



College of Licensed Practical Nurses of Nova Scotia
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Scope of Practice

Code of Ethics

Standards of Practice

Entry-Level Competencies

Entry-Level Psychomotor Competencies

Table of Contents

Scope of Practice / Code of Ethics / Standards of Practice

Background	4
Introduction	5
Glossary	6
Educational Preparation	9
Scope of Practice	10
Delegation of Function	11
Code of Ethics	12
Key Assumptions Applicable to the Code of Ethics	12
Values	12
Standards of Practice	14
Key Assumptions Applicable to the Standards of Practice	15
Standard I: Regulation and Professional Accountability	15
Standard II: Continuing Competence	16
Standard III: Collaboration and Communication	16
Standard IV: Safety	17
Standard V: Leadership	17

Entry-Level Competencies

Background	20
Introduction	21
Key Assumptions Applicable to the Competencies	21
Competency Area A – Provides Safe, Competent and Ethical Nursing Care	22
Competency Area B – Recognizes One’s Own Role in Influencing and Facilitating Change	24
Competency Area C – Recognizes One’s Own Responsibility in Continuous Learning	25
Competency Area D – In Consultation, Performs and Refines Client Assessments Consistent With One’s Own Scope of Practice	26
Competency Area E – In Consultation, Collaborates in the Development of a Client-Focused Plan of Care	28
Competency Area F – Intervention: Implementation	29
Competency Area G – Intervention: Communication	30
Competency Area H – Intervention: In Consultation, Teaches and Verifies Learning	31
Competency Area I – Evaluates Client Progress	31
Competency Area J – Organizes Care Delivery	32
Competency Area K – Partnerships	33
Appendix One:	34
References	40

Background

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS) is the regulatory authority for Licensed Practical Nurses (LPNs) in the province of Nova Scotia. The college has authority under the LPN Act (2001), Regulations, to set standards of practice and promote a code of ethics for LPNs. The mission of the college is “in the interests of the people of Nova Scotia to regulate the practice of LPNs.” As a self-regulating profession accountable to the public, the CLPNNS is responsible for establishing, maintaining and monitoring practice standards to be met by all LPNs in Nova Scotia. Accordingly, the LPN Act ensures that public interest may be served and protected and thus empowers the college to regulate the practice of LPNs by

- setting the standards for admission to practical nursing programs
- setting the standards for education that must be completed by any person before she/he is eligible to be licensed pursuant to this Act
- setting the standards for evaluating and approving, on an ongoing basis, programs for the education of LPNs in the province in order to determine whether such programs are operating in compliance with prescribed standards
- setting the standards for registration and licensing requirements
- setting the standards for nursing practice
- setting the standards for professional-conduct processes
- establishing and promoting a code of ethics

Introduction

It was identified to provide cost effective, quality health care to the Nova Scotian public, “maximizing the scope of practice” of all nurses is key. The final report (2002) of the Canadian Nursing Advisory Committee (CNAC) and the Nova Scotia Nursing Strategy (April 2001) put forth recommendations needed “in order for nurses to work in professional-practice environments conducive to attracting and retaining a healthy, committed and appropriately educated nursing workforce.”

Key to maximizing the scope of practice of LPNs is the requirement to ensure that the following conditions have been reviewed: the client’s needs, the competencies of the individual nurse, and the resources available to the nurse and client. It has been well established that a lack of knowledge on the part of the employer, the interdisciplinary health care team and often the LPN herself/himself as to the LPNs education, scope of practice, competency requirements, entry-level competencies and legislation have been deterrents to having LPNs move to “full scope of practice.” Therefore the following information is meant to help clarify these areas for LPNs, other members of the interdisciplinary health care team and employers in an effort to better promote the utilization of LPNs. It is hoped that this information will help clarify the role of LPNs as essential members of the health care team.

The definition (as defined in the LPN Act) of the “practice of practical nursing”, is the provision of nursing services, as defined by the educational preparation and level of competence, for the purpose of

- assessing, implementing and evaluating services
- promoting health
- preventing illness
- assisting individuals, families and groups in achieving an optimal state of health.

Glossary

Accountability: an obligation or willingness to accept responsibility/ accountability or to account for one's actions and to achieve desired outcomes. (Porter-O'Grady & Wilson, 1995).

Advocacy: the supporting, protecting and safeguarding of clients' rights and interests. Advocacy is undertaken in the best interest of the client. Advocacy is an integral part of nursing and forms the foundation of trust inherent in the nurse-client relationship (RNABC, 2000).

Autonomy: having the ability to make decisions and independently carry out nursing responsibilities.

Clients: individuals, families and groups

- individuals: human beings throughout the life span, including neonates, infants, children, adolescents, adults and elderly adults
- families: people united by common ancestry, acquisitions (marriage or contract) or choice, and their friends
- groups: sets of individuals who have come together for a shared purpose

Clinical judgement: the reasoning processes that rely on critical thinking to reflect the complex, intuitive and conscious thinking strategies used to make nursing decisions.

Collaborate: to work in partnership with members of the interdisciplinary health care team while maintaining autonomy within one's own scope of practice.

College: means the College of LPNs (LPN Act, 2001).

Competencies: the specific knowledge, skills and judgement required of an LPN to be considered competent in a designated role and practice setting.

