



**Foundations for
Nurse Practitioner
Practice in the Yukon**

YUKON REGISTERED NURSES ASSOCIATION

December 2012

YUKON REGISTERED NURSES ASSOCIATION

Suite 204, 4133-4th Avenue, Whitehorse, YT Y1A1H8
Phone: 867-667-4062 Fax: 867-668-5123 Email: admin@yrna.ca

TABLE OF CONTENTS

President’s Message	1
1. About this Document.....	1
2. NP Practice in the Yukon	2
3. Scope of Practice	5
4. Core Competencies and Standards	6
Professional Role, Responsibility and Accountability	9
Health Assessment and Diagnosis.....	11
Therapeutic Management.....	12
Health Promotion and Prevention of Illness and Injury	13
5. Clinical Expectations.....	14
Professional Role, Responsibility and Accountability	14
Health Assessment and Diagnosis.....	15
Therapeutic Management.....	16
Health Promotion and Prevention of Illness and Injury	20
6. Glossary of Terms	21
Appendix A: Detailed Scope of Practice.....	A-1
Appendix B: References.....	B-1

PRESIDENTS' MESSAGE

The Yukon Registered Nurses Association (YRNA) is pleased to present the *Foundations for NP Practice in the Yukon*. This marks the culmination of many years of work to prepare for the implementation of the nurse practitioner (NP) role in the Yukon.

In partnership with the Government of Yukon, the *Registered Nurses Profession Act* was revised in December 2009, and the YRNA Board approved the Registered Nurses Profession Regulation in November 2012. These documents provide the legislative authority for the practice of NPs in the territory, and both came into force on November 23, 2012.

Building on this legislative framework, the *Foundations for NP Practice in the Yukon* provides more detailed guidance to NPs on expectations regarding their practice. It is also intended to provide clarity on the role, for NPs and for other providers who work alongside them.

The core competencies for Yukon are adopted from the Canadian Nurse Practitioner Core Competency Framework. These competencies serve as standards of practice for NPs. The clinical expectations in this document are based on those developed by the Saskatchewan Registered Nurses Association (SRNA). We would like to acknowledge and thank SRNA for their generosity in allowing us to use their work. We would also like to acknowledge and thank the Canadian Nurses Association and all the groups and individuals who contributed to the national core competency framework.

The *Foundations for NP Practice in the Yukon* is the result of detailed and thoughtful research by the NP Steering Committee. The Committee reviewed evidence-based material and equivalent documents from other regulatory bodies across the country, and prepared a draft framework that adapted core national principles to meet Yukon practicalities. The Board approved this approach and the Committee went on to develop and refine the document's content and to engage a consultant to undertake further research and to assist in organizing and formatting the material. The result is a document that reflects a historical, contextual and contemporary approach to clinical standards and guidelines for NPs.

YRNA commits to update the *Foundations for NP Practice in the Yukon* every five years, taking into account the experience and best practices from across Canada.

On behalf of the YRNA Board, we would like to thank all those who have assisted in the development of this document. We would especially like to acknowledge the volunteer members of the NP Steering Committee: Patricia McClelland, Hazel Booth, Shawn O'Donovan, Sean Secord and Peggy Heynen, and the Nurse Practitioner Advisory Committee: Carol Yamada, Sally MacDonald, Anne Dietrich-Bragg and Hazel Booth. Furthermore, we would like to recognize the hard work of the YRNA staff over many years of work on this portfolio: Catherine Bradbury and Patricia McGarr.

Sean Secord
YRNA President 2012-2014

Peggy Heynen
YRNA President 2008-2012

1. ABOUT THIS DOCUMENT

1.1 Purpose

Foundations for Nurse Practitioner Practice in the Yukon serves to define the minimum or safe level of practice for nurse practitioners (NPs) working in the Yukon. It is a resource for NPs, registered nurses (RNs) and other allied health care providers to help clarify how NPs can function productively as a contributing part of the health care team. The competencies and standards outlined herein represent the criteria against which all NPs practising in the domains of direct care, education, administration, research and policy will be measured by clients, employers, colleagues and by themselves.

Standards and expectations outlined in this document focus on the clinical domain, as it relates to the NP scope of practice outlined in legislation. Additional standards are covered in existing standards for RNs, which NPs must also meet or exceed.

This document is meant to work in tandem with the Yukon *Registered Nurses Profession Act* and Registered Nurses Profession Regulation. Discrepancies between this document and the legislation are unintentional and, should they exist, the legislation is paramount.

1.2 Organization

This document is organized into the following sections:

About this Document	An overview of this document's purpose and organization
NP Practice in the Yukon	A description of the historic and current role of the NP in the Yukon
Scope of Practice	A look at how Yukon legislation defines the NP's scope of practice
Core Competencies and Standards	A detailed list of core competencies and minimum standards for NP practice
Clinical Expectations	A detailed list of clinical expectations of NPs working in the Yukon
Glossary of Terms	Definitions of terms used in this document

2. NP PRACTICE IN THE YUKON

2.1 Role Definition

Nurse practitioners are experienced registered nurses with additional education who possess and demonstrate the competencies required for nurse practitioner registration or licensure in a province or territory. Using an evidence-based, holistic approach that emphasizes health promotion and partnership development, NPs complement, rather than replace, other health care providers. Nurse practitioners, as advanced practice nurses, blend their in-depth knowledge of nursing theory and practice with their legal authority and autonomy to order and interpret diagnostic tests, prescribe pharmaceuticals, medical devices and other therapies, and perform procedures (Canadian Nurses Association, 2010).

Like registered nurses, Yukon nurse practitioners promote a healthy Yukon community through caring, leadership and the advancement of nursing excellence.

2.2 History

Nursing in its many forms, often with an expanded scope, has been an integral part of the Yukon since this area of the world saw its population explode with the gold rush of 1898. Nurses have been providing illness care and promoting health to the First Nations people, miners, explorers, tourists, government employees, and everyone else who has been born in or made their way to Canada's North for over a century. As health care evolves and a patient-centred approach demands the right practitioner at the right time to meet the many reactive and proactive health care needs, the NP role has also evolved to help meet these needs.

