



College of Licensed Practical Nurses of Nova Scotia

EMPLOYER GUIDELINES

A Framework of Action: Supporting LPNs with Significant Practice Problems

and

Addressing Unacceptable Practice

CLPNNS EMPLOYER GUIDELINES

Our Vision

A dynamically regulated profession committed to excellence

Our Mission

In the interests of the public, CLPNNS regulates the practice of Licensed Practical Nurses in the province.

About the College

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS) is the regulatory body for the province's 3,500+ Licensed Practical Nurses. Members of the College play a significant and vital role in Nova Scotia's health care system. LPNs provide professional health care services in a variety of settings and contexts of practice including, but not limited to acute care, long term care, community, continuing care, clinical, mental health, obstetrics and paediatrics.

CLPNNS regulates the profession in the best interests of the public by setting entry level practice requirements and establishing, monitoring and enforcing standards of practice and standards of professional conduct. CLPNNS also ensures the enhancement of care provided by members through the Continuing Competency Program.

CLPNNS supports members in meeting their professional responsibilities through our quarterly newsletter, the College Reporter, hosting of the AGM, our website www.clpnns.ca and numerous practice consultations via phone, email and in person/on-site.

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Employer Guidelines: Supporting LPNs with Significant Practice Problems

The intended audience for this guide includes nurses, managers, administrators and clinical educators working with LPNs experiencing practice problems. The intent of this document is to help those supporting Licensed Practical Nurses (LPN's) practice to;

- Identify strategies to understand practice (or practice issue) context;
- Identify and describe practice problems;
- Clarify expectations.

LPNs* practicing in any area may experience practice problems. The College of Licensed Practical Nurses of Nova Scotia has many resources available to help managers, educators and members themselves manage practice issues. While practice issues of an LPN are being managed by the employer, CLPNNS serves as a consultant to the nurse and/or employer. As the regulator, it offers support and resources that can be utilized in a nurses learning plan, *but does not have a role in the development, implementation or evaluation of an employers' learning plan*. These activities are the shared accountability of the nurse and employer.

*Refers to Licensed Practical Nurses registered with the College of Licensed Practical Nurses of Nova Scotia

Acknowledgement

The College of Licensed Practical Nurses of Nova Scotia would like to acknowledge the College of Registered Nurses of British Columbia (**CRNBC**) for allowing us to base this document on its "Assisting Nurses with Significant Practice Problems" document (2010).

Significance of the Challenge

One of the greatest challenges facing managers is to skillfully handle or manage ongoing practice problems of nurses, LPN or RN. Concerns about an LPN's competency (knowledge, skill, judgment), ethics or ability to communicate, can create stress between colleagues. The unchecked tension can erode morale, productivity and relationships in the workplace. Most importantly, these problems can impact quality of care clients receive.

Most LPNs can take the steps necessary to improve their practice once they become aware of problems. Nurses often need gentle reassurance and minimal support to change their practice. Others, who have significant or ongoing problems, more assistance will be necessary. These nurses will require additional attention, direction and guidance from the manager, educator and clinical mentors in order for practice change to be successful.

The practice consultants at CLPNNS are available to assist in this process. The consultants are readily available to offer guidance and assistance directly to the manager, educator, and mentor or to the nurse with practice issues.

The Role of the Manager

The manager's role is critical in supporting an LPN with practice problems. Once a practice issue is identified the manager is accountable to;

- Ensure the nurse clearly understands the nature and type of practice issues are at hand;
- Ensure the nurse clearly understands the nature of the practice changes which are required;
- Ensure a learning plan is in place to help the nurse change their practice;
- Provide reasonable resources, time and effort to support the LPN during this time. (Reasonable is contextual to the individual nurse and the specific issue.)

In Nova Scotia, Registered Nurse managers have standards of nursing practice specific to the role of the administrator in maintaining a quality practice environment. Meeting the above accountabilities will satisfy the administrator role. Managers, who have whose professional background is not nursing, may need assistance from nurse managers, other senior nursing personnel or a CLPNNS practice consultant to identify these accountabilities.