Competent: in relation to an LPN, the ability to integrate and apply the knowledge, skills and judgement required to practice safely and ethically in a designated role and setting (LPNs Regulations, 2001).

Continuing competence: the ongoing ability of an LPN "in Nova Scotia" to integrate and apply the knowledge, skills and judgement required to practice safely and ethically in a designated role and setting (Licensed Practical Nurses Regulations, 2001).

Critical thinking: acting logically to evaluate situations, solve problems and make decisions.

Delegation: the transfer of a task, role or function to a health care provider who has the authority to perform that task. Delegation involves the transferring of responsibility for the performance of the task, role or function, but not the accountability for the outcome of the function or activity.

Determinants of health: health is determined by complex interactions among social and economic factors, physical environment and individual behaviours, which do not exist in isolation from each other.

Diversity: understanding that each client is unique and respecting individual differences along the dimensions of race, ethnicity, gender, sexual orientation, social economic status, age, physical abilities, religious beliefs, political beliefs or other ideologies.

Entry-level competencies: expected of LPNs upon graduation from an approved practical nursing program in order to provide the public with safe, effective and ethical nursing care.

Entry-level practitioner: an entry-level LPN at the point of registration or licensure following graduation from an approved practical nurse education program and successful completion of the Canadian Practical Nurses Registration Exams (CPNRE). The entry-level practitioner is educationally prepared to provide nursing care in a variety of settings to individuals, groups and families. A new graduate is considered to be entry-level until they have one year of practice experience.

Evidence-based practice/ knowledge: the identification, evaluation and application of current research findings to guide practice decisions.

Health assessment: a process by which the practical nurse obtains data concerning the client that includes a complete history of the client's health status as well as a comprehensive physical assessment. The practical nurse is prepared to complete health assessments on neonates, children and adults.

Health care team: clients, families, health professionals, students and any others who may be involved in the planning and delivery of care.

Interdisciplinary health care team: the client, regulated health care professionals, unregulated health care providers and all others who are involved in the provision of care.

Leadership: being involved, being open to new ideas, and having confidence in your own capabilities and a willingness to make an effort to guide and motivate others.

Level of autonomy: the level of independence an LPN may assume when performing nursing care. Within their scope of practice, LPNs can practice independently and work collaboratively, in consultation, and with direction. The LPN may function

- *independently:* performs all aspects of a nursing procedure/activity/intervention independently. The LPN decides on the nursing procedure/activity/intervention required and is able to predict and manage the outcomes of such a procedure/activity/intervention.
- *in consultation:* performs a nursing procedure/activity/intervention following the advice/guidance/direction of an individual competent in the performance of the competency in a designated role and setting. The LPN performing the activity knows when and from whom to seek consultation.
- *with guidance/direction:* the LPN may be given guidance/direction verbally or in writing; however, this guidance/direction still allows for independence of function. The direction may include, but not be limited to, a procedural guideline or a prescribed course of action and is dependent on the policies of the employing agency. **The LPN will be accountable for her/ his own actions and decisions.**

Licensed Practical Nurse (LPN):

a person who is licensed as a practical nurse (Licensed Practical Nurses Regulations, 2001).

Medical practitioner: a person who is licensed to practice medicine pursuant to the Medical Act (LPN Act, 2001).

Nursing diagnosis: a statement about the client's actual or potential health concerns that can be managed through independent nursing interventions.

Nursing process: a systemic approach used to gather data, critically examine data, design expected outcomes, take appropriate action and evaluate whether the action is effective (SRNA, 2003).

Practical nursing: the provision of nursing services, as defined by the educational preparation and level of competence, for the purpose of

- assessing, implementing and evaluating services
- promoting health
- preventing illness
- assisting individuals, families and groups in achieving an optimal state of health

Professional-conduct process: the disciplinary process defined within the LPN Act, 2001, and the Licensed Practical Nurses Regulations, 2001.

Registered Nurse: a person licensed to practice nursing pursuant to the Registered Nurses Act (LPN Act, 2001).

Risk management: the ability to utilize a system of identifying potential risks, recognizing legal implications and responding appropriately.

Scope of practice: the roles and responsibilities of the licensed practical nurse to perform safe, competent and ethical care as defined by their education, legislation and the regulatory authority.

Stable client/ predictable

outcomes: one whose health status can be anticipated; the plan of care is established and is managed with interventions that have predictable outcomes.

Standards: authoritative statements by which the nursing profession describes the responsibility for which its practitioners are accountable (American Nurses Association, 2003).

Unstable client/ unpredictable

outcomes: one whose health status is fluctuating, with atypical responses; the plan of care is complex, requiring frequent assessment and modification and is managed with interventions that may have unpredictable outcomes and/or risks.

Educational Preparation

To practice as an LPN in Nova Scotia, an individual must be a graduate of an approved practical nursing program or equivalent; have successfully completed the Canadian Practical Nurse Registration Exam (CPNRE) or equivalent; and hold a current license to practice.

The initial practical nursing education program enables students to acquire the knowledge, skills, attitudes and judgement required for a beginning practitioner upon entry to the profession.

LPNs are prepared through their initial education programs to practice according to their scope of practice, code of ethics, standards of practice and employer's individual policies and procedures.