Nurses working in an expanded scope in rural Yukon communities had, until recently, a job title of Community Nurse Practitioner. Now that the title "nurse practitioner" will be protected in legislation for those who meet specific regulatory requirements, that job title has been changed. The valuable role of the extended practice nurse in the Yukon will continue to be utilized and requires no additional regulatory support.

Utilized worldwide, extensively in the USA and to varied extents in Canada since the 1960s, NPs are a contributing member of the health care team. The contribution of NPs has been well studied, and evidence shows that NPs are making a positive difference to quality of, and access to, health care in Canada (Canadian Health Services Research Foundation, 2010).

The Canadian Nurse Practitioner Initiative (2006) has provided a framework for the development of the role in Canada, and the Yukon has built on this work as it developed legislative and regulatory policies and implementation strategies to enable the practice of this valuable new member of the health care team.

2.3 Title Protection

Although the NP role has existed in Canada for over 40 years, its resurgence in the early 2000s saw the creation or amendment of legislation to protect the public and set expectations for what it means to be a NP. Through legislation, the title “Nurse Practitioner” or “NP” is legally protected across Canada and linked to a defined scope and standards of practice. Regulatory bodies establish the standards and support continuing competence. The standards set out expectations for the NP practice and focus on accountability, application of knowledge, service to the public and professionalism. To be licensed as a NP, a registered nurse must provide evidence of adherence to the standards established for practice at that level.

In the Yukon, section 14 of the *Registered Nurses Profession Act* provides the legislative authority for protection of the title of nurse practitioner as follows:

14.(2) No person, except a nurse practitioner, shall use the title “Nurse Practitioner” or “Registered Nurse Practitioner” or the designation “Reg. N.P” or “N.P.” or any other title, designation, description, or abbreviation to imply that they are a nurse practitioner.

2.4 Legislation

The Yukon *Registered Nurses Profession Act* was established in 1992 to establish profession-led regulation of registered nurses in the Yukon Territory. An act to amend this Act was acclaimed in 2009, and came into force on November 23, 2012. The revised legislation introduced registration, licensure and regulation of NPs within the Yukon.

REGISTRATION AND LICENSURE

The requirements for registration and licensure as a NP in the Yukon are outlined in the Registered Nurses Profession Regulation in some detail. Nurse practitioners and others seeking information about registration and licensure are encouraged to consult the legislation as the definitive source. What follows is a listing of the most common requirements only.

To be registered and licensed as a NP, generally, applicants must:

- Have completed a nursing education program approved by the YRNA Board as qualifying for nurse practitioner licensure;
- Be registered or be eligible for registration as a nurse practitioner in a Canadian jurisdiction, including successful completion of a NP exam;
- Meet NP continuing competence requirements established by the YRNA Board; and
- Within the past three years, have accumulated 900 hours of NP practice in any jurisdiction or have graduated from a NP education program approved by the YRNA Board.

SCOPE OF PRACTICE

The legislation sets out the scope of practice for NPs. Section 3 and Appendix A of this document reproduce the relevant sections for easy cross reference, but readers are encouraged to consult the legislation for full details.

The scope of practice was recommended to the YRNA board by a multidisciplinary committee known as the NP Advisory Committee. This committee is appointed by the YRNA and consists of the YRNA registrar, three YRNA members (at least one of whom is a NP), a pharmacist and a physician. The committee meets at least once per year to make recommendations to the YRNA board about revisions to the NP scope of practice. Every three years, the committee undertakes a full review of the NP scope to ensure currency with best practice.

2.5 Competencies, Standards and Expectations

Core competencies, standards of practice, and clinical expectations are not set out directly in legislation. Instead, the legislation gives YRNA the authority to develop and maintain these elements in a separate document. This *Foundations for NP Practice in the Yukon* document was developed for that purpose. It works together with the legislation to create a comprehensive foundation for NP practice.

3. SCOPE OF PRACTICE

The scope of practice for NPs working in the Yukon is set out in legislation. Section 13.1(2) of the Yukon *Registered Nurses Profession Act* establishes the broad authority for NP practice and reads as follows:

13.1(2)

Subject to regulations setting out exceptions, conditions or restrictions to be placed on the scope of practice of a nurse practitioner, a nurse practitioner is entitled to

- (a) make diagnoses to identify diseases, disorders, or conditions;
- (b) communicate a diagnosis;
- (c) order &/or interpret screening and diagnostic tests;
- (d) select, recommend, supply, prescribe, or monitor the effectiveness of drugs and treatments;
&/or
- (e) perform other procedures authorized by regulations.

Further details about the NP's legislated scope of practice are outlined in the Registered Nurses Profession Regulation and are reproduced in Appendix A for easy reference. A copy of the full text of the legislation can be found on the YRNA website at www.yrna.ca or on the Government of Yukon legislation page at www.gov.yk.ca/legislation.

4. CORE COMPETENCIES AND STANDARDS

4.1 Introduction

This document defines the core competencies required for safe, competent and ethical NP practice. The core competencies are applicable across diverse practice settings and client populations, and are fundamental to all NP practice in Canada. The core competencies were derived directly from the *Canadian Nurse Practitioner Core Competency Framework* (Canadian Nurses Association 2010).

The national framework was revised in 2010 using a consensus-building approach involving provincial/territorial nursing regulators and expert nurse practitioners across Canada. The collaborative approach used to revise the document promotes consistency of registration requirements across the country, facilitating compliance with the Agreement on Internal Trade.

Nurse practitioner practice is dynamic, and the competencies will change over time in response to population health needs, evolving practice and health care environments. Hence, the Canadian Nurses Association (CNA) has agreed to review and update these competencies at least once every five years to ensure that they keep pace with changes in nurse practitioner practice.

YRNA has determined that the core competencies developed at the national level will serve as the professional standards for NPs in the Yukon. The statements describe what one would expect the NP to exhibit after graduation from an approved NP education program. They describe the minimum requirements and, as NPs move along the continuum from novice to expert, there will be an increase in depth of knowledge. It is important to note that the requirements in this section of the document do not stand alone, but should be considered along with the *Standards for Registered Nursing Practice in the Yukon* document and the Clinical Expectations listed in Section 5 of this document.

