



College of
**REGISTERED NURSES
OF NOVA SCOTIA**
Setting the Standard for Care.

Standards of Practice for Registered Nurses

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Introduction

In Nova Scotia, the professional practice of nursing¹ is defined in the *Registered Nurses Act (RN Act, 2006)* and *Regulations (2009)*, and reflected in the *Standards of Practice for Registered Nurses* and the *Code of Ethics for Registered Nurses*.

Through the RN Act, the nursing profession is granted the authority to set standards for the practice and education of its members; balanced with an obligation to protect and serve the public interest.

Registered nurses are prepared to consistently practise safely, compassionately, competently and ethically in diverse practice settings, with a variety of clients at different levels throughout the continuum of health and illness.

The College of Registered Nurses of Nova Scotia (CRNNS), working with registered nurses and the public, regulates the nursing profession to protect the public and promote excellence in nursing practice. This mission is achieved, in part, through the development of standards, or minimal professional practice expectations, for all registered nurses in all settings and roles.

Professional standards for the practice of registered nurses were first developed in Nova Scotia in 1983. However, with the input of registered nurses in practice settings throughout the province, the Standards have been reviewed and revised on an ongoing basis since then to ensure that they reflect trends in both nursing and health care in Nova Scotia as well as across Canada. For instance, the 2012 Standards reflect the increasing complexity of client care, new models of care delivery, new roles and expectations for nurses, and an increased emphasis on teamwork and collaboration, evidence-based practice, primary health care and labor mobility. Revisions to the RN Act (2006) and the *Code of Ethics for Registered Nurses (CNA, 2008)* are also reflected in this most recent version of the Standards.

The *Standards of Practice for Registered Nurses* apply to both novice (entry-level) and experienced registered nurses, including nurse practitioners. Entry-level registered nurses are prepared to practise in accordance with the Standards and Code, while strengthening their efficiency and ability to prioritize, organize and make decisions based on their foundational level of knowledge and practice (clinical) experiences. In conjunction with these Standards, CRNNS has established competencies that entry-level registered nurses in Nova Scotia are expected to demonstrate upon graduation from an approved nursing education program.

In addition to meeting the *Standards of Practice for Registered Nurses*, nurse practitioners are also required to adhere to a set of standards that pertain directly to their practice (i.e., *Nurse Practitioner Standards of Practice, 2012*).

According to the RN Act (2006), the

- (a) “practice of nursing” means the application of specialized and evidence based knowledge of nursing theory, health and human sciences, inclusive of principles of primary health care, in the provision of professional services to a broad array of clients ranging from stable or predictable to unstable or unpredictable, and includes
- i. assessing the client to establish their state of health and wellness;
 - ii. identifying the nursing diagnosis based on the client assessment and analysis of all relevant data/information;
 - iii. developing and implementing the nursing component of the client’s plan of care;
 - iv. coordinating client care in collaboration with other health care disciplines;
 - v. monitoring and adjusting the plan of care based on client responses;
 - vi. evaluating the client’s outcomes;
 - vii. such other roles, functions and accountabilities within the scope of practice of the profession which support client safety and quality care, in order to
 - A. promote, maintain or restore health;
 - B. prevent illness and disease;

¹ For the purpose of this document, the practice of nursing refers to all registered nurses, including nurse practitioners.

- C. manage acute illness;
- D. manage chronic disease;
- E. provide palliative care;
- F. provide rehabilitative care;
- G. provide guidance and counseling; and
- H. make referrals to other health care providers and community resources,

and also includes research, education, consultation, management, administration, regulation, policy or system development relevant to the above.

Nursing Standards: An Overview

‘Standards for nursing practice’ means the minimal professional practice expectations for any registered nurse in any setting or role, approved by Council or otherwise inherent in the nursing profession (Registered Nurses Act, 2006).

The primary reason for having standards is to promote, guide, direct and regulate professional nursing practice. Standards set out the legal and professional basis for nursing practice: describing the desirable and achievable level of performance expected of registered nurses in their practice, against which actual performance can be measured. Standards also serve as a guide to the professional knowledge, skill, and judgment needed to practise nursing safely.