It is important to remember that a learning plan or remedial education may not be effective for some nurses. For a variety of reasons, the LPN may be unable to make the necessary changes to his or her practice. In other situations, an LPN may choose to resign before making required practice changes. In either case, (the nurse in unable or unwilling to change) there is a legal duty to notify CLPNNS if the nursing practice problem puts members of the public at risk.

Assumptions about LPN Practice

- 1 The CLPNNS Standards of Practice represent the criteria against which members of the public, clients, employers, colleagues and LPNs themselves, measure the practice of all licensed practical nurses.
- 2 Employers have an obligation to provide essential support systems, including human and material resources, so that the practice setting is one in which LPNs are able to meet CLPNNS Standards of Practice, Code of Ethics and employment obligations.
- 3 Licensed practical nurses, as employees, are accountable to use the support systems and to provide client care that meets the standards of practice, code of ethics and employer expectations.
- 4 Managers are responsible for having management strategies in place that promote safe, efficient, effective, ethical and competent care delivery and employee satisfaction. Strategies should establish a suitable learning environment, make practice expectations clear and have a well identified process for managing practice issues.
- 5 Licensed practical nurses are responsible for their own practice and for making changes to their performance if needed.
- 6 The most effective practice feedback is ongoing and linked to professional standards and employment expectations.
- 7 Practice problems of one employee can have a negative effect on client care, other staff, teamwork and the workplace.

THE SUPPORT PROCESS

It is crucial to have a plan to address a practice problem once it has been identified. It is important to reflect on the issues being brought forth, because sometimes, the practice problem may be a symptom of another issue. For instance, new grads may feel ‘pressured’ into taking shortcuts in which they lack experience to be able to fully understand. A policy or long-standing unit culture may be driving a ‘work-around’ practice. Finally, what appears to be an issue driven by a communication deficit, may in fact be a knowledge deficit. Whatever the issue, taking some time up-front to try to understand the entire issue, will result in a more effective and efficient plan in the end.

STEP 1 Understand the Context	The context of a practice problem is often the sum total of a number issues and circumstances around the problem. Reflecting on the following points may provide clarity of the context. <ul style="list-style-type: none">• What practices are concerning?• Are workplace or personal issues contributing to the practice?• What actual or potential harm is/may result from the practice?
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	<ul style="list-style-type: none"> • Is client or staff safety an issue? • What is the nurses’ level of awareness of the problem?
<p>STEP 2 Describe the Practice Problem</p>	<p>Many practice problems result from combinations of unacceptable behaviours. The more specific and comprehensive the description of the practice problem, the more successful the remedial approaches will be. To begin this work:</p> <ul style="list-style-type: none"> • Identify trends and patterns in practice by reviewing observations, verbal reports, complaints and any other documentation related to the LPN’s practice. • Consider which components of the related competencies* may be associated with the practice problems: <ul style="list-style-type: none"> • Knowledge (anatomy and physiology, current treatments, medication administration, resources, policies). • Skill (psychomotor skills, teaching clients and families, communication skills, doing mathematical calculations). • Judgment (recognizes when to consult others, prioritize work, respect for colleagues and clients, awareness of own beliefs, sensitivity to feelings, personal values, teamwork, flexibility). • Review past practice management strategies or learning plans. Identify what progress has been made to improve her/his practice. <ul style="list-style-type: none"> • What assistance, educational activities or supports have been offered in the past? • Has the nurse accepted the assistance or completed these activities and made use of the supports offered? If not, why not? • Have these activities and supports made a difference in the LPN’s practice? If so, how is this demonstrated? • Has the environment changed? If so, how? • Use the CLPNNS Professional Practice Standards as an organizing framework to describe the specific practice problems in relation to the Standards (see Appendix A). <p><i>*Competencies — statements about the knowledge, skills, attitudes and judgment required to perform safely and ethically within an individual’s nursing practice or in a designated role or setting.</i></p>

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STEP 3

Identify Practice Expectations

It is critical to the success of any performance improvement program to clearly identify what is expected of the nurse. Practice expectations are the specific competencies (knowledge, skill, judgment) required to demonstrate safe, competent and ethical nursing practice in the nurse's practice context. Make use of any available resources to clarify and set expectations. Practice expectations are the target behaviours for the nurse and makes the change process tangible.