4.2 Nurse Practitioner Profile

Nurse practitioners, as autonomous health professionals with advanced education, provide essential health services grounded in professional, ethical and legal standards. Nurse practitioners integrate their in-depth knowledge of advanced nursing practice and theory, health management, health promotion, disease/injury prevention, and other relevant biomedical and psychosocial theories to provide comprehensive health services. Nurse practitioners work in collaboration with their clients and other health care providers in the provision of high-quality patient-centred care. They work with diverse client populations in a variety of contexts and practice settings.

Nurse practitioners have the competence to provide comprehensive health assessment, to diagnose health/illness conditions, and to treat and manage acute and chronic illness within a holistic model of care. Nurse practitioners order and interpret screening and diagnostic tests, perform procedures and prescribe medications, while integrating the principles of resource allocation and cost-effectiveness, in accordance with federal, provincial and territorial legislation and policy.

Nurse practitioners are accountable for their own practice and communicate with clients about health assessment findings and diagnoses, further required testing and referral to other health care

providers; they are also responsible for client follow-up. Nurse practitioners counsel clients on symptom management, health maintenance, pharmacotherapy, alternative therapies, rehabilitation strategies and other health programs.

Nurse practitioners have the knowledge to assess population health trends and patterns and to design services that promote healthy living. They provide leadership in the development, implementation and evaluation of strategies to promote health and prevent illness and injury, and they work with inter-professional teams, other health care providers and sectors and community members. Nurse practitioners collaborate in the development of policy to influence health services and healthy public policy.

4.3 Overview of Competencies

Nurse practitioner competencies reflect advanced nursing practice by building and expanding upon the competencies required of a registered nurse. This section expands on the competencies defined in *Advanced Nursing Practice: A National Framework* (Canadian Nurses Association, 2008) as these competencies apply to nurse practitioners.

The core competencies are organized into four categories:

- Professional Role, Responsibility and Accountability;
- Health Assessment and Diagnosis;
- Therapeutic Management; and
- Health Promotion and Prevention of Illness and Injury.

The competencies were developed according to certain assumptions and terms; thus, interpretation of the competencies requires an understanding of the assumptions and the key terms found in the glossary of terms. As well, the competencies apply only within the confines of Yukon legislation and should there be inconsistencies, Yukon legislation is paramount.

4.4 Assumptions

Familiarity with the assumptions used to develop the core competencies is essential to the understanding of how these competencies may be applied to the nurse practitioner practice in all roles and settings, not only those specific to a particular client population or practice environment.

In developing the core competencies listed in this document, the following assumptions were made:

- a) The practice of nurse practitioners is grounded in the values, knowledge and theories of professional nursing practice.
- b) Nurse practitioner core competencies build and expand upon the competencies required of a registered nurse.
- c) Nurse practitioner core competencies require additional nursing education, usually achieved at the graduate level, with a substantial clinical component.
- d) Nurse practitioner core competencies are the foundation for all areas of nurse practitioner practice, and are applicable across diverse practice settings and client populations.
- e) Nurse practitioner core competencies are an essential element of nurse practitioner competence assessment.
- f) Nurse practitioner practice is grounded in the five World Health Organization (WHO) principles of primary health care: accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration.
- g) Nurse practitioners provide services relating to health promotion, illness and injury prevention, rehabilitative care, curative and supportive care, and palliative/end-of-life care.
- h) The identified core competencies incorporate the competencies identified for advanced nursing practice and address the activities that are included in the legislated scope of practice of nurse practitioners
- i) Nurse practitioners work in collaboration with other health care providers to provide safe, high-quality health care services.
- j) Newly graduated nurse practitioners gain proficiency in the breadth and depth of their practice over time, with support from employers, mentors and health care team members.

4.5 Core Competencies and Standards

1. PROFESSIONAL ROLE, RESPONSIBILITY AND ACCOUNTABILITY

This nurse practitioner competency category encompasses the core competencies for the following four categories of advanced nursing practice: 1) clinical practice; 2) collaboration, consultation and referral; 3) research; and 4) leadership.

Nurse practitioner practice is characterized by the simultaneous interaction and blending of competencies at a level of complexity that reflects the nurse practitioner's highly developed critical thinking skills, clinical nursing experience, and advanced education that incorporates a substantial clinical component.

The competencies listed below are fundamental to advanced nursing practice and are integrated into the practice of nurse practitioners. Therefore, the competencies listed in this category also apply to each of the three other competency categories in this framework: Health Assessment and Diagnosis, Therapeutic Management, and Health Promotion and Prevention of Illness and Injury.

Clinical Practice

The nurse practitioner:

- 1.1 Practises in accordance with federal and provincial/territorial legislation, professional and ethical standards, and policy relevant to nurse practitioner practice.
- 1.2 Understands the changes in scope of practice from that of a registered nurse and the ways that these changes affect responsibilities and accountabilities when assuming the reserved title and scope of practice of a nurse practitioner.
- 1.3 Incorporates knowledge of diversity, cultural safety and determinants of health in the assessment, diagnosis and therapeutic management of clients and in the evaluation of outcomes.
- 1.4 Incorporates knowledge of developmental and life stages, pathophysiology, psychopathology, epidemiology, environmental exposure, infectious diseases, behavioural sciences, demographics and family processes when performing health assessments, making diagnoses and providing overall therapeutic management.
- 1.5 Incorporates knowledge of the clinical manifestations of normal health events, acute illness/injuries, chronic diseases, co-morbidities and emergency health needs, including the effects of multiple etiologies in the assessment, diagnosis and therapeutic management of clients and in the evaluation of outcomes.
- 1.6 Integrates the principles of resource allocation and cost-effectiveness into clinical decision-making.
- 1.7 Provides client diagnostic information and education that are relevant, theory-based and evidence-informed, using appropriate teaching/learning strategies.
- 1.8 Promotes safe client care by mitigating harm and addressing immediate risks for clients and others affected by adverse events and near misses.

- 1.9 Discloses the facts of adverse events to clients, and reports adverse events to appropriate authorities, in keeping with relevant legislation and organizational policies.
- 1.10 Documents clinical data, assessment findings, diagnoses, plans of care, therapeutic interventions, client responses and clinical rationale in a timely and accurate manner.
- 1.11 Adheres to federal and provincial/territorial legislation, policies and standards related to privacy, documentation and information management (this applies to verbal, written or electronic records).
- 1.12 Engages in ongoing professional development and accepts personal responsibility for maintaining nurse practitioner competence.