The *Standards of Practice for Registered Nurses* established by CRNNS are the benchmark for assessing the professional practice of all registered nurses in Nova Scotia, regardless of specialty or practice setting. Nurse practitioners are required to meet these Standards, as well as those set specifically for their expanded practice.

Standards range from the unwritten but inherent requirements of a profession, to these broad profession-wide standards established by the College, and onto detailed standards for client care. As standards progress from profession-wide expectations to specific levels of nursing care, the focus changes accordingly (i.e., from minimum standards the public can expect from all registered nurses, to standards developed for specialty nursing groups, onto unit or specific client care standards related to nursing functions and/or interventions needed to achieve desired client outcomes).

Figure 1 (right) illustrates the complementary relationship between the nursing standards established by CRNNS and those set at other levels within the healthcare system. As depicted in Figure 1, the Standards of Practice for Registered Nurses form the foundation for all other standards pertaining to the practice of registered nurses in the delivery of quality care. Practice standards developed by and for specialized areas of nursing practice, which must reflect the Standards of Practice for Registered Nurses, may be adopted by district health authorities (DHAs) throughout the province, individual agencies, and/or specific nursing units.



Figure 1: Pyramid of RN Practice Standards

Self-Regulation

The regulation of a profession has a primary purpose of protecting the public from harm. There are two levels of self-regulation: 1) registered nurses being accountable for their own practice, which includes being accountable and adhering to the *Standards of Practice for Registered Nurses* and *Code of Ethics* and applying them in their work, regardless of their context of practice, role or setting; and, 2) the College, as the regulatory organization, being accountable for ensuring that the nursing profession, as a whole, carries out its commitment to the public (i.e., ensuring that its members act in the public interest and fulfill the role that has been entrusted to them by society). CRNNS is accountable for establishing and monitoring the standards of practice for registered nurses and has the statutory responsibility to take action when a registered nurse's ability to provide safe and appropriate care is questioned.

CRNNS regulates the practice of registered nurses and nurse practitioners to serve and protect the public interest, preserve the integrity of the nursing profession and maintain public confidence in the ability of the nursing profession to regulate itself. Self-regulation reflects a continuing commitment to enable the nursing profession to practise effectively in an ever-changing healthcare industry and to sustain public confidence and trust. All CRNNS programs and services reflect and are grounded in self-regulation.

Self-regulation includes, but is not limited to:

1. promoting good nursing practice
2. preventing poor nursing practice
3. intervening when practice is unacceptable.

CRNNS promotes good nursing practice by:

- setting standards for nursing education
- setting registration and licensure requirements
- promoting evidence-based nursing and health care
- establishing and promoting professional practice standards, competencies and an ethical code
- promoting professional quality workplace environments.

CRNNS prevents poor practice by:

- providing registered nurses with tools and resources to maintain and enhance their competencies
- providing registered nurses with guidelines for resolving professional practice problems through guidance for resolving practice issues
- providing consultation to assist registered nurses in identifying issues that contribute to poor practice and potential resolutions.

CRNNS intervenes in unacceptable practice through:

- the professional conduct review process.

Context of Practice

Registered nurses practise within a complex and continually evolving healthcare system and are an integral part of the sustainability of that system. The context of practice is defined as conditions or factors that affect the practice of nursing, including client population, (e.g., age, diagnostic grouping); location of practice setting (e.g., urban, rural); type of practice setting and service delivery model (e.g., acute care, community); level of care required (e.g., complexity, frequency); staffing (e.g., number, competencies); and availability of other resources. In some instances, context of practice could also include factors outside the healthcare sector (e.g., community resources, justice).

Principles Related to the Standards

The Standards statements are broad in nature, capturing the diverse practice settings and areas in which nurses practise.

