

2013

**SHARED COMPETENCIES AND
ASSIGNMENT OF CARE:
REGISTERED NURSES
COLLABORATING WITH LICENSED
PRACTICAL NURSES**



Association of
Registered Nurses
of Newfoundland
and Labrador



This Interpretive Document was approved by ARNNL Council in 2013 and replaces *Guidelines Regarding Shared Scope of Practice with Licensed Practical Nurses (2000)*.

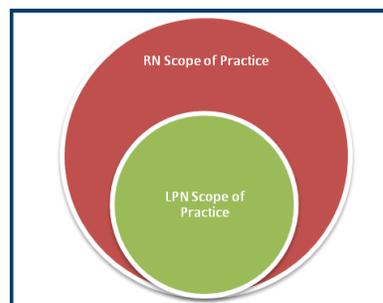
This *Interpretive Document* further describes the decision-making processes and responsibilities under the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) *Standards of Practice for Registered Nurses* (2013) *Standard 2 - Knowledge-Based Practice: Indicator 2.6 – “assigns and delegates in accordance with client needs, the roles and competence of other providers and the requirements of the practice setting.”* This document explains shared **competencies**¹ in relation to **scope of practice**, and **assignment** by registered nurses (RNs) of nursing care of **clients** to licensed practical nurses (LPNs).

Information regarding **delegation** of function to LPNs for those competencies outside a LPN's scope of practice can be found in the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) document *Competency Profile for Licensed Practical Nurses in Newfoundland and Labrador* (2011). Additionally, information related to assignment of care to **unregulated care providers** (e.g. PCAs) can be found in the ARNNL documents *Guidelines: Professional Responsibilities When Working With Institutionally Based Unregulated Care Providers* (2009), and *Performance of Nursing Tasks by Support Workers in Community Settings* (2003).

THE BREADTH AND DEPTH OF EDUCATIONAL PROGRAMS AND THE APPLICATION OF KNOWLEDGE FOR RNs ARE MORE INDEPTH AND COMPREHENSIVE THAN LPN EDUCATIONAL PROGRAMS AND PRACTICE AND THIS IS REFLECTED IN A BROADER SCOPE OF RN PRACTICE

Scope of Practice

Scope of practice refers to the range of roles, functions, responsibilities and activities which one is educated and authorized to perform (ARNNL, 2006). A scope of practice statement identifies what constitutes the boundaries of a discipline. The scope of practice for RNs and LPNs has similarities, yet is different as is evident in educational preparation and governing legislation (Registered Nurses Act, 2008, and Licensed Practical Nurses Act, 2005). The registered nursing scope of practice is broad, and encompasses all that is within the scope of practice for licensed practical nursing.



- * This diagram is intended to reflect LPN scope of practice fitting within the broader RN scope of practice. The size of the circles is not meant to be proportionate to the number of competencies that are held by RNs or LPNs or which are shared.

¹Words or phrases in **bold** print are found in the glossary. They are shown in bold on first appearance.



Setting the Scope of Practice

ARNNL is the regulatory body for RNs and Nurse Practitioners (NPs) in this province and is responsible for registration and licensure of its members, development of standards for registered nurse and nurse practitioner education, and practice, establishment of codes of ethics and entry-level competencies, and approval of schools of nursing. The authority for the governance of all matters pertaining to the overall regulation of professional registered nursing in this province is granted to ARNNL through the RN Act (2008). The ARNNL also has the authority to set the scope of practice for RNs and NPs in Newfoundland and Labrador.

The CLPNNL is the regulatory body for LPNs in this province. Through authority granted in the LPN Act (2005), and in accordance with parameters identified in the Act, the CLPNNL sets standards for practice, and education, and the scope of practice for LPNs. The ARNNL does not have the authority to determine the scope of practice for Licensed Practical Nurses.

The Legislated Scope of Practice

The RN Act (2008) does not limit or differentiate the type of client a RN is authorized to care for nor does it limit the environment where that care can take place. Within their scope of practice, RNs may autonomously provide care regardless of the complexity of client care or predictability of client outcomes. There are, however, stipulations noted in the LPN legislation. See Appendix A for information on the LPN Act (2005).

