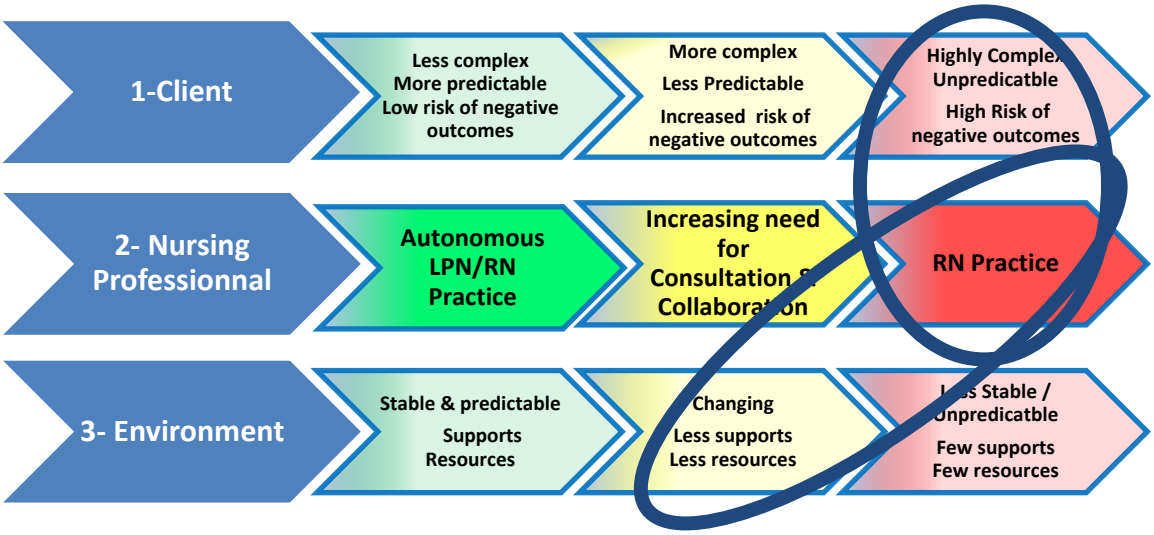
The RN would need to accept the transfer of care if the client's condition becomes highly complex.



Clinical Scenario C

One RN has called in sick on the night shift, leaving one RN and two LPNs on shift. The same patient complains of shortness of breath and pain around his wound, IV of normal saline running at 125 cc/hr with IV antibiotics, and elevated blood glucose levels. The doctor has been paged, but there has been no response yet.

In this scenario, team collaboration is required and it is appropriate to assign the patient to the RN as the care needs are complex with multiple and overlapping health conditions, unpredictable response to the care, health outcomes are unknown and the environment has limited consultative resources The LPN may also assist the RN for some of the care requirements.



Appendix V: 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 through collaboration 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, LPNs and RNs 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 LPNs and RNs need to document the consulting they have done with each other?

LPNs and RNs 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 LPNs and RNs 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. LPNs and RNs 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?

LPNS and RNs are responsible and accountable for their own individual competence. They are expected to practice competently and to continually acquire new knowledge and skills in their areas of practice. When LPNs and RNs 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. MY WORKPLACE HAS STARTED OPTIMIZING THE LPN ROLE AND WE NOW HAVE OUR OWN PATIENT ASSIGNMENTS. WHAT DO I DO IF I FEEL I CANNOT MEET A PATIENT'S CARE NEEDS ON MY ASSIGNMENT?

Again, LPNs and RNs are accountable for their own individual competence. If you feel that a patient's care needs have become too complex, unpredictable and that the patient is at risk for a negative outcome, you must collaborate and consult with an RN. The RN can then reassess the patient and re-establish priorities or assignments as necessary.

8. 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?

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

9. 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.

Appendix VI: Other Resources

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

ANBLPN ressource documents

- LPN Act
- Code of Ethics for LPNs
- Standards of Practice for LPNs in Canada
- Entry Level Competencies for LPNs

NANB resource documents

- Nurses Act
- Code of Ethics for Registered Nurses
- Standards of Practice for Registered Nurses
- Entry-Level Competencies for RNs in NB

Consultation services:

ANBLPN: 1-800-942-0222

NANB: 1-800-442-4417

Glossary

Assignment of nursing care:
Allocation of clients or client care responsibilities or interventions that are within the provider's scope of practice and/or scope of employment. Assignment describes the distribution of work that each staff member is to accomplish (CRNNS, 2017a).

Care delivery models:
A system for organizing and delivering nursing care to clients and their families. It represents both the structural and contextual elements of nursing practice (CNA, 2012).

Client:
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, 2017).

Critical thinking:
A purposeful, disciplined and systematic process of continual questioning, logical reasoning and reflecting through the use of interpretation, inference, analysis, synthesis and evaluation to achieve a desired outcome (CRNNS, 2017a).

Designation:
A professional title granted to the members of a category of nursing professionals by their regulatory authority.

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 focused on the achievement of client centered goals provide a map that guides care (CRNNS, 2017).

Professional autonomy:
Having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base (CCPNR, 2019).

Professional regulatory authorities:
Provincial and territorial bodies who are responsible for the regulation of its registrants (CCPNR, 2019).

Unregulated health care providers:
Health care providers who are neither licensed nor registered by a regulatory body (CRNBC, 2017).

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