The Standards:

- apply at all times to all registered nurses in RN practice roles, including nurse practitioners.
- provide guidance to assist registered nurses in decision-making and self-assessment as part of continuing competence.
- are the foundation for the development of standards specific to various contexts of practice.
- may be used in conjunction with other resources to guide nursing practice (e.g., agency mission statements, models of care delivery).
- may be used to develop position descriptions, and performance appraisal and quality improvement tools.
- support registered nurses by outlining practice expectations of the profession.
- inform the public and others about what they can expect from practising registered nurses.
- are used as a legal reference for reasonable and prudent practice (e.g., professional conduct processes).

Principles Related to Indicators for the Standards

Indicators have been developed to illustrate how each of the five standards is to be met.

The indicators:

- provide specific criteria against which actual performance is measured.
- are not intended to be all-inclusive or an exhaustive list of criteria for each standard (i.e., additional methods of assessing the performance of a registered nurse could include job descriptions, performance appraisals, quality assurance processes, peer review processes, and comparisons to the “reasonable and prudent” practice of other nurses).
- may be further refined or developed to address specific roles and contexts of practice as well as corresponding required competencies.
- may be expanded to describe the practice expectations of registered nurses of varying levels of competence; ranging from entry-level to advanced-level practitioners.
- apply to all registered nurses, with additional indicators established for managers/administrators, educators and researchers.

Standards of Practice for Registered Nurses

How to use the Standards

The *Standards of Practice for Registered Nurses* are interrelated and equally important. They form the foundation for professional standards upon which all other standards (e.g., specialty, agency) are based.

- Each of the five standards identified in these professional Standards is separated into four categories, with indicators for each category.
- The first category in each Standard is comprised of indicators intended for all registered nurses regardless of the practice settings in which they apply their nursing knowledge and expertise.
- The next three categories in each Standard identify additional indicators for managers/ administrators, educators and researchers.
- The indicators are not intended to be a complete list, and should be interpreted in the context of the specific practice setting of an individual nurse.

Standard 1: Responsibility and Accountability – Registered nurses are responsible and accountable to practise safely, compassionately, competently and ethically in accordance with their legislated and individual scopes of practice.

Standard 2: Knowledge-Based Practice and Competence – Registered nurses continuously attain, maintain and demonstrate competence (knowledge, skill and judgment) relevant to their individual scope of practice.

Standard 3: Client Relationships and Advocacy – Registered nurses establish professional, therapeutic relationships, using a client-centred approach, and advocate for clients in their relationships with the health system.

Standard 4: Professional Relationships and Leadership – Registered nurses establish professional relationships with healthcare team members and demonstrate leadership to deliver quality nursing and healthcare services.

Standard 5: Individual Self-Regulation – In addition to the role of the regulator, to self- regulate the nursing profession, individual registered nurses are accountable to regulate themselves.

Standard 1: Responsibility and Accountability

Registered nurses are responsible and accountable to practise safely, compassionately, competently and ethically in accordance with their legislated and individual scopes of practice.

INDICATORS

Each registered nurse:

- 1.1 is responsible and accountable for her/his own actions and decisions.
- 1.2 is accountable to evaluate her/his own practice.
- 1.3 questions policies and practices in conflict with the Standards of Practice for Registered Nurses.
- 1.4 exercises reasonable judgment and makes timely decisions.
- 1.5 seeks assistance appropriately.
- 1.6 demonstrates behaviours that uphold the public trust in the profession.
- 1.7 recognizes and reports near misses and/or adverse events, and takes all necessary action to prevent or minimize harm arising from an adverse event.
- 1.8 takes appropriate action in situations where client safety and well-being is potentially or actually compromised.
- 1.9 contributes to safe, supportive and professional practice environments.

In addition, the nurse manager/administrator:

- 1.10 promotes practice environments that support professional accountability.
- 1.11 intervenes when registered nurses are not practising in accordance with the
- 1.12 promotes quality practice environments that support best practices and the ability of registered nurses to practise safely, effectively and ethically.
- 1.13 makes appropriate decisions about the distribution of resources under her/his control.