Collaboration, Consultation and Referral

The nurse practitioner:

- 1.13 Consults with and/or refers clients to other health care providers at any point in the care continuum when the client's condition is not within the nurse practitioner scope of practice or the individual nurse practitioner's competence.
- 1.14 Acts as a consultant to and/or refers and accepts referrals from health care providers, community agencies and allied non-health care professionals.
- 1.15 Advocates for clients in relation to therapeutic intervention, health care access, the health care system and policy decisions that affect health and quality of life.
- 1.16 Collaborates with members of the health care team to provide and promote interprofessional client-centred care at the individual, organizational and systems levels.
- 1.17 Collaborates with members of the health care team to promote and guide continuous quality improvement initiatives at the individual, organizational and systems levels.
- 1.18 Applies advanced knowledge and skills in communication, negotiation, coalition building, change management and conflict-resolution, including the ability to analyze, manage and negotiate conflict.

Research

The nurse practitioner:

- 1.19 Engages in evidence-informed practice by critically appraising and applying relevant research, best practice guidelines and theory when providing health care services.
- 1.20 Develops, utilizes and evaluates processes within the practice setting to ensure that clients receive coordinated health services that identify client outcomes and contribute to knowledge development.
- 1.21 Identifies and implements research-based innovations for improving client care at the individual, organizational and systems levels.
- 1.22 Identifies, collects data on, and evaluates the outcomes of nurse practitioner practice for clients and the health care system.
- 1.23 Collaborates with other members of the health care team or the community to identify research opportunities and to conduct and/or support research.

- 1.24 Acts as a change agent through knowledge translation and dissemination of new knowledge that may include formal presentations, publication, informal discussions and the development of best practice guidelines and policies.

Leadership

The nurse practitioner:

- 1.25 Provides leadership in the management of clinical care and is a resource person, educator and role model.
- 1.26 Acts as a preceptor, mentor and coach to nursing colleagues, other members of the health care team and students.
- 1.27 Articulates and promotes the role of the nurse practitioner to clients, other health care providers, social and public service sectors, the public, legislators and policy-makers.
- 1.28 Provides leadership in the development and integration of the nurse practitioner role within the health care system.
- 1.29 Advocates for and participates in creating an organizational environment that supports safe client care, collaborative practice and professional growth.
- 1.30 Guides, initiates and provides leadership in the development and implementation of standards, practice guidelines, quality assurance, and education and research initiatives.
- 1.31 Guides, initiates and provides leadership in policy-related activities to influence practice, health services and public policy.

2. HEALTH ASSESSMENT AND DIAGNOSIS

The nurse practitioner integrates a broad knowledge base with critical appraisal to obtain the required information for determining diagnoses and client needs. Throughout the process, the nurse practitioner works collaboratively with clients to identify and mitigate health risks, promote understanding of health issues and support healthy behaviours.

The nurse practitioner:

- 2.1 Performs a focused health assessment and/or an advanced comprehensive health assessment, using and adapting assessment tools and techniques based on client needs and relevance to client stage of life.
- 2.2 Performs a complete or focused health history appropriate to the client's situation, including physical, psychosocial, emotional, ethnic, cultural and spiritual dimensions of health.
- 2.3 Performs a complete or focused physical examination, and identifies and interprets normal and abnormal findings as appropriate to client presentation.
- 2.4 Synthesizes health assessment information using critical inquiry and clinical reasoning to diagnose health risks and states of health/illness.
- 2.5 Formulates differential diagnoses through the integration of client information and evidence-informed practice.

- 2.6 Anticipates and diagnoses emergent, urgent and life-threatening situations.
- 2.7 Orders and/or performs screening and diagnostic investigations, interprets results using evidence-informed clinical reasoning and critical inquiry, and assumes responsibility for follow-up.
- 2.8 Diagnoses diseases, disorders, injuries and conditions, and identifies health needs, while considering the client's response to the health/illness experience.
- 2.9 Communicates with clients about health assessment findings and/or diagnosis, including outcomes and prognosis.

3. THERAPEUTIC MANAGEMENT

Nurse practitioners collaborate with clients to set priorities for the provision and overall coordination of care along the health/illness continuum. The nurse practitioner selects appropriate interventions from a range of non-pharmacological and pharmacological interventions to assist clients in restoring or maintaining functional, physiological and mental stability to achieve optimal health.

The nurse practitioner:

- 3.1 Creates an environment in which effective communication of diagnostic and therapeutic intervention can take place.
- 3.2 Explores therapeutic options, considering implications for clients through the integration of client information and evidence-informed practice.
- 3.3 Determines care options and initiates therapeutic interventions in collaboration with clients, while considering client perspectives, feasibility and best outcomes.
- 3.4 Initiates interventions for the purpose of stabilizing clients in emergent, urgent and life-threatening situations.
- 3.5 Supports, educates, coaches and counsels clients regarding diagnoses, prognoses and self-management, including their personal responses to diseases, disorders, conditions, injuries, risk factors, lifestyle changes and therapeutic interventions.
- 3.6 Promotes client self-efficacy in navigating the health care system and in identifying and accessing the necessary resources.
- 3.7 Coordinates and facilitates client care with other health care providers, agencies and community resources.
- 3.8 Performs invasive/non-invasive procedures for the clinical management and/or prevention of disease, injuries, disorders or conditions.
- 3.9 Prescribes pharmacotherapy based on the client's health history, disease, disorder, condition and stage of life, and individual circumstances.
- 3.10 Applies knowledge of pharmacotherapy and evidence-informed practice in prescribing, monitoring and supplying drugs.
- 3.11 Counsels clients on medication therapy, benefits, potential side effects, interactions, importance of compliance and recommended follow-up.

- 3.12 Demonstrates awareness of, and is mindful of, marketing strategies used to promote health products, medical devices, medications, alternative therapies and health programs.
- 3.13 Intervenes, as appropriate, when potential or actual problematic substance use and/or misuse of drugs, including complementary and alternative therapies, is identified.
- 3.14 Prescribes and/or supplies drugs in accordance with provincial, territorial and/or federal standards and legislative requirements.
- 3.15 Uses an evidence-informed approach in the selection or consideration of complementary and alternative therapies, and considers the benefits and risks to clients' health and safety.
- 3.16 Collaborates with clients in monitoring their response to therapeutic interventions and in adjusting interventions, as needed.
- 3.17 Monitors, evaluates and revises the plan of care and therapeutic intervention based on current evidence-informed practice and on client goals, preferences, health status and outcomes.