Academic courses provide knowledge from nursing, arts and sciences, and the humanities. Throughout the program this knowledge is integrated to allow the student to apply her/his newfound knowledge to the care of clients across the life-span in all contexts of practice.

To attain and maintain competence as the LPN moves from novice to expert, life-long learning is essential and expected.

Scope of Practice

The scope of practice of a profession outlines the range of roles, functions, responsibilities and activities, its members are educated, legislated, and authorized to perform. It sets the practice boundaries for all its practitioners. However, it is recognized that the actual scope of practice may need to be modified at any point in time based on the needs of the client, the competency of the individual nurse and the resources available to the practical nurse.

A scope of practice statement provides a general description of the services its practitioners are qualified to provide and the limitations under which these services may be provided. It does not list specific tasks or procedures (a guide to these can be found in the document *Entry-Level Competencies for LPNs (ELC)*, revised in 2005). It should be noted that ELCs could become quickly outdated as professional practice changes in response to the growth of knowledge, advances in technology and health care system changes.

A profession's scope of practice statement provides the basis for the development of standards and competencies for beginning practitioners, regulates the practice of the profession, guides curriculum development, assists employers in preparing job descriptions and performance reviews, and informs the general public about the services its members are qualified to provide. The following section includes the scope of practice statement for LPNs in Nova Scotia:

In partnership with other health care professionals/providers LPNs

provide professional nursing care and promote health and healing to individuals, families and groups in a variety of care settings (acute care, long-term/extended care, home care and community care). The practice of practical nursing means "the provision of nursing services, as defined by the educational preparation and level of competence, for the purpose of

- assessing, implementing and evaluating services
- promoting health
- preventing illness
- assisting individuals, families and groups in achieving an optimal state of health."

Where the client has a well-defined health challenge with predictable outcomes, the LPN may function independently within her/his level of education and competence. As the acuity or complexity of care increases, and/or the outcomes are not predictable and an advanced level of knowledge is required, the LPN works in collaboration and/or under the general direction of a registered nurse or medical practitioner to meet the care needs of the client.

The practice of the LPN is based on knowledge derived from physical, biological, behavioural and nursing arts and sciences common to all nurses and in accordance with the standards of practice approved by the CLPNNS.

Delegation of Function

A specific function, role or activity – even though outside the scope of practice for an LPN – may, without danger to the client, be delegated from other health care professionals to the LPN, taking into consideration the LPN's educational preparation and level of competence and any special education/training required for the performance of the procedure.

Once she/he accepts the delegation, the LPN will be accountable to the client and the employer for competently performing the delegated function/role or activity.

Delegation of functions may be formal or informal. Formally delegated functions must have the approval of the CLPNNS and are not transferable between sites, regions or care facilities.

Code of Ethics

The code of ethics for LPNs provides direction for ethical decision making. Its statements describe the ethical commitments of LPNs toward their clients and families, their colleagues, their employers and themselves. A code of ethics provides others with statements of expectations of behaviour in relation to licensed practical nurses' moral and ethical commitments.

The code of ethics for LPNs ensures that "all registrants shall conduct themselves in an honourable and ethical manner." (LPN Act, 2001) Each and every LPN will be held accountable for understanding, upholding and promoting the ethical standards of the profession.

Key Assumptions Applicable to the Code of Ethics

- articulates the accountability of LPNs to adhere to the code of ethics
- clarifies the application of the code of ethics in practice settings
- describes the expectations for LPNs

Values

Values can be defined as "strongly held personal and professional beliefs about worth and importance."

1. Accountability

LPNs act in a manner consistent with their professional accountability and standards of practice. Therefore they will

- abide by the values of the code of ethics
- conduct themselves in a professional manner
- practice within their legislated scope of practice
- ensure that as professionals they advocate for their clients without bias or discrimination, to ensure that competent and ethical care is provided

2. Confidentiality

LPNs maintain the confidence and trust of their clients, their clients' families, their colleagues and their employers. Therefore they will:

- advocate for policies and practices that protect client information
- ensure that information gained in the context of their practice is held in confidence
- disclose confidential information only with their clients' consent and/or when they are legally obligated to do so
- respect and protect their clients' right to privacy and confidentiality

3. Dignity

LPNs demonstrate dignity in their professional practice. Therefore they will

- demonstrate dignity in all interactions with their clients and their clients' families
- demonstrate dignity in all interactions with others within the health care environment
- promote nursing as a caring profession by treating others with dignity and respect
- provide care that maintains their clients' dignity
- ensure that all information gained in the context of their practice is handled with dignity and respect

4. Respect

LPNs demonstrate respect in their professional behaviour. Therefore they will

- demonstrate respect for the nursing profession by acting in accordance with their professional standards
- demonstrate respect for themselves as health care professionals
- accept responsibility for their own physical and emotional wellness that enables them to provide safe nursing care
- demonstrate respect for their clients and their clients' families in all facets of the nurse-client relationship
- demonstrate respect for their employer and employer's property
- promote their clients' right to make choices

5. Integrity

LPNs practice practical nursing safely, competently and ethically at all times. Therefore they will

- promote integrity within their profession by reporting situations that may be unsafe for their clients
- practice within their legislated scope of practice
- practice in accordance with their professional standards of practice
- practice in accordance with their professional code of ethics
- promote working to their full scope of practice
- promote the integrity of their profession by acting as leaders in their practice setting
- fulfill their responsibilities with honesty and integrity

Standards of Practice

Standards of practice are defined as “statements that describe the expected levels of performance against which actual performance can be evaluated.” A standard of practice is a yardstick of nursing practice through which every practising LPN should measure her/his professional practice and level of competence. The history of nursing services by LPNs in Nova Scotia is rich in the delivery of quality care. The CLPNNS standards of practice describe the ethical and professional standards expected of LPNs and by which individual practitioners will be evaluated by clients, employers, colleagues and themselves. Collaboration between and among professional regulatory bodies, government, health districts and educational institutions is invaluable and guarantees the public access to safe, competent and ethical nursing services.