In addition, the nurse educator²:

- 1.14 promotes a learning environment that supports professional accountability.
- 1.15 intervenes when learners are not practising in accordance with the Standards of Practice for Registered Nurses.
- 1.16 provides appropriate supervision of learners that supports their ability to provide safe, compassionate, competent and ethical nursing practice.

In addition, the nurse researcher:

- 1.17 promotes research environments that support professional accountability.

² Nurse educator refers to nurse educators in academic and practice settings.

Standard 2: Knowledge-Based Practice and Competence

Registered nurses continuously attain, maintain and demonstrate competence (knowledge, skill and judgment) relevant to their individual scope of practice.

INDICATORS

Each registered nurse:

- 2.1 has appropriate competencies to practise safely and provide client-centered care.
- 2.2 applies a theoretical and/or evidence-informed rationale for decisions.
- 2.3 uses critical inquiry to assess, plan, intervene, monitor and evaluate client care and related services.
- 2.4 establishes, maintains and evaluates the nursing component of a plan of care.
- 2.5 monitors the effectiveness of a plan of care and revises the plan appropriately in collaboration with the healthcare team.
- 2.6 completes written and/or electronic documentation in a manner that is clear, timely, accurate, comprehensive, legible and chronological, and reflective of relevant observations.
- 2.7 uses appropriate and effective communication skills.
- 2.8 demonstrates cultural competence and promotes culturally safe environments for members of the healthcare team and the public.
- 2.9 demonstrates continuing professional development, including completion of the College's Continuing Competence Program and keeping a record of her/his continuing competence activities.
- 2.10 promotes practice environments that encourage learning and evidence-informed practice.
- 2.11 utilizes and integrates current research findings in her/his practice.

In addition, the nurse manager/administrator:

- 2.12 encourages and supports the integration of research, evidence-informed theory and best practices to enhance client-centered care.
- 2.13 promotes practice environments that contribute to the ongoing demonstration and evaluation of competencies.
- 2.14 encourages, supports and promotes practice environments that facilitate engagement in continuous professional development for competent practice.

In addition, the nurse educator:

- 2.15 promotes learning environments that contribute to the ongoing demonstration and evaluation of competencies.
- 2.16 encourages and supports learners to engage in continuous learning and professional development for competent practice.
- 2.17 integrates research findings into educational activities.

In addition, the nurse researcher:

- 2.18 promotes research environments that support and facilitate research utilization.
- 2.19 communicates best practice and research findings to others.
- 2.20 supports and evaluates practice through research activities and the application of evidence-informed knowledge.

Standard 3: Client Relationships and Advocacy

Registered nurses establish professional, therapeutic relationships, using a client-centred approach, and advocate for clients in their relationships with the health system.

INDICATORS

Each registered nurse:

- 3.1 establishes, maintains and appropriately ends professional, therapeutic relationships with clients.
- 3.2 maintains appropriate boundaries between professional, therapeutic relationships and non-professional, personal relationships.
- 3.3 recognizes potential and actual boundary crossings and/or violations, and takes appropriate action.
- 3.4 demonstrates a professional presence with clients.
- 3.5 respects clients' diversity (e.g., needs, values, wishes, cultural beliefs, sexual orientation, age, gender) and ensures that this diversity is considered by the healthcare team.
- 3.6 provides relevant information to clients regarding their health.
- 3.7 respects and promotes clients' rights to informed decision-making and informed consent.
- 3.8 protects the privacy and dignity of clients.
- 3.9 maintains the confidentiality of client and health information gained in the context of a professional relationship, and discloses this information (outside of the healthcare team) only with a client's consent or when there is a specific ethical or legal obligation to do so.
- 3.10 coordinates resources to promote quality care (e.g., human, physical, educational).
- 3.11 participates in and supports the development and implementation of policies to ensure that clients' rights are respected.
- 3.12 respects clients' experiences and perspectives, and works to optimize clients' central role in the care process.
- 3.13 advocates for practice environments that have organizational and human support systems, as well as resource allocation necessary for safe, quality and ethical care.