4. HEALTH PROMOTION AND PREVENTION OF ILLNESS AND INJURY

Nurse practitioners in all practice settings focus on improving and restoring health. The nurse practitioner leads or collaborates with other health care team members, other sectors and/or the community in initiatives that promote health and reduce the risk of complications, illness and injury for their individual clients, client groups and/or the population as a whole.

The nurse practitioner:

- 4.1 Assesses, identifies and critically analyzes information from a variety of sources to determine client and/or population trends and patterns that have health implications.
- 4.2 Initiates or participates in the development of strategies to address identified client and/or population health implications.
- 4.3 Initiates or participates in the design of services/interventions for health promotion, health protection, and the prevention of injury, illness, disease and complications.
- 4.4 Initiates or participates in the development and implementation of evaluation processes, including identification of indicators for ongoing monitoring of strategies, services and interventions.

5. CLINICAL EXPECTATIONS

In addition to the core competencies and standards identified in Section 4, YRNA has developed clinical expectations which will serve as a guide to further clarify the NP role and practice requirements in the Yukon. These functions fall within the broader scope of practice of an NP in the Yukon.

It is the responsibility of NPs performing any of these functions to determine if:

- the NP is competent to perform this function; and
- the function is within the NP job description defined by an employer.

5.1 Professional Role, Responsibility and Accountability

1. COLLABORATION, CONSULTATION AND REFERRAL

Consultation and collaboration with other health care providers is an essential component of safe, appropriate and integrated health care. As a member of the health care team the NP may need to initiate consultation and/or referrals to other members of the team.

The NP is authorized and accountable to formally request a referral of, or a consultation regarding, a client to other health care providers i.e. physicians, physiotherapists, occupational therapists, dieticians, home care services, counsellor, allied non-health care professional, etc. at any point in the care, when the client's health condition or needs are such that:

- the client's condition requires care beyond the NP's scope of practice and/or competence;
- the diagnosis and plan of treatment is beyond the knowledge, skill and judgment of the NP to determine;
- a consultation is required to establish a diagnosis, plan of care or treatment for the client;
- the sign(s), symptoms(s) or report(s) of diagnostic or laboratory tests suggest that a client's condition is destabilizing or deteriorating and is beyond the ability or scope of the NP to manage; or
- the anticipated outcomes of therapy are not realized and further treatment is beyond the ability or scope of the NP to manage.

The NP collaborates with the client, family, and other interdisciplinary team members in the provision of care. The NP consults with health care providers and other team members to optimize care and ensure the safety of the client.

The NP:

- defines and communicates to the client and members of the interdisciplinary team, his/her area of practice and competence;
- promotes and facilitates collaborative partnerships with the client and the interdisciplinary team;
- establishes collaborative relationships with other health care providers;
- involves the client in the consultation process starting with the identification of the need for consultation and the desired outcomes;
- recognizes the need for and initiates timely, relevant and appropriate referrals to health care providers or community agencies; and

- documents the request for and outcome of consultations and referrals in the client's permanent health record.

The responsibility to consult with or refer to lies with the NP and is made collaboratively with the client in a timely manner to ensure the client's needs are met.

Consultation with other health care providers may result in one of the following levels of involvement:

- the other health care provider provides an opinion and recommendation to the NP who continues to have the primary responsibility for the health care of the client;
- the other health care provider assumes concurrent responsibility for some aspects of the care;
- the other health care provider and NP together clarify who is assuming responsibility for the various aspects of the client care, including the coordination of the overall care; or
- the care of the client is transferred to the other health care provider who then assumes the primary responsibility for the care.

The transferring or sharing of care occurs only after discussion and agreement among the client, the referring NP and the other health care provider has occurred.

The NP, when consulting or referring to another health care provider, shall:

- clearly present the reason for and the level of urgency of the consultation or referral;
- describe the level of the other health care provider's involvement requested at the time a referral is made: an opinion, a recommendation for management, concurrent intervention or immediate transfer of care to the other health care provider consulted;
- determine the availability of the other health care provider to provide the consultation in a timely and appropriate manner;
- ensure that the other health care provider has appropriate access to the client's relevant health information;
- following the consultation, confirm with the other health care provider, the level of that provider's involvement; and
- document the request for and outcome of the consultation or referral.

The NP and the other health care provider consulted shall establish telecommunication or appropriate media methods for communicating about their mutual client's health condition and treatment decisions in situations in which a client's care is shared.

5.2 Health Assessment and Diagnosis

The NP performs a comprehensive health assessment and synthesis of data from multiple sources to formulate one or more differential diagnosis/diagnoses of a health condition. The NP is expected to diagnose and manage medical disorders and conditions within the limits of the NP's legislated scope of practice. When the client's condition requires care beyond the NP's scope of practice and/or competence, the appropriate consultation will be initiated.

1. DIAGNOSTIC TESTS

The NP performs a comprehensive health assessment and synthesizes data from multiple sources to formulate a differential diagnosis of a health condition through the ordering, performing, receiving and interpreting of diagnostic tests. NPs are authorized to order diagnostic tests as determined by the scope and type of NP practice.

The entry level NP has the competencies to diagnose and manage common acute and chronic physical and mental diseases, disorders and conditions.

The NP is able to order, perform, receive and/or interpret reports of screening and diagnostic tests such as laboratory, radiology and ultrasound.

The NP will:

- obtain informed consent prior to requesting a diagnostic test;
- explain the reason(s) for the diagnostic test;
- explain any risk(s) and/or benefit(s) of the diagnostic test;
- answer any questions the client has; and
- document the request of any diagnostic tests.

The NP will:

- document the order and results of diagnostic tests on the permanent client record as part of the treatment plan;
- collect the appropriate specimens for testing when appropriate, or there is no other appropriate health care provider to do so;
- obtain or handle specimens in accordance with the infection control guidelines;
- comply with the transportation of infectious substances guidelines in preparing specimens for transport;
- interpret the laboratory tests in the context of the individual client's presentation, make decisions about treatment, and/or consult in accordance with the expectations for consultation with physicians or other health care providers;
- request a copy of a laboratory report for clients with whom the NP has been involved in providing care;
- on request, be provided with information obtained by other health care providers; and
- avoid duplication of tests (for example by taking a thorough client history, reviewing the health record and communicating with other health care providers involved in the client's care).