In Nova Scotia, LPNs practice within the discipline of nursing. As cited by the American Nurses Association in 2003 nursing is defined as “the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups” (Nursing’s Social Policy Statement, 2003).

“Standards” are defined as the desired and achievable minimum levels of practice to which the actual practice is compared. Each of the standards identifies the quality of practice required and is applicable across all practice settings.

Standards are linked to other practice related documents including the scope of practices and entry-level competencies.

Standards of practice are supported by the following statements:

- Standards of practice apply at all times to every LPN.
- Standards of practice apply equally in all contexts of practice.
- Standards of practice are decision-making guidelines that assist licensed practical nurses.
- Standards of practice inform the public and others of the practice expectations of LPNs.
- Standards of practice support LPNs in their daily practice settings.
- Standards of practice are used as legal reference points for reasonable and prudent practice.
- Standards of practice assist the CLPNNS in meeting its statutory obligations.

Indicators of the standards of practice:

- illustrate how standards may be met and are not all-inclusive or exhaustive
- describe the application of standards in certain contexts of practice
- describe the practice expectations of licensed practical nurses with varying levels of expertise

Note:

These standards replace the 1999 *Code of Ethics and Standards of Practice* document and are subject to continuous refinement and revision in light of emerging trends in nursing and health care delivery.

Key Assumptions Applicable to the Standards of Practice

The standards of practice are based on the following assumptions:

- LPNs respect diverse values and beliefs related to the individual, society, health and education.
- LPNs are committed to their professional values including but not limited to accountability, confidentiality, dignity, respect and integrity.
- LPNs are committed to adapting to the changing needs, values and beliefs of society.
- LPNs are committed to the service of society, continuous learning, ethical standards and accountability for their own actions.
- LPNs are committed to collaboration and interaction as part of the interdisciplinary health care team.
- LPNs provide care in a variety of settings in all dimensions of health.

Standard I: Regulation and Professional Accountability

LPNs are accountable for their own practice and actions as regulated health care professionals. Therefore they are accountable:

Indicators

- to their standards of practice
- to the code of ethics established by the CLPNNS
- for practicing within their scope of practice
- to their clients, regulatory body and employers
- for adhering to agency policies and procedures
- for identifying when the education or clinical experience required for the performance of a specified task is beyond their ability
- for maintaining a current license to practice

Standard II: Continuing Competence

LPNs attain and maintain the knowledge, skills and judgement required to practice safely, ethically and competently in their practice setting. Therefore they will:

Indicators

- engage in self-assessment of their professional practice and competence
- maintain currency in their practice
- identify areas for professional development
- initiate action to achieve competency in areas of identified learning needs
- utilize the nursing process while providing care to their clients
- evaluate their practice for growth and seek opportunities for new learning
- maintain records of their professional activities
- support continuing competence initiatives relevant to their practice

Standard III: Collaboration and Communication

LPNs promote collaboration and quality communication between all members of the health care team. Therefore they will:

Indicators

- maintain professional communication skills in all facets of their practice
- maintain confidentiality of their clients' information and any other information obtained in the context of their practice
- function both independently and interdependently while providing care to their clients
- promote collaborative relationships with all members of the health care team
- maintain clear, concise, timely and accurate information in their clients' health care records
- share their knowledge and skills with their colleagues and students

Standard IV: Safety

LPNs are responsible for preventing adverse events for their clients, their colleagues, and themselves. Therefore they will:

Indicators

- maintain privacy, confidentiality and security of client, staff and organizational data
- ensure that pertinent information is relayed to the appropriate health care team member in a timely manner
- adhere to safety standards set by their employer and based on the Joint Occupational Health and Safety Act of Nova Scotia
- adhere to infection control policies set by their employer
- report and document all adverse events for their clients, family and staff
- adhere to policies related to risk-management programs

Standard V: Leadership

LPNs demonstrate leadership in their practice as health care professionals. Therefore they will:

Indicators

- act as role models for their profession in both manner and appearance
- advocate on behalf of their clients and their clients' family

- have a duty to report any situation that may be adverse for their clients
- demonstrate respect and dignity in all aspects of client care
- share accountability with regard to appropriate delegation
- participate in the evaluation and research of nursing procedures and suggest changes that may improve practice and outcomes
- promote the advancement of their profession through involvement in the CLPNNS initiatives
- assume responsibility for maintaining competency and fitness in their practice and for acquiring new knowledge and skills
- invest time, effort and/or other resources to attain and maintain the knowledge, skills and clinical judgement relevant to their current practice
- commit to lifelong learning
- practice within their own levels of education and competence
- maintain a mental, emotional, spiritual and physical well-being
- participate in the resolution of professional-practice issues or conflicts