In addition, the nurse manager/administrator:

- 3.14 advocates for systems of care and services that assist nurses to advocate for clients.
- 3.15 promotes practice environments that support client advocacy and enable nurses to fulfill their advocacy role.
- 3.16 assists staff to recognize potential and actual boundary crossings and/or violations.

In addition, the nurse educator:

- 3.17 implements educational activities to assist learners to develop, maintain and enhance therapeutic relationships.
- 3.18 maintains appropriate professional relationships with learners, recognizing potential authority imbalances between learner and educator.
- 3.19 assists learners to recognize potential and actual boundary crossings and/or violations.
- 3.20 promotes learning environments that support client advocacy.

In addition, the nurse researcher:

- 3.21 communicates evidence-informed and best practice knowledge related to therapeutic client relationships.
- 3.22 promotes research environments that support the enhancement of client relationships.

Standard 4: Professional Relationships and Leadership

Registered nurses establish professional relationships with healthcare team members and demonstrate leadership to deliver quality nursing and healthcare services.

INDICATORS

Each registered nurse:

- 4.1 demonstrates leadership in developing strategies to improve client care outcomes.
- 4.2 coordinates client care and/or health services throughout the continuum of care.
- 4.3 shares relevant information and knowledge with the healthcare team in a timely manner.
- 4.4 practises independently and collaboratively as a member of the healthcare team.
- 4.5 develops and sustains collaborative relationships with members of the healthcare team.
- 4.6 demonstrates professional judgment and accountability when assigning or delegating interventions to other members of the healthcare team.
- 4.7 demonstrates professional judgment and accountability when assuming interventions from other members of the healthcare team.
- 4.8 supports and participates in developing, implementing and evaluating quality initiatives that improve nursing and/or healthcare.
- 4.9 acts as a role model, resource, preceptor, coach and/or mentor to clients, learners, nursing peers and colleagues.
- 4.10 articulates the contributions of registered nurses within the healthcare system.
- 4.11 seeks continuing education opportunities to facilitate growth in leadership skills.
- 4.12 facilitates healthy work environments based on trust and respect among members of the healthcare team, consistent with the mission, vision and values of her/his agency.

In addition, the nurse manager/administrator:

- 4.13 promotes healthy violence-free workplace environments in which everyone is treated respectfully.
- 4.14 participates in the development, implementation and evaluation of policies and programs designed to prevent workplace violence.
- 4.15 seeks to ensure that available resources and competencies of members of the healthcare team are used efficiently and effectively.
- 4.16 promotes practice environments that support staff to develop leadership qualities.
- 4.17 creates practice environments that support consultation among members of the healthcare team.

In addition, the nurse educator:

- 4.18 facilitates learning environments that encourage learners to further develop expertise and leadership skills.
- 4.19 role models the development of expertise, leadership, professional qualities and effective interpersonal skills.
- 4.20 promotes healthy violence-free workplace environments in which everyone is treated respectfully.

In addition, the nurse researcher:

- 4.21 advances nursing leadership through communicating research and best practice findings.
- 4.22 communicates evidence-informed and best practice knowledge related to therapeutic client relationships.

Standard 5: Individual Self-Regulation

In addition to the role of the regulator to self-regulate the nursing profession, individual registered nurses are accountable to regulate themselves.

INDICATORS

Each registered nurse:

- 5.1 practises in accordance with:
 - 5.1.1 the Registered Nurses Act, Regulations and By-Laws
 - 5.1.2 the CRNNS Standards of Practice for Registered Nurses
 - 5.1.3 the CNA Code of Ethics for Registered Nurses
 - 5.1.4 other relevant acts and legislation
 - 5.1.5 entry-level competencies for registered nurses in Nova Scotia
 - 5.1.6 relevant CRNNS position statements, guidelines, and other documents
 - 5.1.7 competence within individual scope of practice.
- 5.2 maintains a current licence to practise.
- 5.3 recognizes and addresses violations of practice, legal and ethical obligations by self or others in a timely and appropriate manner.
- 5.4 reports to employers and/or appropriate regulatory body concerns related to incompetence, professional misconduct, conduct unbecoming the profession, and/or incapacity of registered nurses and/or other healthcare providers.
- 5.5 attempts to resolve professional practice issues.
- 5.6 maintains individual fitness to practise.
- 5.7 complies with employer and/or agency/facility policies that are not in conflict with the RN Act, Regulations, Code of Ethics and Standards of Practice for Registered Nurses.