It is unlikely that the LPN has difficulties in all aspects of the role and they are more likely to be struggling with certain aspects of their practice. Use the any of the following documents to help identify practice expectations unique to the individual at hand.

- CLPNNS Standards of Practice
- CLPNNS Code of Ethics
- CLPNNS Entry Level Competencies and Core Competencies
- CRNNS Professional Practice Issues Resolution Framework
- Canadian Patient Safety Competencies
(www.patientsafetyinstitute.ca)
- NRC/Picker Canada (www.nrcpicker.com) or The Picker Institute Eight Principles of Patient/Family Centered Care
(www.thepickerinstitute.org)
- Job description.
- Unit or agency policies and procedures (e.g., documentation, confidentiality, infection control, harassment).
- Other employment expectations (e.g., clinical competencies, specialty nursing standards).

Appendix A contains some sample statements describing practice problems and practice expectations. Framing statements in Professional Standards is helpful to both the nurse and the manager. Most nursing activities have components of many of the Standards. The manager decides which Standard is most relevant given the specific practice situation.

STEP 4

Prepare for a Meeting

Once the issues have been identified and expectations have been set, it is time to prepare for a meeting with the nurse to begin building the learning plan. Things to think about when preparing for a meeting include;

- Identify and utilize experts in and outside the practice area develop strategies or actions for managing this situation (e.g., educators, human resource staff, and experienced managers and CLPNNS practice consultant).

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	<ul style="list-style-type: none"> • Collaborate with human resource department to determine, if any agency processes are to be enacted and who should attend the meeting. • Develop strategies for keeping the meeting focused on the plan.
<p>STEP 5 Set up a Meeting</p>	<p>The primary goal of the meeting is to convey concerns and set practice expectations for the nurse in a way that is clear, fair, respectful and supportive.</p> <ul style="list-style-type: none"> • Gather the documents you may need at the meeting (e.g., notes, job description, past performance appraisals). • Set a time and location. Communicate with the necessary parties. Confirm with the LPN the purpose of the meeting and who will be attending (e.g., name, title, purpose of their attendance). Ensure sufficient time is allotted before and after the meeting. • Encourage the nurse to and how to prepare for the meeting. • Plan debriefing time for everyone in attendance and identify what resources will be required for this. <p>Emotions can run high during discussions about practice issues. Keep the meeting on track by directing and re-directing the conversations back to the issues at hand, the actual or potential impact on clients or the development of a plan to correct the issues.</p> <p>The following strategies will help keep the meeting moving in a forward direction:</p> <ul style="list-style-type: none"> • Plan introductory remarks and the key points to be addressed; • Consider the employee’s likely reactions (e.g., upset, concern, denial, anger, lack of concern). Have a pre-developed plan to manage each response; • Have specific examples to describe concerns (See Appendix A) as well as positive feedback.
<p>STEP 6 Meeting with the nurse</p> <p>Sample Conversations: Opening Remarks</p>	<p>Introduce those in attendance. Make sure everyone understands the reason why specific people are in attendance. Reinforce the confidential nature of the meeting. Outline the purpose, goals and time lines for the meeting.</p> <p><i>Thank you for coming in and meeting with me. This will be a difficult meeting for all because it concerns issues about your nursing practice.</i></p>

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I want to go over the concerns about your practice. Please listen and then I want to hear your perspective ...

Now that we are all here, let's get started. As I indicated on the phone, there are three patient complaints that we are going to go over...

I see that you are upset and nervous and I realize that this is difficult. I do have some concerns about your practice that we need to talk about. There are many things you do well, and there are some things that must be improved. I'd like to talk about both and explore how we can address the problem areas and build on your strengths...

I sense that you are feeling very upset. You obviously feel very strongly about this. I want to understand your perspective...

**STEP 7
Define the Problem
for the Nurse**

State the problem as clearly as possible. Where possible make reference to standards of practice and or actual potential impact on client care.
Make sure the nurse understands that;

- Their current practice is no longer acceptable
- Change is required
- A plan will be developed to support the change process

**Sample Conversations:
Defining the Problem**

As you know, since you started work at this unit you've been struggling with organization and medication administration. Over time and with experience I would have expected that these would have improved. Now, after eight months on the unit, the problems are still present. This really concerns me . . .