Background

Licensed Practical Nurses (LPNs) educational and practice standards have been established to facilitate the College of Licensed Practical Nurses of Nova Scotia (CLPNNS) mandate of protecting the public through ensuring that LPNs practice safely, competently and ethically. The CLPNNS participated in the National Nursing Competencies Project (NNCP), 1997, which identified the entry-level competencies required in 1996 and 2001 for LPNs. These competencies were modelled from previous work, including the Canadian Practical Nurse Blueprint and Registration Exam Committees (2004), The National Practical Nurse Competency Review Committee (2004), and the Entry-Level Competencies (ELC) Project in Nova Scotia (2003-2004).

Introduction

This document describes the competencies, including psychomotor competencies, expected of an entry-level LPN in Nova Scotia. These competencies describe the education, knowledge, skills and judgement required of beginning practitioners to provide safe, competent and ethical nursing care in a variety of care settings to clients of all age groups. Through proficiency of identified competencies, it is expected that licensed practical nurses will be able to function within the role of the beginning practitioner while maintaining practice nursing standards.

LPNs are **responsible** and **accountable** for their own actions and are required to function within their own level of competence and educational preparation. The CLPNNS does however, recognize that LPNs in Nova Scotia, through more in-depth formalized education and training, can expand on both their knowledge and competencies.

Note: The enclosed competencies do not reflect the expanded competencies gained by LPNs through additional knowledge, experience, continual learning and post-graduate and/or advanced learning opportunities.

Key Assumptions Applicable to the Competencies

The entry-level LPN will:

- demonstrate the knowledge, skills and judgement required to provide safe, competent and ethical nursing care in a variety of settings to clients of all ages
- practice within her/his scope of practice, the LPN Act and Regulations, her/his code of ethics and standards practice, and employer policies
- demonstrate accountability for her/his own actions and decisions
- recognize her/his limitations and seek direction from more experienced practitioners
- practice collaboratively within the interdisciplinary health care team to meet the physical, biological, psychosocial, and spiritual needs of clients
- identify self-learning needs and act on a plan to address them
- identify cultural considerations when caring for clients
- require support from colleagues and employers to develop experience and proficiency

Competency Area A – Provides Safe, Competent and Ethical Nursing Care

A-1 Identifies the effects of one's own values and assumptions on interactions with clients by

- providing client care in a non-judgemental manner
- respecting clients' rights to self-determination, informed decisions and directives

A-2 Demonstrates an understanding of the ethical framework behind the nurse-client relationship by

- demonstrating respect, empathy, trust and honesty in interactions with clients
- listening to, understanding and respecting clients' values, opinions, needs and ethnocultural beliefs
- providing care that demonstrates sensitivity to clients' diversity
- seeking to broaden one's understanding of cultural concepts and issues
- maintaining the therapeutic nurse-client relationship from initiation to conclusion of care
- understanding the differences between personal and professional relationships and behaviours

A-3 Promotes clients' rights and responsibilities by

- affirming consent prior to initiating care
- practising within the code of ethics
- including confidentiality, privacy, dignity and self-determination as part of the care plan

A-4 Practices in a manner consistent with

- the professional standards of the college
- professional ethics
- values and obligations to take action, recognizes and responds to questionable orders/actions/decisions
- the scope of practice of LPNs
- provincial and federal legislation

A-5 Applies critical-thinking skills in all practice activities

- adheres to legal requirements for documentation
- discloses relevant information to the appropriate individual

A-6 Recognizes the limitations of one's own competence and seeks guidance or assistance when necessary, including making the decision not to provide care when the condition of personal competence is not met

A-7 Ensures that the person with whom one consults or from whom one seeks advice/guidance is competent to provide that advice in a given situation

A-8 In consultation, participates in integrating research findings from nursing, health sciences and related disciplines into one's own nursing practice

A-9 Identifies how one's own values and assumptions affect the interactions among practical nursing and other health team members

Competency Area B – Recognizes One’s Own Role in Influencing and Facilitating Change

- B-1** Demonstrates an openness to new ideas, which may change, enhance or support practical nursing practice
- B-2** In consultation, participates in the assessment, development, implementation and evaluation of practical nursing and nursing service practices and policies in the workplace
- B-3** Provides care that demonstrates sensitivity to client diversity (e.g., culture, race, age, gender, beliefs and values)
- B-4** Adapts to the needs of the health care system by
- recognizing changes that affect one’s own practice and client care
 - analyzing changes that affect the practice of practical nursing and client care
 - in consultation, participating in health or nursing research activities
 - implementing changes developed by others
 - developing strategies to meet changes that impact one’s own practice and client care
- B-5** “Models” one’s professional behaviour with practical nursing students and others
- B-6** Commits to the principle that the primary purpose of the profession and college is to serve the public in a safe and effective manner
- B-7** Identifies trends in practical nursing and health care delivery, which may result in changes to one’s own practice
- B-8** Participates in the development and implementation of strategies to meet changes in practical nursing practice and health care delivery
- B-9** Promotes and participates in the continuing development of practical nursing
- B-10** Collaborates in identifying policies and procedures, which may need to be changed, strengthened and/or deleted
- B-11** Promotes and supports practical nursing and other health team members to practice to their full scope of practice

