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Legislation supporting LPN practice has evolved and the competency profile has also changed. The changes in the competency profile move LPN practice in Nova Scotia in line with the national PN practice. Several new competencies will be rolled into the practice of new graduates beginning in 2012.

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS) developed this Practice Update to assist LPNs, educators and employers prepare for the changes in practice.

Entry-Level and Beyond Entry-Level Competencies

Entry-level competencies (ELC) are those competencies expected of an **entry-level** licensed practical nurse in Nova Scotia. These competencies describe the education, knowledge, skills, ethical nursing care in a variety of settings to clients of all age groups. Through achievement of identified competencies, practical nurse graduates will be able to function within the role of the beginning practitioner while maintaining practical nursing practice standards. ELCs represent *general* practice, and as such, require no annual or regular recertification beyond initial education. Oral care, insertion of a foley catheter or charting would be examples of ELCs.

Beyond Entry-Level Competencies (BELC) are advanced skills gained through additional or specialty education or clinical practice. LPNs have the necessary *general* education and knowledge to support a BELC, but not the *specific* education and knowledge to enact the BELCs. BELCs represent *a specific practice*, and as such some BELCs will require annual or regular recertification to document continuing competence. Application of 12-Lead EKG pads, use of the DSM-4 or suicide assessment would be examples of BELCs.

Elements to Support a Beyond Entry-Level Competency

There are 3 elements of a BELC.

1. **Learning Module:** A module with sufficient content, theory, and technical components to meet the needs of the nurse. It is important to note that existing learning modules targeting RNs may need modification to ensure the necessary background information and content is appropriate and specific to LPN practice.
2. **Clinical Learning Opportunity:** A process to support the LPN to gain the necessary technical competency in the performance of a skill. The clinical learning opportunity provides the LPN a chance to apply the knowledge she/he has gained in the learning module. Clinical learning opportunities can be a variety of activities including precepting, mentorship, simulated demonstration or clinical shadowing.
3. **Policy:** An agency policy in place describing and/or supporting the enactment of the BELC by the LPN. The policy or learning module should reference the process achieving and documenting competency.

Types of Beyond Entry-Level Competencies

1. **INFORMAL BELC:** Informal BELC are *new technical skills built on existing fundamental PN knowledge and education*. The educational and clinical opportunities necessary to support this type of informal BELC can usually be provided on-the-job by a mentor and are less structured. Documentation of achievement and maintenance of competency is generally not required for informal BELCs (unless otherwise determined by organizational or accreditation policy, e.g. ROPs). Auscultation of fetal heart sounds or patient/family teaching about cardiac monitors are examples of informal BELCs.
2. **FORMAL BELC:** Formal BELCs are *new technical skills built on advanced (or new) PN knowledge and education*. The educational and clinical opportunities necessary to support this type of formal BELC require a structured educational program/session made up of a learning module, clinical learning opportunity and policy with a process for documenting the achievement and maintenance of competency. Administration of or insertion of a Nasogastric tube is an example of a formal BELC.

Differentiated Practice

Beyond entry level competencies are developed using the Scope of Practice for LPNs, pursuant to the Licensed Practical Nurse Act (2006). Achieving competency in a BELC **does not alter or expand the legislated scope of practice for the profession.**

LPN practice is focused on *recognition* of the patient baseline (which has been identified in the nursing component of the plan of care) and *evaluation* of the patient response to the intervention. If, during the performance of the BELC or evaluation of the patient following the BELC, the LPN determines that the patient responses are new, unanticipated or not consistent with the expected outcomes of the plan of care, she/he is accountable to consult the appropriate health provider for direction and guidance.

The decisions or practice of LPNs varies in response to the findings of a client evaluation or assessment. Learning modules and clinical learning opportunities should clearly outline the practice accountabilities of the LPN when:

1. When outcomes are being achieved;
2. When outcomes are not being achieved.

References

College of Licensed Practical Nurses of Nova Scotia, (2011). *Administrative Policy: Beyond Entry Level Competencies*, Author.