As you know, there have been concerns in regards to the frequent arguments and disagreements that you have with other staff on the unit. I feel that the care you provide to patients is satisfactory, but my concern is that if the conflicts between you and other staff do not decrease, it will eventually have a negative effect on client care. . .

We have talked before about my concerns in regards to your charting. On three occasions, it lacked such detail and accuracy that the oncoming nurses were unable to fully understand the clinical picture or client's needs. This resulted in an inappropriate assignment. My concern is that, despite our conversation and the extra orientation, this practice is not changing. I'm concerned because these problems are now having a negative impact on client care . . .

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	<p><i>Despite direction and reminders, you do not consistently complete your care or give medications according to our policies. I am concerned about your health. You seem upset/unhappy/preoccupied/stressed and it is affecting your performance. ..</i></p> <p><i>I agree this can be a stressful place to work. My concern is that in the course of a normal working day, you are not able to complete your work or work collaboratively with others to do so . . .</i></p>
<p>STEP 8 Set the Expectations</p> <p>Sample Conversations: Practice Expectations (Also see Appendix A).</p>	<p>Be articulate and clear, as the expectations will lay the foundation for the learning plan.</p> <p><i>My expectation is that you will make the necessary changes in your practice so that it is consistent with the standards of practice as set by CLPNNS. Do you have some ideas about what would help you to improve your practice and how we can use these ideas to build a learning plan?</i></p> <p><i>It is expected, through your focus on positive communication, there will be no further disruptive arguments and conflicts between you and your co-workers . . .</i></p> <p><i>It is expected that you will safely administer medication to clients and follow unit policies and procedures. . .</i></p>
<p>STEP 9 The Learning Plan</p>	<p>In all but rare cases, it is important that the nurse be given an opportunity to improve practice once problems have been identified. The individual learning plan for an LPN is developed based on their unique and specific needs.</p> <p>The manager is generally responsible to develop or oversee the development of a written action plan that includes;</p> <ul style="list-style-type: none"> • Options; • Resources; • Specific actions; (See Appendix B). <p>The manger is also accountable to make sure the nurse is aware of how, when and where to access the resources outlined in the plan.</p> <p>Where possible, the employee should be given a copy of her/his learning plan.</p>

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<p>The Plan (See Appendix B for Sample Plans)</p>	<p>Designing and developing a learning plan is best achieved using a collaborative process which actively involves the nurse. The more the LPN is involved in entire process (identifying problems and developing the remedial learning plan), the greater the likelihood of success.</p> <p>A learning/behaviour based approach is the recommended process to achieve practice change. The key elements learning plan include;</p> <ul style="list-style-type: none"> • Description of the practice problems • Expected changes/outcomes • Who will be involved in the change process • How the changes/outcomes will be measured • Required learning activities • Resources to be provided by the agency • Time lines for feedback and completion of self-learning activities
<p>STEP 10 Time Lines and Next Steps</p> <p>Sample Conversations: Time Lines and Next Steps</p>	<p>Set a date or time line for the next meeting or when specific portions of the learning plan are to be completed. Include consequences if the nurses does not complete the plan as identified. If relevant, explore strategies to communicate with colleagues in regards to any changes that may take place as a result of the learning plan. (shift/work schedule changes, a buddy system, or shorter work days).</p> <p><i>If, for whatever reason, you are unable to improve in the areas identified by March 31 2011, we will have to meet again and talk about the next steps in the process . . .</i></p> <p><i>We need to establish time lines. I am willing to commit the time and effort to help you improve your practice, but there are limits. The onus is on you to improve your practice. I have registered you for a Professional Practice Workshop on May 15th. You are to attend this workshop as well as complete 3 learning modules on medication administration and documentation by May 31 2011...</i></p> <p><i>You and I and the educator will meet each Thursday for the next 3 Thursdays to go over your charting and care plans to make sure you are improving...</i></p>
<p>STEP 11 Follow-Up Meeting</p>	<p>Follow-up is a very important, yet often, overlooked step in the remedial process. While specific follow-up will vary from situation to situation, there are a number of general points to consider.</p>