Competency Area C – Recognizes One’s Own Responsibility in Continuous Learning

- C-1** Uses the profession’s standards of practice and competency documents to highlight one’s own learning needs by
- identifying gaps in one’s own knowledge and skills
 - evaluating one’s own practice
 - taking action to maintain and attain one’s own competencies
- C-2** Assesses, on a continual basis, one’s own competencies related to
- knowledge
 - skills
 - clinical judgement
- C-3** Actively seeks opportunities for professional growth that enhance one’s own competence
- C-4** Demonstrates leadership skills within the interdisciplinary health care team

Competency Area D – In Consultation, Performs and Refines Client Assessments Consistent With One’s Own Scope of Practice

D-1 Performs comprehensive and holistic nursing assessment on clients of all age groups (consistent with one’s own scope of practice)

- neonates
- infants
- children
- adolescents
- adults
- elderly adults

D-2 Uses assessment tools to guide data collection for assessing clients

D-3 Customizes standardized assessment tools to individualize them to meet clients’ needs

D-4 Employs additional assessment tools and techniques for finer detail and discrimination

D-5 Uses various techniques of data collection

- observations
- interviews
- inspections
- auscultations
- palpations

D-6 Refines and extends client assessment information by

- collecting data from a variety of sources (client, family, other health team members and documentation)
- using data-collection findings to focus on additional and more detailed information requirements

- recognizing the determinants of health e.g., income, social status, education, social support system, personal health priorities, employment, gender, social and physical environment, genetics, culture, work conditions, etc,
- in consultation, participating in assessing and interpreting data from client assessments

D-7 Collaborates with clients, through all stages of the life cycle, to participate in identifying health problems and issues

D-8 Collaborates with clients to perform holistic assessment of the following needs

- physical
- emotional
- psychological
- cognitive
- social
- spiritual
- cultural

D-9 Anticipates potential health problems or issues and their resultant effects on the client

Competency Area E – In Consultation, Collaborates in the Development of a Client-Focused Plan of Care

- E-1** Makes clinical judgements about clients by
- responding appropriately to changing situations that may affect clients' health and safety
 - using evidence-based knowledge from nursing, health sciences and related disciplines to select individualized nursing interventions in consultation with other members of the health care team
 - applying critical-thinking skills in practice activities
- E-2** Identifies the range of acceptable health outcomes for clients
- E-3** In consultation, collaborates with other members of the health care team and the client in the development of a plan of care by
- involving the client in setting the objective and goals
 - identifying expected outcomes
 - questioning and offering suggestions regarding approaches to care
 - reducing complex health problems into manageable components
 - developing a range of possible alternative approaches to care
 - establishing priorities of nursing care
 - seeking information from relevant nursing literature, experts and other health care team members
- E-4** Participates in the formulation of nursing diagnoses by identifying needs that require nursing interventions
- E-5** Selects appropriate technology in accordance with available resources and client needs
- E-6** Establishes priorities that reflect individual needs

Competency Area F – Intervention: Implementation

- F-1** Performs nursing interventions with clients of all age groups, throughout the life cycle, including
- neonates
 - infants
 - children
 - adolescents
 - adults
 - elderly adults
- F-2** Uses evidence-based knowledge from nursing, health sciences and related disciplines to select and individualize nursing interventions
- F-3** Selects and implements nursing interventions that reflect the needs of the client
- F-4** Performs individualized nursing interventions for the client as established and/or directed by the plan of care
- F-5** Manages multiple nursing interventions simultaneously by
- using effective management skills to carry out nursing interventions
 - including the family in the client's care delivery when appropriate
- F-6** Uses appropriate technology to perform safe, effective and efficient nursing interventions
- F-7** Applies safety principles and protective devices consistently in client interactions by
- implementing universal/standard precautions/transmission based precautions
 - maintaining a safe work environment
 - applying the principles of asepsis
 - reporting situations, which are potentially unsafe for clients
 - providing support and protection to clients experiencing difficulty protecting themselves
- F-8** Consults appropriately with other members of the health care team

Competency Area G – Intervention: Communication

- G-1** Maintains a distinction between social interaction and professional communication
- G-2** Establishes and maintains a caring environment in which to foster partnerships with clients to achieve mutually agreed upon health outcomes by
- establishing a positive professional relationship with the client
 - promoting client safety and comfort
 - reinforcing directions given to clients by other health care team members
 - encouraging client participation in the implementation of the plan of care
 - encouraging clients to assume responsibility for their own health
 - providing clients and significant others with emotional support
 - encouraging and creating opportunities for clients to interact socially
- G-3** Employs a range and variety of communication skills appropriate to various clients by
- providing relevant health information and client education
 - gathering and providing appropriate information from/to significant others
 - communicating with clients to facilitate their understanding, using a variety of techniques as appropriate for the individual situation
 - providing effective interpersonal interaction through active listening, non-verbal and verbal communication
 - opportunities for clients to express their feelings
 - using touch in a therapeutic manner to communicate care and concern to clients
 - using conflict-resolution skills when necessary
- G-4** Shares appropriate information about the client's care while respecting confidentiality