In addition, the nurse manager/administrator:

- 5.8 facilitates staff to work within and comply with their professional, ethical and legal obligations.
- 5.9 supports and facilitates staff to maintain individual fitness to practise.
- 5.10 supports staff who reasonably report violations of practice, legal and ethical obligations by self or others to employers or appropriate regulatory body.

In addition, the nurse educator:

- 5.11 provides education for learners regarding their professional, ethical and legal obligations.
- 5.12 facilitates education for learners to develop skills in addressing unethical, unprofessional or unsafe practices or behaviours of peers and colleagues.

In addition, the nurse researcher:

- 5.13 communicates research and best practice knowledge related to self-regulation to other nurses and members of the healthcare team.

Operational Definitions

Accountability: the obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated.

Adverse event: an activity/intervention that results in unintended harm to a client, and is related to the care and/or service provided rather than to the client's underlying condition (CPSI, 2008).

Advocacy: actively supporting, protecting and safeguarding clients' rights and interests: an integral component of nursing and also contributes to the foundation of trust inherent in nurse-client relationships.

Agency: facility or organization through which health services are provided or offered (e.g., district health authorities, hospitals, community health centres, physicians' offices, home care programs).

Assignment: allocation of clients or client care activities consistent with an individual provider's scope of practice and/or scope of employment.

Autonomous: the ability to make decisions and the freedom to act independently, in accordance with a registered nurse's professional knowledge, competence and authority.

Boundary: defining line which separates the professional, therapeutic behaviour of a registered nurse from any behaviour which, well-intentioned or not, could harm or could detract from achievable health outcomes for clients or clients receiving appropriate nursing care.

Boundary crossing: a deviation from what a registered nurse knows to be expected professional behaviour; intended to benefit and have no detrimental impact on a client. For a deviation to be considered a crossing, the registered nurse must return to the established limits of the professional, therapeutic relationship within a short period of time.

Boundary violation: a deviation from expected professional behaviour, resulting in a nurse meeting her/ his own needs at the expense of a client. Boundary violations are non-therapeutic, non-professional and never acceptable. While boundary crossings may be insignificant in a single instance, there is the potential for them to become boundary violations if the frequency or severity of crossings increases (NCSBN, 1995).

Client(s): the individual, group, community or population who is the recipient of nursing services and, where the context requires, includes a substitute decision-maker for the recipient of nursing services (RN Act, 2006).

Client safety: pursuit of the reduction and mitigation of unsafe acts within the healthcare system, as well as the use of best practices shown to lead to optimal patient outcomes (CPSI, 2007).

Collaborate: building consensus and working together on common goals, processes, and outcomes (CNA, Code of Ethics, 2008).

Communication: the transmission of verbal and/or nonverbal messages between a sender and a receiver for the purpose of exchanging or disseminating meaningful, accurate, clear, concise, complete, and timely information (includes transmission by technological mechanisms).

Compassionate: the ability to convey in speech and body language the hope and intent to relieve the suffering of another. Compassion, which must coexist with competence, is a "relational process that involves noticing another person's pain, experiencing an emotional reaction to his or her pain, and acting in some way to help ease or alleviate the pain" (CNA, Code of Ethics, 2008).

Competence: the ability to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and practice setting and includes both entry-level and continuing competencies (RN Act, 2006).

Confidentiality: the ethical obligation to keep someone's personal and private information secret or private (CNA, Code of Ethics, 2008).

Conflict resolution: the various ways in which individuals or institutions address conflict (e.g., interpersonal, work) in order to move toward positive change and growth. Effective conflict resolution requires critical reflection, diplomacy, and respect for diverse perspectives, interests, skills and abilities.