Competencies

Competencies encompass more than the performance of a skill or a task. Competencies are the integrated knowledge, skill, attitude, and judgment required to practice nursing safely and ethically (ARNNL, 2013a). Competencies reflect the level of critical thinking and knowledge involved in nursing interventions and reflect what is required to function in a specific role or practice setting. No one RN or LPN possess all competencies within the scope of practice of a profession.

ARNNL (2006) defines the following types of competencies:

Entry-Level Competencies:

- Acquired through basic nursing education program
- Required of all RNs in beginning practice

Specialty Competencies:

- Involve a higher level of complexity than entry-level competencies
- Further learning and/or experience is required

Shared Competencies:

- Determined to be within the scope of practice of more than one health care provider
- May be performed by either health care provider(s) competent in the skill who is authorized to do so

Delegated Competencies:

- Outside the scope of practice of the RN
- Involves the formal transference of authority to perform a specific function

The ARNNL does not maintain a list of competencies for RN practice due to the individual and changing nature of RN scope of practice. RNs are expected to be aware of the competencies they possess and that are approved to be within the scope of practice for RNs within their own agency and within their area of practice. Employer clarification should be sought when necessary.



The CLPNNL identifies two categories of competencies: entry-level, and advanced, and maintains a list of competencies that LPNs are, or may become, educated and authorized by the CLPNNL to perform. For the listing of LPN competencies consult the CLPNNL *Competency Profile for Licensed Practical Nurses of Newfoundland and Labrador* (2011).

Shared Competencies

RN practice encompasses all competencies that are within LPN practice; therefore, there are some competencies both RNs and LPNs possess. These are referred to as shared competencies. For example; collecting and recording assessment data, basic cardiopulmonary resuscitation in an emergency, catheter care, assisting a breastfeeding mother, and administering medications are some of the competencies shared between RNs and LPNs.

Assignment

The goal of decision making in assigning care is to achieve optimal client care. The determination of which health care provider should perform a competency is the act of assignment. Assignment occurs when the competency to be performed is within the scope of practice of the person taking the assignment. If the care to be assigned does not fall within the scope of practice for LPNs then the care cannot be assigned to a LPN. See the CLPNNL *Competency Profile for Licensed Practical Nurses in Newfoundland and Labrador* (2011) for information to address competencies that are not within the scope of practice of a LPN. Once the RN has determined the care to be assigned is a shared competency with LPNs the RN must further reflect upon the right health care provider for the client, in the right place, at the right time, for the right reason. RNs are prepared through their education and clinical practice experience to use their in-depth knowledge, critical thinking, and decision-making skills to determine the most appropriate health care provider during initial assignment and, where necessary, upon re-evaluation of that assignment.

Also see Appendix A for information from the CLPNNL related to LPN assignment and determining the appropriate care provider.

The RN must consider:

- The client
- The individual health care provider
- The environment

The Client:

In considering the needs of the client and the competency required of the health care provider (RN or LPN) the RN must consider the **complexity** of care and **variability** of the client's condition or situation: Does the client have an established plan of care? Is the outcome of care **predictable**? Is the client responding to prescribed treatments? If yes, the LPN may be assigned to independently provide client care. If no, the LPN may be assigned to work collaboratively with the RN, or the RN may assume care of the client.

Example: A resident in a long term care facility may have always been independently assigned to the care of a LPN, but today the client is experiencing complex care needs beyond the scope of practice of the LPN. In this situation, the LPN is not the appropriate independent health care provider.



The Individual Health Care Provider:

It is important to consider the individual skill level of the RN or LPN. The RN or LPN must possess the education, experience, and expertise to competently carry out the requirements of care. It is important to understand and verify the skill level of the individual RN or LPN to determine if the competency is within their individual scope of practice and one in which they are competent.