Competency Area H – Intervention: In Consultation, Teaches and Verifies Learning

- H-1** In consultation, provides relevant health related information to clients to meet specialized needs by
- planning teaching strategies to enhance client learning
 - selecting appropriate media and learning strategies to meet client learning
 - implementing teaching strategies to enhance client learning
 - verifying whether clients have grasped essential information and skills
 - evaluating client learning
- H-2** Encourages client self-care and health promotion by
- suggesting modification to promote client independence
 - encouraging interdisciplinary health care team participation in the implementation of the plan of care
 - encouraging clients to assume responsibility for their own health
 - providing information on support services that assist clients in the promotion and maintenance of their health
 - collaborating with the client to promote independence

Competency Area I – Evaluates Client Progress

- I-1** Monitors the client's status in relation to anticipated outcomes
- I-2** Evaluates the effectiveness of nursing interventions, including teaching plans, by comparing actual outcomes to anticipated outcomes
- I-3** Verifies evaluation findings with the client and other members of the health care team
- I-4** In consultation, participates in the revision and individualization of the teaching plan, according to evaluation findings, and in collaboration with the client and other members of the health care team

Competency Area J – Organizes Care Delivery

- J-1** Comprehends the impact of the health system's organizational culture on nursing practice
- J-2** Organizes one's own workload, using effective time management skills to carry out nursing responsibilities
- J-3** Maintains clear, concise, accurate and timely records of clients' care, using computerized (if relevant) and other health and nursing information systems
- J-4** Adheres to the legal requirements regarding practice, client care and documentation
- J-5** Manages physical resources in order to provide effective and efficient care
- J-6** Recognizes and reports situations that are potentially unsafe for health care team members
- J-7** Assumes responsibility for directing other health care team members as designated
- J-8** Exercises accountability for activities that are assigned to others
- J-9** In consultation, directs and coordinates the actions of others in emergency situations, where applicable
- J-10** Participates in quality assurance and improvement activities to enhance client care and nursing practice
- J-11** Applies one's own knowledge of risk management

Competency Area K – Partnerships

- K-1** Collaborates as a member of the health care team
- K-2** Respects the unique and shared competencies of members of the health care team
- K-3** Participates with the client and the health care team in the revision of the goals, priorities, and nursing interventions required
- K-4** In consultation, promotes team problem solving, decision making and collaboration by
 - planning collaborative interventions
 - presenting nursing knowledge regarding the client
 - providing constructive feedback to colleagues about client care
 - developing new and innovative working relationships
 - using conflict-resolution skills
 - using established communication protocols
- K-5** Collaborates with other health-related sectors to achieve client health outcomes
- K-6** Displays professional characteristics by showing
 - respect for clients
 - respect for oneself
 - respect for nursing colleagues and other members of the health care team
- K-7** Evaluates the effectiveness of one's own communication with clients, nursing colleagues, members of the health care team and others

Appendix One:

Entry-Level

Psychomotor Competencies for Licensed Practical Nurses

Projected for 2007-2011

Note: This appendix for guidance only; it is not an exhaustive list.

February 23, 2005

Psychomotor Competencies

In addition to basic nursing competencies, the following psychomotor competencies can be expected of entry-level LPNs in Nova Scotia

Ambulatory Care

- assisting clients in and out of bed, stretcher, wheelchair and chair
- assisting clients to walk, stand, sit, turn and use ambulatory devices
- transferring and lifting e.g., (mechanical chairs, bed slides, transfer belts)
- assisting client with chairs, with prosthetic devices
- assisting clients with crutch walking, walkers and canes
- operating mechanical chairs and other transfer devices

Assessment

- admitting, discharging and transferring clients
- assessing all body systems

- assessing clients in all stages of growth and development
- monitoring vital signs, including:
 - pulse: carotid, brachial, radial, apical, femoral and pedal
 - respiration: rate and quality
 - blood pressure
 - temperature (e.g., oral, rectal, axillary and tympanic)
- auscultating bowel sounds
- auscultating breath sounds
- auscultating fetal heart sounds
- examining breasts and testicles
- assessing food and fluid intake
- assessing client appearance and changes in condition, activity and behaviour
- assessing client bowel and bladder distension, wound drainage and chest tubing drainage
- assessing client electronic infusion pumps and IV sites
- assessing coordination of movement
- assessing hearing (e.g., normal versus symmetric)
- assessing level of consciousness
- assessing height and weight
- assessing limb movement (e.g., strength and equality)
- measuring girth
- observing appearance
- palpating (e.g., pulse, fundus and bladder)
 - percussing (e.g., chest and abdomen – theory only)
 - assessing vision (e.g., basic – normal versus abnormal)
 - assessing pupils (e.g., reaction and size)
 - assessing olfaction (e.g., acetone breath)
 - assessing pre-op and post-op clients

Medical-Surgical Asepsis

- hand washing
- gloving (sterile and non-sterile)
- gowning
- masking
- taking universal precautions/standard precautions/transmission-based precautions
- understanding the principles of WHMIS

Circulation

- assisting with deep breathing, coughing and positioning
- applying and administering hot and cold applications
- using accessories and equipment that minimize adverse effects of immobility, including
 - bed cradle
 - fracture board
 - sandbags
 - trochanter roll
 - special mattresses