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	<ul style="list-style-type: none"> • <u>Accurate and complete documentation is important.</u> It serves as a record of attendance, topics of discussion, action plans/follow-up plans developed, time lines for improvement, and a date for the next meeting. Document the meeting and provide a copy to the nurse. This can be in the form of a memo, letter of expectation or minutes. Organizational policies may dictate the type of documentation required. A collective agreement may also determine the type and nature of documentation. Both may indicate if the documentation is to be placed in an employee record. • Identify the person responsible to monitor and document the progress of the LPN. Have clearly stated indicators of improvement to guide the nurse in gauging her/his own improvement (For example; At the end of mentored shift #3, you will competently administer medications to a team of 5 patients). Make sure the indicators are realistic. • Relate to the nurse in other areas of her/his practice beyond the remediation. Take steps to avoid only interacting with the nurse in relation to the practice problem.
<p>STEP 12 Evaluation: Where Do We Go from Here?</p>	<p>Stick to the timelines. Perform evaluations on the date and time as outlined in the learning plan.</p>
<p>Improvement</p>	<p>In most situations the LPN’s practice will improve and the role of the manager will be to continue to support the LPN and provide feedback through a regular performance appraisal process</p>
<p>No Improvement</p>	<p>If after reasonable time and effort, the LPN is still unable to meet the professional and employment standards, other options, as determined by employer policies or collective agreements, may have to be considered.</p> <p>The employer must report to the registrar of CLPNNS if the LPN resigns or employment is terminated before a learning plan is complete.</p> <p>Further information is available on the CLPNNS website at www.CLPNNS.ca.</p>

Appendix A
Sample Statements

Standard 1.0 Professional Ethical and Legal Practice 1.1 Accountability 1.2 Ethical Practise	
Describe the practice problem in relation to the standards	Describe the practice expectations in relation to the standard
<p>Presents information to new parents by rote, misses cues from parents that indicate they do not understand the information (e.g. Nov. 2-3, 15 & 18)</p> <p>Did not document medications according to hospital policy (May 1,2 &5)</p> <p>Shared patient information in regards to a test result (Mr. J-Dec 14) with a client’s neighbours</p>	<p>Will organize teaching for new parents that reflects flexibility and cultural sensitivity</p> <p>Will document according to hospital policy</p> <p>Will respect patient confidentiality and refrain from sharing private information</p>

Standard 2.0 Foundations of Practice 2.1 Knowledge 2.2 Knowledge Application 2.3 Continuing Competence	
Describe the practice problem in relation to the standards	Describe the practice expectations in relation to the standard
<p>Failed to recognize a change in client status (Miss M Jan 14)</p> <p>Failed to evolve Plan of Care (increasing the number of times (Mr. J Jan 14) was to ambulate post-op)</p> <p>Failed to engage the educator when recognized knowledge gaps in the care of post-operative clients (Mr. J Jan 14)</p>	<p>Will perform assessment every shift and as necessary</p> <p>Will make necessary revisions in the patient expected outcomes as the client achieves the intended targets</p> <p>Will consult the educator or qualified peer for teaching and mentorship when gaps are identified.</p>

Standard 3.0 Collaborative Practice 3.1 Relationships 3.2 Advocacy	
Describe the practice problem in relation to the standards	Describe the practice expectations in relation to the standard
<p>Failed to consult the RN and or MD when client (Mrs. S. Feb 14) became unpredictable (chest pain, SOB, decreased BP, sweating and pallor)</p> <p>Assigned CCA R. to client (Mr. T Mar 17) after CCA R. Stated that he did not have the necessary competency in managing the behaviour of aggressive dementia clients. Informed CCA R. to “suck it up” and call you if he has any questions</p>	<p>Will consult the appropriate health care provider when a client health status changes</p> <p>Will ensure client safety by assigning care providers appropriately.</p>

Appendix B

Sample Learning Plans

1. *Failure to follow policies and procedures*

Practice Problem

Despite our previous discussions about your performance and as per the details in the letter sent to you in September 2010, you have been unable to consistently administer medications according to unit policies and procedures. For example:

- Medications have been left at patients' bedside.
- Analgesics are entered late.
- There has been incomplete and late reordering of medications from the pharmacy.