Example: A client with an established plan of care, and predictable outcome will also require IV insertion today, a competency that is within RN and LPN scope of practice. The RN asks the LPN if this is within her/ his individual scope of practice. The LPN advises that s/he has not completed the learning module related to IV insertion. The RN seeks another LPN who is **proficient** in this competency to assign care of the client.

The Environment:

It is important to understand the context in which care is provided (e.g., **context of practice**). A reflection of the environment includes not only the physical surroundings, but also assessment of the resources and supports available to the health care provider; the availability of a RN to provide mentoring and consultation, and **supervision** where required; policies, procedures, and protocols to guide in decision making.

Example: A patient in an acute care hospital with an established plan of care, and predictable course of recovery, whose health needs are not complex, and where RN collaboration is readily available, may be an appropriate client to independently assign to a LPN.

When the care needs of the client change, or are no longer within the scope of practice of the LPN, the RN must collaborate with the LPN to continue to direct, supervise, reassign, or assume client care. Conversely, the LPN is accountable to communicate with the RN if and when changes occur and where reevaluation of the assignment may be required. The RN and LPN in the practice setting are always connected through communication, collaboration and consultation. The intensity and frequency of that communication is determined by the level of independence the LPN has in providing care.

Summary

Decisions related to assignment of care are always carried out in the best interest of the client. RNs assigning care are responsible to consider the client's needs, health care provider roles and competence, and the requirements of the practice setting as identified in the *Standards of Practice for Registered Nurses* (ARNNL 2013).

RNs and LPNs work collaboratively and cooperatively with clients, families, and each other, and other health care providers in order to provide safe, competent, compassionate, and ethical care that maximizes the benefits to the client. RNs and LPNs act in a manner consistent with professional responsibilities, standards of practice, and ethical and legal guidelines. RNs and LPNs practice within their own level of competence, and seek additional information and/or guidance of a competent practitioner when aspects of the care required are beyond their current skill level or competence (ARNNL and CLPNNL, 2008).

Glossary

Assignment: The process of determining and appointing the most appropriate health care professional to perform a competency that is within the scope of practice of those involved (Association of Registered Nurses of Newfoundland and Labrador, 2006).

Client: Individuals, families, groups, populations or entire communities who require nursing expertise. The term “client” reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant (Association of Registered Nurses of Newfoundland and Labrador, 2013a).

Competencies: The integrated knowledge, skill, attitudes, and judgment required to practice nursing safely and ethically (Association of Registered Nurses of Newfoundland and Labrador, 2013b).

Complexity: The degree to which a client’s condition and/or situation is characterized or influenced by a range of variables. For example, multiple medical diagnoses, impaired decision-making ability, challenging family dynamics (College of Registered Nurses of British Columbia, 2005; Canadian Nurses Association, 2012).

Context of practice: The environment in which provision of care takes place, including resources available to support the care provider, such as policies, guidelines, mentors and colleagues with expertise.

Delegation: The formal transference of authority to perform a specific function in selected situations (Canadian Nurses Protective Society, 2000). Delegation of function is necessary if a nurse is required to perform a competency that is not recognized as being within the scope of nursing practice (Association of Registered Nurses of Newfoundland and Labrador, 2006).

Predictable outcomes: Client health outcomes that can be reasonably expected to follow an anticipated path. Predictable clients are those whose health status can be anticipated and whose needs are within known levels and ranges of negative outcomes. Client health outcomes can be expected to follow an anticipated path with respect to timing and nature (College of Licensed Practical Nurses of Newfoundland and Labrador, 2011).

Proficient: In the acquisition and development of a skill a nurse has the ability to: perceive situations as whole parts; learn from experience what to expect in certain situations and how to modify plans (Benner, 1984).

Scope of practice: The range of roles, functions, responsibilities, and activities which registered nurses are educated and authorized to perform (Association of Registered Nurses of Newfoundland and Labrador, 2006)

Stability: The degree to which a client’s health status can be anticipated and the plan of care readily established and the degree to which it is managed with interventions that have predictable outcomes (College of Registered Nurses of British Columbia, 2011).