5.3 Therapeutic Management

1. PRESCRIBING

The NP engages in evidence-informed prescribing, utilizing best practice and other relevant guidelines and resources when prescribing for clients, including when recommending complementary and/or alternative health therapies.

- The NP is accountable for his/her prescribing decisions.
- The NP participates in the Canadian Adverse Drug Reaction Reporting Program.
- The NP accesses the Pharmaceutical Information Program.
- The NP documents the prescription on the client record.
- The NP prescribes according to the CDSA Act and Regulations.
- The NP completes the prescription accurately.

Requirements for writing prescriptions include:

- date of issue;
- name and address (if available) of client;
- full name and dose of the drug or substance, with the quantity prescribed and the quantity to be dispensed;
- directions for use, referring to the frequency or interval or maximum daily dose, route of administration and the duration of therapy;
- directions for number of allowable refills and interval between refills (each drug or substance on the prescription that may be refilled must be clearly identified, indicating the number of allowable refills);
- prescriber's name, address, telephone number, fax number and signature including the NP identifier; and
- designation "M" and/or "R", as the case may be, if the NP is prescribing a drug so designated in the Schedule of the Registered Nurses Profession Regulation.
- When prescribing electronically or by fax, the NP is expected to follow all of the above requirements.

Other elements not legally required, but may be considered when prescribing include:

- The NP considers the need for child resistant container, the use of the drug, the client's age, date of birth and weight and special instructions i.e. take on empty stomach.
- The NP provides educational information to the client regarding prescription and non-prescription drugs, including:
 - the importance of compliance with prescribed frequency and duration of the drug therapy,
 - potential side effects,
 - signs and symptoms of potential adverse effects (e.g. allergic reaction) and the actions to take if side effects occur,
 - potential interactions between the drug and certain foods, other drugs or substances,
 - specific precautions to take or instructions to follow, and
 - the recommended follow-up.
- The NP monitors and documents the client's response to drug therapy. Based on the client's response, the NP may decide to continue, adjust or withdraw the drug, or if necessary consult another NP, pharmacist, or physician.
- The NP, when co-managing a client with a physician, determines with the physician, a process for access to the client's health record for the purpose of treatment decisions and communication.
- The NP stores blank prescriptions in a secure area which is not accessible to the public, and does not provide to any person a blank, signed prescription.

- The NP does not prescribe or supply medication to oneself or to family, friends or peers except when no other option is available.
- The NP, when receiving information from a pharmaceutical representative, independently verifies the information received.

2. SUPPLYING/ADMINISTERING MEDICATION

The NP may supply medication in the situation when a pharmacist is not available or accessible, and it is in the best interest of the client to do so.

When supplying medications, the NP will record on an individual prescription profile and/or client record each time a drug is supplied. The profile will include:

- client name, address, phone number, date of birth, gender and, when available, allergies and idiosyncratic responses and personal health number;
- date dispensed;
- name, strength, dosage of drug, and quantity dispensed;
- duration of therapy;
- directions to client; and
- signature and identifier of the NP dispensing the drug.

The NP, when supplying small quantities of medication to the client, will meet the following expectations. The prescription label (or envelope) indicates the following information:

- client's name;
- drug name, strength where appropriate, and dosage;
- direction for use;
- quantity supplied;
- date supplied;
- expiry date, when applicable;
- prescribing number of prescriber;
- initials of NP supplying the drug, and the location from which the drug is supplied, including name, address and telephone number; and
- appropriate special circumstances/auxiliary labels (e.g., shake well) are affixed.

The NP will initiate client education regarding the drug, including but not necessarily limited to:

- identify the purpose of the drug(s) being supplied;
- identify the dosage regime and instructions required to achieve the intended therapeutic response, expected benefits and side effects, and storage requirements;
- provide written medication information; and
- assess the level of the client's understanding.

3. COMPOUNDING MEDICATION

Compounding medication is not a routine procedure in nursing practice. Any compounding practices should be based on evidence-based practice. NPs will only compound medication that involves mixing two or more non-sterile creams or ointments for topical use.

When compounding medication, NPs are accountable for:

- supplying or administering the medication;
- ensuring that the substances used to create the medication have been procured from a legitimate source and appropriately stored;
- ensuring that the substances used to create the medication will not expire before the client is expected to complete its use;
- ensuring an appropriate environment for compounding the medication;
- packaging and storing the medication appropriately, if applicable;
- labelling the package in accordance with the requirements listed for writing prescriptions outlined earlier in this document;
- identifying the substances used to create the compounded medication, including their names, strength and manufacturer;
- identifying the percentage of each substance used to create the compounded medication;
- identifying the quantity of compounded medication in the package;
- providing any special instructions (for example, storage requirements);
- identifying the expiry date;
- providing the name and NP identifier; and
- identifying the name, address and telephone number of the organization where the medication was compounded.

When NPs document that a medication has been compounded, they include the rationale for compounding the medication.

4. MINOR SURGICAL, INVASIVE AND OTHER PROCEDURES

The NP who possesses and maintains the competency is able to perform minor surgical, invasive and other procedures (e.g. casting) as an integral part of the management of clients. To provide treatments and advanced interventions, a NP must have acquired the skill through formal theoretical and clinical education and supervision.

5.4 Health Promotion and Prevention of Illness and Injury

NP practice is not focused solely on diagnosing and managing disease, disorders and conditions at the client level. The NP also applies leadership competencies at the community or population level, and is expected to empower a community and its members, build community capacity, and develop community relationships and partnerships.

The NP emphasizes health promotion and disease and injury prevention. These comprise activities in all three levels of primary, secondary, and tertiary prevention for individuals, families, and communities or for specific age or cultural groups, in accordance with population health principles.