Expected Practice Change/Outcome

- Will consistently follow unit medication policies and procedures, including preparing, administering, charting, reordering medications and associated documentation.

People involved in the Plan

- Educator, manager, mentor.

Criteria to Measure Changes/Outcome

- Patients will receive medications according to unit policy and procedures.
- Chart audits will demonstrate policies are followed.
- Charting of analgesics will be done immediately following administration.
- Medications will arrive from the pharmacy when needed.

Self-Learning Activities

- Review all medication administration policies and procedures.
- Arrange time to discuss questions and safety issues with the educator.
- Buddy with the educator for 1/2-day to demonstrate improvement in following medication administration policies.

Resources

- Manager will provide the policies.
- Sessions with the educator will be during work time.
- Feedback sessions with the educator will occur following review of patient charts.

Timelines for Feedback

- Within three weeks schedule your first session with educator to discuss your review of unit policies and procedures.
- Within six weeks receive feedback from the educator regarding the review of patient charts, observations of your medication administration and reordering procedures.
- Schedule a meeting every two months over six months with the manager to review your progress.

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2. Unacceptable Interpersonal Skills

Practice Problem

Despite our previous discussions about your performance and as per the details in the letter sent to you in August 2010, you continue to frequently exhibit an argumentative, impatient and abrupt communication style with unit staff, patients and family members.

Expected Practice Change/Outcome

Communications with other staff will demonstrate and reflect a professional and respectful attitude. Communications with patients and families will demonstrate competent, therapeutic nurse/client relationships.

People involved in the Plan

Educator, manager, staff mentors.

Criteria to Measure Changes/Outcome

- Communications with colleagues, patients and families will be professional and will demonstrate your understanding and respect for different points of view.
- There will be no further complaints from colleagues, patients or family members.
- There will be positive feedback from the role play sessions with the educator regarding your communication style.

Self-Learning Activities

- Review current literature related to therapeutic nurse/client communication, and anger management.
- Complete a communication course on anger management. Discuss the relevance of the course being considered, with the manager, prior to enrolling.
- Consider consulting occupational health or Employee Assistance Program for guidance or support.
- Talk with the CLPNNS nursing practice consultant about managing stressful situations in the workplace and the responsibilities of LPNs to maintain their fitness to practice.
- Seek peer feedback regarding your communication style.
- Role play difficult situations with the educator once a week for six weeks.

Resources

- Support of the Employee Assistance Program.
- Pay for time and fees for a course.
- Time to meet with the occupational health nurse when requested.
- Meetings with the educator and manager to discuss the improvement plan and the progress being made.

Timelines for Feedback

- Within one month schedule the first session with the educator to discuss the communication concepts that apply to your practice as identified from your literature review.
- Within two months schedule a meeting with manager to discuss your progress with your self-learning activities.
- Enroll in a suitable communication course as soon as possible.

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3. Unacceptable Practice

Practice Problem

Despite our previous discussions about your practice and as per the details in the letter sent to you in October 2010, you continue to have difficulty setting priorities and organizing nursing care. You often require a great deal of assistance from other staff when providing care and you are frequently late getting off work. You do not consistently complete dressing changes, document or provide complete and detailed reports for oncoming staff.

Expected Practice Change/Outcome

You will consistently demonstrate the ability to set priorities and organize care for a full range of assigned patients on this unit.

People involved in the Plan

Educator, manager and staff mentors.

Criteria to Measure Changes/Outcomes

- Demonstrates an ability to consistently provide a complete range of nursing services for patients, including documentation, within the normal hours of work 90% of the time.
- Comprehensive reports on all patients will be given to oncoming staff.

Self-Learning Activities

- Complete three consecutive weeks of day shift, working closely with the care coordinator and educator as resources.
- Buddy with the educator for two days to provide care and discuss priority setting and organization of work.
- Complete a ½ load assignment of patients for three shifts while meeting with the educator at the beginning, middle and end of the shift to discuss your progress.
- Increase patient assignment slowly over ten days and discuss changing patient priorities and organization of work with educator as needed during the shift and at the end of each shift.
- Contact a CLPNNS nursing practice consultant to discuss your responsibilities related to organization of patient care and documentation.