Supervision: The active process of directing, assigning, delegating, guiding, monitoring an individual's performance of an activity to influence its outcome. It entails initial direction, periodic inspection and corrective action when needed. **Direct supervision:** The identified supervisor is physically present or immediately available while the activity is being performed. **Indirect supervision:** Providing direction through various means of written and verbal communications (Canadian Nurses Protective Society, 2012).

Unpredictable outcomes: Client outcomes that cannot reasonably be expected to follow an anticipated path. Unpredictable clients are those whose health status cannot be anticipated and whose care needs are not within known levels and ranges of negative outcomes. Client health outcomes cannot reasonably be expected to follow an anticipated path with respect to timing and nature (College of Licensed Practical Nurses of Newfoundland and Labrador, 2011).

Unregulated care provider: Unlicensed assistive personnel such as personal care attendants (PCAs) who have basic care knowledge and perform basic care. PCA is further defined as a member of the interdisciplinary team who participates in the provision of basic care to clients under the direction of the nurse or health care provider in charge of the organization (Association of Registered Nurses of Newfoundland and Labrador, 2009).

Variability: The degree to which a client's condition or situation changes or is likely to change. Considerations include predictability, **stability** and patterns of change (College of Registered Nurses of British Columbia, 2005; Canadian Nurses Association, 2012).



References and Resources

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Appendix A

The following are excerpts from the Licensed Practical Nurses Act, 2005, and the College of Licensed Practical Nurses of Newfoundland and Labrador *Competency Profile for Licensed Practical Nurses of Newfoundland and Labrador (2011)*.

Definition of a Licensed Practical Nurse

The LPN Act (2005) Section 2(d) defines the practical nurse as follows:

"Practical nurse" means a person who undertakes or performs duties or services relating to the care of patients that is consistent with his or her training as approved by the council, or a person acting under the direction of a registered nurse, a qualified medical practitioner or a member of a health care profession approved by the minister, who

- (i) performs procedures or treatments prescribed or ordered by a registered nurse, medical practitioner or member of a health care profession approved by the minister,*
- (ii) undertakes or assists in the care of subacutely ill, chronically ill, custodial and convalescent patients, or*
- (iii) assists registered nurses in the care of acutely ill patients.*

(LPN Act, 2005)

Predictable versus Unpredictable Outcomes

*"LPNs provide care for clients with **predictable outcomes** and participate in the care of clients with **unpredictable outcomes**. When providing care for clients with unpredictable outcomes, LPNs practice within their own level of competence. They seek additional information and/or guidance from a competent practitioner, for example, a registered nurse, nurse practitioner or physician when aspects of the care required are beyond their current skill level or competence. In all collaborative situations, the degree of collaboration will depend on the **complexity** of client care". (CLPNNL Competency Profile, p. x).*

Determining the Appropriate Care Provider

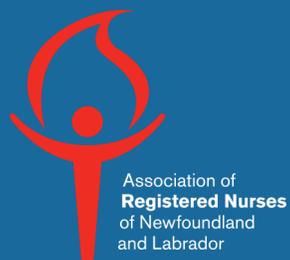
"In determining whether or not it is appropriate for a practitioner to carry out specific nursing competencies, the following variables must be considered in collaboration with the employing agency and appropriate caregiver:

The Client – (The complexity of the client's health status and care needs) The overall client care requirements are influenced by the complexity of care needs and the predictability of outcomes in response to care provided.

The Nurse – (The competency of the individual practitioner). Practitioners must possess the competencies and care provider characteristics including education, experience and expertise to meet cognitive and clinical skills requirements.

The Environment – (The context of practice) The consideration of environment includes availability of and access to resources, including support for nurses, policies, procedures, medical directives and protocols to guide decision making."

(CLPNNL Competency Profile, p.xi)



55 Military Road
St. John's
NL | Canada
A1C 2C5
Tel (709) 753-6040
1 (800) 563-3200 (NL only)
Fax (709) 753-4940
info@arnnl.ca
arnnl.ca