The NP participates by:

- preventing disease through immunizations, promoting protection from occupational and environmental hazards, accidents and carcinogens, or educating high risk groups;
- facilitating early diagnosis and treatment through screening for diseases and disorders, according to the Canadian Preventative Care recommendations;
- providing anticipatory guidance on safety, family, behaviour and health promotion issues;
- conducting growth and developmental surveillance;
- promoting client responsibility for maintaining and/or improving health by increasing knowledge of, control over and influence on social and health determinants;
- advocating for health promotion at the policy level and promoting healthy public policy by participating in legislative and policy-making activities that influence health services and practices, including health determinants;
- participating in the development and evaluation of health promotion/prevention and harm reduction programs;
- applying principles of teaching and learning when providing health education to individuals, families and groups; and
- liaising with a community in identifying and addressing key health priorities, including the development of community indicators.

6. GLOSSARY OF TERMS

The following definitions are from the *Canadian Nurse Practitioner Core Competency Framework* and Yukon legislation.

Accountability

The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties.

Act

The *Yukon Registered Nurses Profession Act*.

Advanced nursing practice

An umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation; in-depth nursing knowledge; and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole.

Adverse event

An event that results in unintended harm to the patient and is related to the care and/or service provided to the patient rather than the patient's underlying condition.

Advocate

Actively supporting a right and good cause; supporting others in speaking for themselves; or speaking on behalf of those who cannot speak for themselves.

Attributes

Characteristic qualities that include, but are not limited to, attitudes, values and beliefs.

Board

The board of directors of the Yukon Registered Nurses Association.

Bylaws

Bylaws of the Yukon Registered Nurses Association.

Client

The beneficiary of care; may be an individual, family, group, population or entire community.

Collaboration

Client care involving joint communication and decision-making processes among the client, nurse practitioner and other members of a health care team who work together to use their individual and shared knowledge and skills to provide optimum client-centred care. The health care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team.

Collaborate

Building consensus and working together on common goals, processes and outcomes.

Competence

The integrated knowledge, skills, judgment and attributes required of a registered nurse to practise safely and ethically in a designated role and setting.

Competencies

The specific knowledge, skills and personal attributes required for a nurse practitioner to practise safely and ethically in a designated role and setting.

Complementary and alternative therapies

Those modalities or interventions that complement mainstream medicine, that are used to address clients' health needs across the continuum of health care, and that are not met by conventional approaches. Complementary therapies tend to be those that are used alongside traditional health care, while alternative therapies tend to be those used in place of traditional health care.

Consultation

Seeking the advice of others who have the required expertise.

Critical appraisal

The process of systematically examining research evidence to assess its validity, reliability, results and relevance before using it to make an informed decision. It is an essential part of evidence-informed practice.

Cultural safety

Addresses power relationships between the service provider and the people who use the service. A manner that affirms, responds to and fosters the cultural expression of clients. This usually requires nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practise in a way that affirms the culture of clients and nurses. Unsafe cultural practice is any action that demeans, diminishes or disempowers the cultural identity and well-being of people.

Determinants of health

Definable entities that are associated with or induce health outcomes. These entities include health behaviours, lifestyles, coping abilities, biology, gender and genetics, income and social status, culture, education, employment and working conditions, access to appropriate health services, and the physical environment.

Disease and injury prevention

Measures taken both to prevent the occurrence of disease and injury, such as risk-factor reduction, and to arrest the progress and reduce the consequences of disease or injury once established.

Diversity

The variation between people with respect to such factors as ethnicity, national origin, race, gender, ability, age, physical characteristics, religion, values, beliefs, sexual orientation, socio-economic class or life experiences.

Evidence-informed practice

An approach to decision-making in which the clinician conscientiously integrates critically appraised evidence, clinical practice experience, and knowledge of contextual factors in consultation with the patient, in order to decide upon the option that best suits the patient's needs. Evidence may include, but is not limited to, published research, grey literature research, clinical practice guidelines, consensus statements, clinical experts, quality assurance and patient safety data.

Health

A state of complete physical, mental [spiritual] and social well-being, and not merely the absence of disease.⁷

Health care provider

A person who exercises skill or judgment in, or provides a service related to, the preservation or improvement of the health of individuals, or the treatment or care of individuals who are injured, sick, disabled, or infirm.

Health promotion

The process of enabling people to increase control over and improve their health. It embraces actions directed not only at strengthening the skills and capabilities of individuals, but also at changing social, environmental, political and economic conditions to alleviate their impact on public and individual health.

Health protection

Activities in food hygiene, water purification, environmental sanitation, drug safety and other areas that, as far as possible, eliminate the risk of adverse consequences to health that are attributable to environmental hazards.

Interprofessional care

The provision of comprehensive health service to patients by multiple health caregivers who work collaboratively to deliver quality care within and across settings.

Near miss

An event with the potential for harm that did not result in harm because it did not reach the client due to timely intervention or good fortune (sometimes called a close call).

Nursing

The application of professional nursing knowledge, skills, and judgment for the purpose of:

- (a) Promoting, maintaining, and restoring health,
- (b) Preventing illness, injury, or disability,
- (c) Caring for persons who are sick, injured, disabled, or dying,
- (d) Assisting in pre-natal care, childbirth, and post-natal care,
- (e) Health teaching and health counselling,
- (f) Coordinating health care, or
- (g) Engaging in administration, teaching, or research to implement a matter referred to in paragraphs (a) to (f).

Nursing education program

A program approved by the board as a prerequisite to an examination established or approved by the board to qualify as a registered nurse or a nurse practitioner.

Pharmacotherapy

Treatment and prevention of diseases, disorders and/or symptoms by means of drug therapy. This includes consideration of the characteristic interactions of a drug with the body in terms of absorption, distribution, metabolism and excretion, and the interactions that may occur between drugs.

Population health

Entails understanding the health of populations and the factors that influence health and health risk.

Problematic substance use

The use of a substance that negatively affects a person's work or personal life (e.g., relationships, financial situation, problems with the law). In some individuals, it can develop into chemical dependency and/or addiction.

Referral

The practice of requesting a consultation or service from another health care provider on behalf of a client.

Registered Nurse

A person whose name appears on the register and who holds an annual licence as a member in a class prescribed for registered nurses.

Registrar

The registrar of the Yukon Registered Nurses Association appointed under section 4.0 of the *Registered Nurses Profession Act*.

Safe client care

Reduction or mitigation of unsafe acts within the health care system, as well as through the use of best practices, shown to lead to optimal patient outcomes.