Resources

- Time on duty with educator as outlined above

Timelines for Feedback

- Buddy with the educator for three shifts, beginning next week
- Meet with the educator at the beginning of the next four shifts to develop assignments and meeting times
- Discuss priorities and organization of work using case studies
- Meet with a CLPNNS nursing practice consultant within six weeks of beginning this improvement plan
- Schedule meeting with manager at four and eight weeks of this plan in order to discuss progress and receive feedback

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Addressing Unacceptable Practice

Professional Conduct

The professional conduct of all CLPNNS members is guided by the LPN Act, Regulations, Standards of Practice, Code of Ethics and By-laws.

CLPNNS is responsible for establishing and enforcing Standards of Practice so that the public receives safe and ethical nursing care from competent nurses. While CLPNNS has the statutory responsibility to take action when a nurse's ability to provide safe and appropriate nursing care is questioned, all nurses have a responsibility to report unsafe practice or unacceptable behaviour to the regulatory body in certain situations.

The following guidelines can help you to meet your legal and ethical obligations to protect the public both in and beyond the workplace.

Acknowledgement

The College of Licensed Practical Nurses of Nova Scotia would like to acknowledge the College of Registered Nurses of British Columbia (**CRNBC**) for allowing us to base this document on its document *Guidelines for Taking Action on Nurses' Unacceptable Behaviour* (2010).

Guidelines For Action: 4 Step Framework

STEP 1: DEFINING UNACCEPTABLE PRACTICE

Unacceptable behaviour may be unethical behaviour, impaired practice or incompetence. Incompetence is a pattern of behaviour that demonstrates a failure to meet the Standards of Practice as a result of a lack of competency (knowledge, skill or judgement), capacity or fitness to practise. Incompetence renders the respondent unsafe to practise practical nursing (LPN Act 2006) and often results from repeatedly making the same or similar mistakes, not from an isolated act or a single error.

Asses the practice by answering YES or NO to the following questions:

Y N

- Does the behaviour or practice fail to support safe, ethical, patient/family centered and/or appropriate nursing care?
- Has there been a pattern of questionable behaviour and is it likely to continue?
- Is the nurse unable or unwilling to recognize and correct the problem behaviour?
- Have clients been, or likely to be harmed by this practice or behaviour.
- Does this behaviour involve theft, falsification of records, or a breach of accepted ethical standards in some other way?
- Is there documentation or other evidence of problem behaviour?

If you answered "yes" to any of these questions, you should take action.

STEP 2: DECIDING TO TAKE ACTION ON UNACCEPTABLE PRACTICE

When it is possible, the most appropriate action is to discuss your concerns directly with the nurse.

This is often a difficult decision and the following reflections may help you decide what to do:

- What would you want done if you were the nurse with unacceptable behaviour?
- What are the usual procedures for dealing with these issues in your workplace?
- Can you discuss the facts of the situation objectively and without emotion?
- Can you create an opportunity to discuss the behaviour privately with the nurse?
- What is the likelihood of the nurse understanding and responding to what you say?

If you discuss your concerns directly with the nurse and the matter is resolved, it may not be necessary for you to take further action. However some circumstances will require you to take action:

- concerns are not taken seriously by the nurse;
- practice/behaviour continues after you discuss your concern;
- it is not wise to discuss your observations and concerns directly with the nurse (fear of reprisal)

If any of the above circumstances are in play, talk to your manager or the person to whom you report and use the reporting mechanisms in your workplace so others can take action.

EMPLOYER GUIDELINES: ADDRESSING UNACCEPTABLE PRACTICE

STEP 3: REPORTING UNACCEPTABLE BEHAVIOUR TO YOUR MANAGER

Document your concerns and discuss them with your manager. When documenting and reporting unacceptable behaviour:

- Obtain support. Consult resource people in the workplace or call a CLPNNS practice consultant. The practice consultant at CLPNNS can provide confidential assistance to you and answer question or help you review appropriate standards of practice (this is not reporting a colleague; you don't have to name the nurse).
- Describe the unacceptable behaviour in detail. Give the date, time, place, who was involved (use initials for client names), what happened, how it affected client care, what standards were not met.
- Sign your name. Anonymous reporting is less credible.
- Treat all documentation as confidential.
- Request acknowledgment that your information has been received and assurance that the problem will be investigated and appropriate action taken.
- Be patient, as long as clients are not in danger, as these problems often require time to resolve.
- If the unacceptable behaviour has not been dealt with appropriately within a reasonable time frame, inform your manager that you are considering reporting directly to CLPNNS.