Context of practice: conditions or factors that affect the practice of nursing, including client population, (e.g., age, diagnostic grouping), location of practice setting (e.g., urban, rural), type of practice setting and service delivery model (e.g., acute care, community), level of care required (e.g., complexity, frequency), staffing (e.g., number, competencies); and availability of other resources. In some instances, context of practice could also include factors outside of the healthcare sector (e.g., community resources, justice).

Continuing competence: the ongoing ability of a registered nurse or a nurse practitioner to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and setting (RN Act, 2006).

Continuum of care: activities relating to health promotion, illness/injury prevention, curative care, rehabilitative care and supportive care, including palliative care (CRNBC, 2011).

Coordination of care: a legislated function of registered nurses (RN Act, 2006), driven by comprehensive nursing assessments and aimed at achieving optimal health outcomes through team-based activities. The functions of care coordination include establishing relationships with clients and other healthcare professionals; developing written plans of care that reflect mutual goals; arranging and coordinating referrals; providing supportive resource information; building on client strengths; and coordinating client- centred team meetings (Antonelli, R.C. et al 2009).

Critical inquiry: a process of purposeful thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice. This term expands on the meaning of critical thinking to encompass critical reflection on actions (Brunt, 2005).

Cultural competence: provision of care within the cultural context of a client; congruent behaviours, attitudes and policies that come together to enable effective care in cross-cultural situations.

Cultural safety: recognizing and fostering the cultural expression of clients. Unsafe cultural practice is any action that demeans, diminishes or disempowers a client's cultural identity or well-being.

Delegation: transferring the responsibility to perform a function or intervention to a care provider who would not otherwise have the authority to perform it (i.e., function/intervention is within the delegating provider's scope of practice, but not within that of the care provider to whom it is being delegated). Delegation does not involve transferring accountability for the outcome of the function or intervention.

Determinants of health: the range of social, economic, geographic and systemic factors that influence a person's health status and outcomes (e.g., access to appropriate health services, education, income or social supports).

Diversity: the variation between people in terms of a range of factors such as ethnicity, national origin, race, gender, ability, age, physical characteristics, religion, values, beliefs, sexual orientation, socio- economic class or life experiences (CNA, Code of Ethics, 2008).

Documentation: written or electronically generated information about a client that describes the care (observations, assessment, planning, intervention and evaluation) or service provided to that client.

Evidence-informed practice: practice based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (CRNBC, 2005a, 2005b; CHSRF, 2005).

Evolving health system: one that advances the delivery of quality health care by anticipating and proactively addressing changes in client population needs, economic environments, research findings, and technological advancements.

Family: those people identified by a person receiving care or in need of care as providing familial support, whether or not there is a biologic relationship: in matters of legal decision-making it must be noted that provincial legislation is not uniform across Canada and may include an obligation to recognize family members in priority according to their biologic relationship (CNA, Code of Ethics, 2008).

Fitness to practise: the capacity of a registered nurse to practise safely, competently, ethically and compassionately (i.e., not suffering from a medical, physical, mental or emotional condition, disorder or addiction that either renders a registered nurse unable to practise with reasonable skill or judgment or may endanger the health or safety of clients).

Healthcare team: providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with individuals, families, groups, populations or communities. (CNA, Code of Ethics, 2008).

Incapacity: status whereby a registered nurse suffers from a medical, physical, mental or emotional condition, disorder or addiction that either renders her/him unable to practise with reasonable skill or judgment or may endanger the health or safety of clients (RN Act, 2006).

Incompetence: display of lack of knowledge, skill or judgment in a registered nurse's care or delivery of nursing services that, having regard to all the circumstances, renders the registered nurse unsafe to practise at the time of such care or delivery of nursing service or to continue to practise without remedial assistance (RN Act, 2006).

Indicators: specific criteria which illustrate how standards of practice are to be applied and met, and against which the actual performance of an individual registered nurse is measured.