Scope of practice

The activities that nurses are educated and authorized to perform, as established through legislated definitions of nursing practice, complemented by standards, guidelines and policy positions issued by professional nursing bodies.

Standard

An authoritative statement that describes the required behaviour of every nurse and is used to evaluate individual performance.

Therapeutic management

The pharmaceuticals, non-pharmaceuticals, therapies and interventions that nurse practitioners prescribe to provide health promotion and protection; disease prevention; and treatment of diseases, injuries, illnesses and conditions.

Scope of Practice Details

The Yukon Registered Nurses Profession Regulation sets out the detailed parameters related to the scope of practice. These details are based on a review of Canadian best practices and standards through a Yukon lens. They were developed by a multidisciplinary Nurse Practitioner Advisory Committee using an exclusionary approach. An exclusionary approach means that a registered and licensed NP is authorized to practice very broadly unless the legislation states otherwise.

The items that follow are reproduced directly from the Registered Nurses Profession Regulation.

SCHEDULE PART 1 - GENERAL EXCEPTIONS, CONDITIONS AND RESTRICTIONS

Practice subject to education, competence and imposed conditions

1. (1) The scope of practice of a nurse practitioner under subsection 13.1(2) of the Act is subject to the condition that the practice must
 - (a) be within the nurse practitioner's educational preparation and individual competence;
 - (b) utilize appropriate consultation and referral mechanisms to meet patient needs, and
 - (c) comply with any conditions imposed by the registrar under section 5 of the regulation on the nurse practitioner's entitlement to practice.

Practice in hospital or facility subject to rules of the hospital or facility

2. A nurse practitioner may admit or discharge patients or other individuals to or from a hospital, institution, facility or program if
 - (a) the operator of the hospital, institution, facility or program has granted admission and discharge privileges or authority to the nurse practitioner, and
 - (b) the admission or discharge is made in accordance with the rules, policies and procedures of the operator of the hospital, institution, facility or program

SCHEDULE PART 2 - EXCEPTIONS, CONDITIONS AND RESTRICTIONS SUPPLYING DRUGS

Conditions on supplying drugs

3. A nurse practitioner's entitlement under paragraph 13.1(2)(d) of the Act to supply drugs is subject to the following conditions
 - (a) the nurse practitioner reasonably believes that the patient
 - (i) otherwise lacks reasonable access to the drug;
 - (ii) is unable to pay for the drug or does not qualify for appropriate support programs; or
 - (iii) will not otherwise receive the drug; and
 - (b) if the drug is a compound prepared by the nurse practitioner, the compound is simple and uncomplicated.

Exceptions, conditions and restrictions on prescribing drugs

4. (1) In subsection (2)

- (a) the letter “E”, for excepted, indicates that a nurse practitioner may not prescribe the drug;
- (b) the letter “M”, for maintenance therapy, indicates that a nurse practitioner may not prescribe the drug as an initial prescription, but may renew the prescription, prescribe an adjustment to the dose initially prescribed, discontinue the drug, and perform other maintenance therapy;
- (c) the letter “R”, for restricted, indicates that a nurse practitioner may prescribe the drug subject to the specified restriction.

(2) A nurse practitioner’s entitlement in paragraph 13.1(2)(d) of the Act to prescribe drugs and treatments is subject to the following exceptions, restrictions and conditions

(a) Anti-infective agents:

- E** Anti-tuberculosis therapy;
- M** Chronic hepatitis drugs;
- M** Human immunodeficiency virus drugs;

(b) Anti-neoplastic agents:

- E** Anti-neoplastic agents other than those specified in this paragraph;
- M** Methotrexate for adults for inflammatory disease;
- M R** Tamoxifen and Aromatase inhibitors to a patient over the age of 18 years as part of the treatment protocol of a cancer treatment agency;

(c) Autonomic agents:

- E** Depolarizing and non-depolarizing skeletal muscle relaxants;
- E** Ergot alkaloids;
- M** Anti-parkinsonism agents;

(d) Blood formers and coagulators:

- R** Thromboembolytic enzymes to clear plugged venous lines and pleural tubes;
- R** Intravenous iron preparations for home hemodialysis patients;
- M** Hemostatic agents;
- M** Hematopoietic growth factor;

(e) Cardiovascular drugs:

- R** Anti-arrhythmic therapy to a patient over the age of 18 years, if the nurse practitioner uses the same clinical guideline or protocol that is used in the practice setting to manage the care of the patient;

(f) Central nervous agents:

- E** General anesthetics;

(g) Eye, ear, nose and throat preparations:

- E** Ophthalmologic steroids;
- E** Carbonic anhydrase inhibitors;
- M** Antiglaucoma agents;

(h) Gold Compounds:

E All gold compounds;

(i) Hormones and synthetic substitutes:

E Infertility drugs;

E Human growth hormone;

(j) Serums, toxoids and vaccines:

R Botox for cosmetic indications;

(k) Skin and mucous membrane agents:

M R Topical fluorouracil for patients over the age of 18 years;

M R Psoralens for patients over the age of 18 years;

(l) Other drugs:

E Immunosuppressants;

E Immunomodulators.

References

- Canadian Health Services Research Foundation (2010). *Myth: Seeing a Nurse Practitioner Instead of a Doctor is Second-Class Care. Mythbusters: Using Evidence to Debunk Common Misconceptions in Canadian Healthcare*. June. ISSN 1923-1253s.
http://www.chsrf.ca/Migrated/PDF/Mythbusters/mythbusters_APN_en_FINAL.pdf
- Canadian Nurse Practitioner Initiative. (2006). *Nurse Practitioners: The Time is Now. A Solution to Improving Access and Reducing Wait Times in Canada*. Technical Report. Volume 1. Ottawa, Ontario. www.cnpi.ca
- Canadian Nurses Association (2008). *Advanced Nursing Practice: A National Framework*. February: Ottawa.
- Canadian Nurses Association (2010). *Canadian Nurse Practitioner Core Competency Framework*. May: Ottawa.
- College of Nurses of Ontario (Revised 2011). *Practice Standard: Nurse Practitioner*. ISBN 1-897308-76-0. Toronto, Ontario. www.cno.org
- Saskatchewan Registered Nurses Association (Draft 2011). *RN (NP) Clinical Expectations*. Regina, Saskatchewan. www.srna.org