STEP 4: REPORTING UNACCEPTABLE BEHAVIOUR TO CLPNNS

When to Report to CLPNNS

Reporting to CLPNNS is required when there is a reason to believe that there is a danger to the public if the nurse continues to practise.

Who to Contact at CLPNNS

You will receive confidential guidance about your concerns by contacting:

Practice Consultants
College of Licensed Practical Nurses of Nova Scotia
Suite 302
7071 Bayers Road
Halifax, Nova Scotia B3L 2C2
(902) 423-8517
Toll Free in NS 1 (800) 718-8517
Fax (902) 425-6811

Practice Consultants can help you address and or resolve your concerns. Together, you will look at various options for action. Your identity during this consultation process is kept confidential. Should you decide to submit a complaint, you will be asked to provide detailed information about your complaint (see below) and you may be asked to participate in the process to resolve the concerns.

EMPLOYER GUIDELINES: ADDRESSING UNACCEPTABLE PRACTICE

How to Submit a Complaint

A letter of complaint is a requirement of the complaint process. It includes the information listed below. If you do not have all of the information or access to it, do not let this stop you from submitting the complaint.

- Full name and, if possible, registration number of the nurse whose behaviour is unacceptable.
- A detailed description of the unacceptable behaviour with examples of specific incidents that support the complaint. For each incident provide date, time, place, who was involved, names of nurses and others who have direct knowledge of the behaviour, what happened, how it affected client care, as well as specific standards, workplace policies, procedures or guidelines that have not been met.
- An outline of any action taken by the employer and others since the unacceptable behaviour was first noticed, and a description of the nurse's responses to those actions.
- The date the nurse started working for the employer and, if applicable, when the employment was terminated.

Complaints should be submitted to:

Executive Director
College of Licensed Practical Nurses of Nova Scotia
Starlight Gallery
7071 Bayers Road, Suite 302
Halifax, NS B3L 2C2
(902) 423-8517
Toll Free in NS 1 (800) 718-8517
Fax (902) 425-6811

When a complaint is received by Executive Director-Registrar

On receiving a complaint, the Executive Director-Registrar must do 1 of the following:

- (a) refer the matter to the Complaints Committee and send a copy of the complaint to the nurse named in the complaint;
- (b) refer the matter to the Fitness to Practise Committee and send a copy of the complaint to the nurse named in the complaint;
- (c) informally resolve the complaint in the interests of the nurse named in the complaint, the nurse/person making the complaint, the public and the College;
- (d) appoint an investigator to investigate the matter and send a copy of the complaint to the nurse named in the complaint and the investigator.

Preliminary investigation

When investigating a complaint, an investigator may do 1 or more of the following:

- (a) request additional documents and written or oral explanation from the nurse/person making the complaint, the nurse named in the complaint or third parties;

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- (b) request an interview with the nurse/person making and nurse named in the complaint or third parties.

An investigator may investigate any matter relating to the nurse named in the complaint that arises in the course of the investigation, in addition to the complaint, that may constitute any of the following:

- (a) professional misconduct;
- (b) conduct unbecoming;
- (c) incompetence;
- (d) incapacity.

A nurse named in the complaint may submit any other information (medical, educational) relevant to the complaint to an investigator. When an investigation is finished, the investigator must prepare a report of the investigation and send a copy to the Complaints Committee.

Minimizing conflicting feelings about reporting

Nurses may have feelings of conflict between loyalty to the profession and clients, and loyalty to colleagues and the employer. These feelings may discourage appropriate action because nurses may believe they are letting colleagues down. Minimize the internal conflict by staying focused on decreasing risks to clients. Focus on improving care, the system and the profession and not on penalizing nurses. Lastly treat this situation with fairness, dignity, respect, and honesty.



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