Individual scope of practice: the roles, functions, and accountabilities which members of a profession are legislated, educated and authorized to perform. The individual scope of practice for a registered nurse is based on the scope of practice of the nursing profession, and further defined by the registered nurse's specific education, experience, and context of practice (e.g., hospital, community).

Informed consent: a phrase used in law to indicate that the consent given by a person has been based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given. In some instances, a substitute decision maker may be involved in giving informed consent.

Intervention: a task, procedure, treatment or action with clearly defined limits, which can be assigned or delegated within the context of client care.

Leadership: process of influencing people to accomplish common goals; not limited to formal leadership roles.

Licence or licence to practise nursing: means an active-practising licence, an active-practising licence with conditions or restrictions, a transitional licence, a transitional licence with conditions or restrictions, a nurse practitioner's licence, a nurse practitioner's licence with conditions or restrictions, a temporary licence, a temporary licence with conditions or restrictions, a temporary licence (nurse practitioner) or a temporary licence (nurse practitioner) with conditions or restrictions issued in accordance with the RN Act and the regulations (RN Act, 2006).

Managers/administrators: registered nurses in a management or management-like role (e.g., clinical or team leader).

Mentoring: experienced registered nurses (mentors) guiding, counseling and/or teaching novice and other experienced nurse learners (mentees) in their adjustment to new environments, roles and/or responsibilities.

Near miss: an event, situation or error that could have resulted in unwanted consequences, but did not occur because, either by chance or through timely intervention, the event did not reach a client (ISMP, 2009).

Optimal scope of practice: individual practitioners performing at the highest level of their competencies (knowledge, skills and judgment) enabling them to make their greatest contribution to client outcomes.

Plan of care: an individualized, comprehensive and current guide to clinical care designed to identify and meet clients' healthcare needs; developed by registered nurses in collaboration with other members of the healthcare team, including clients. These plans serve as vehicles to communicate, monitor and track progress.

Professional misconduct: includes such conduct or acts relevant to the profession that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonorable or unprofessional (RN Act, 2006).

Professional practice issue: any issue or situation that poses a risk for either clients or registered nurses and/or compromises a registered nurse's ability to provide care/services consistent with the *Standards of Practice for Registered Nurses*, Code of Ethics, and other standards, guidelines, or policies.

Professional presence: demonstration of respect, confidence, integrity, optimism, passion, and empathy, in accordance with professional standards, guidelines and codes of ethics; includes a registered nurse's verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of full name and title.

Quality improvement: an ongoing process of establishing indicators of quality, monitoring performance against indicators, and utilizing findings to make improvements (CRNBC, 2009).

Reasonable: a comparison of the practice of one registered nurse with that of another with similar education and experience.

Reflective thought/practice: a deliberate attempt to enhance personal growth and continuing professional competence by analyzing and evaluating aspects of one's nursing practice, as well as personal values, beliefs and experiences.

Responsibility: an activity, behaviour or intervention expected or required to be performed within a professional role and/or position: may be shared, delegated or assigned.

Scope of employment: range of responsibilities defined by an employer through job descriptions and policies: must be within practitioner's legislated scope of practice.

Scope of practice: the roles, functions and accountabilities which members of a profession are legislated, educated and authorized to perform. In Nova Scotia, the scope of practice of registered nurses is defined within the *Registered Nurses Act*.

Self-regulation: the relative autonomy by which a profession is practised within the context of public accountability to serve and protect the public interest.

Standards: authoritative statements that promote, guide, direct and regulate professional nursing practice: describe the desirable and achievable level of performance expected of all registered nurses, including nurse practitioners, against which actual performance can be measured.

Standards for nursing practice: the minimal professional practice expectations for any registered nurse in any setting or role, approved by Council or otherwise inherent in the nursing profession (RN Act, 2006).

Therapeutic relationship: a purposeful, goal-directed relationship between a registered nurse and a client that is based on trust and respect and, ultimately, protects the client's best interests: central to all nursing practice.

Timely: ensuring that a response or action occurs within a timeframe required to achieve safe, effective and positive client outcomes.

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