- assisting clients with chest physio and postural drainage
- assisting clients with active and passive range of motion exercises
- performing basic neurological checks
- caring for clients in traction, following joint replacement, cast care and csm

Death

- providing comfort measures for the dying client and her/his family
- facilitating the grieving process for the client and/or her/his family
- caring for the body (institution/home)

Documentation

- providing comprehensive health measuring
- recording pertinent information in a timely manner
- recording information in a clear, concise and legible manner
- recording assessment findings
- collaborating in the development plans of care
- modifying plans of care
- transcribing physicians' orders
- charting

Draining/ Emptying/ Measuring

- biliary
- bladder

- nasogastric
- hemovac/J. Pratt
- applying external urinary drainage devices
- applying condom drainage

Dressings

- applying bandages, binders, slings, sensors, teds
- changing sterile dressings: dry and moist
- cleaning and irrigating wounds
- inserting and removing superficial packing (2.5 cm or less)
- removing sutures and staples
- removing drains (theory only)
- monitoring wound healing

Elimination

- implementing nursing measures to maintain regular elimination (e.g., exercise, fluid increases, fibre increases)
- administering enemas, suppositories and rectal tubes
- caring for a colostomy, ileostomy and ureterostomy
- caring for urinary drainage systems (e.g., foley catheter care, urostomy, urinary drainage bags and suprapubic catheters)
- administering urinary catheterization: indwelling and straight (male, female)
- applying condom drainage

- irrigating urinary catheters
- removing indwelling catheters
- irrigating nasogastric suction tubes
- removing of nasogastric tubes
- implementing bladder and bowel training and retraining programs

Foot Care

- performing basic foot care

Health Teaching

- identifying functional/dysfunctional health behaviours
- encouraging clients to assume responsibility for their own health
- implementing and reinforcing teaching regarding
 - nursing interventions
 - physicians instructions
 - diagnosed health problems
 - signs and symptoms
 - procedures and treatments
 - medications
 - self-care
 - the prevention of illness
 - family-centered antepartum, post partum and newborn care
 - safety, including
 - holistic health
 - the promotion of health
 - diagnostic testing
- assessing hydration
- administering back rubs

- administering preventive measures for breakdown
- treating decubiti
- administering skin preparation (clean and sterile)
- checking placement of nasogastric tubing
- monitoring TPN, lipids and infusion

Isolation

- using isolation techniques

Nutrition

- assessing hydration
- providing for appropriate nutrition and fluid intake
- assisting clients to eat if assistance is required
- maintaining dietary restrictions and supplements
- administering feedings and medications via nasogastric and gastrostomy tubes
- monitoring intake and output (e.g., 24-hour fluid balance, calorie count)
- obtaining and monitoring blood glucose levels with diagnostic devices

Infusion Therapy

- verifying infusion orders
- changing non-medicated IV fluids
- monitoring and regulating the rate of flow
- assessing site and flow

- assessing adverse reactions
- monitoring electronic infusion pumps
- monitoring blood/blood products transfusion therapy
- obtaining blood products from the blood bank
- changing IV tubing and solutions
- discontinuing IV infusions
- assisting with client identification
- co-signing for blood administration

Maternal Care: Mother and Child

- assessing the mother in the postpartum period
 - fundus
 - lochia
 - episiotomy
 - breasts
 - bladder
 - bowels
- assisting with breast-feeding
- assisting with postpartum exercise
- assisting with the expression of milk
- assisting with episiotomy care
- assisting with the bottle feeding
- assisting with infant cord care
- assisting with circumcision care

Medication Administration

- receiving written and verbal orders, including telephone orders
- verifying medication orders

- transcribing orders
- researching medication prior to administration
- administering medication
 - oral
 - subcutaneous
 - intramuscular
 - intradermal (theory and lab only)
 - topical
 - rectal
 - vaginal
 - aural
 - nasal
 - sublingual
 - ophthalmic
 - inhalation
 - nasogastric tube
- monitoring, documenting and recording medication administration and therapeutic and/or adverse effects

Oxygenation

- establishing, positioning and maintaining oxygen and humidity
 - cannula
 - mask
 - croupette
 - humidifier
- performing oral and nasal suctioning

- caring for tracheotomy
- initiating and performing cardio-pulmonary resuscitation
- monitoring
 - temperature
 - pulse
 - respiration
 - blood pressure
 - oxygen saturation
 - skin color
 - capillary refill
 - peak flow
 - incentive spirometers

Safety

- practising the principles of mechanical, electrical, thermal and chemical safety and accident prevention [e.g., Workplace Hazardous Materials Information System, (WHMIS)]
- practicing the principles of microbial safety
- using the principles of good body mechanics
- applying and monitoring restraints
- verifying client identification
- ensuring client accessibility to the call system
- performing basic emergency measures
- recognizing and reporting indications of child, adult,

spousal, workplace and chemical abuse and/or neglect

- providing non-violent crisis intervention
- intervening to meet the needs of emotionally, mentally and/or psychologically impaired clients
- becoming familiar with equipment operation
- maintaining a safe work environment

Specimen

- assisting with performing diagnostic tests
- collecting and labelling
 - sputum
 - stool
 - urine
 - swabs
- testing body fluids
 - pH gastric contents
 - blood sugar/glucose in blood, including glucometer checks
 - urine and stool

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