



**College of Licensed Practical Nurses of Nova Scotia**

Scope of Practice

Standards of Practice

Code of Ethics:  
Primary Values

An Ethical Practice Framework  
Exemplar Review

## 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](http://www.clpnns.ca) and numerous practice consultations via phone, email and in person/on-site.

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\* Companion documents *Scope of Practice of LPNs in Nova Scotia* and *Working Collaboratively in Nova Scotia: RNs and LPNs* are in development.

## 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 (2006) and Regulations to set standards of practice and promote a code of ethics for LPNs. The mission of the College is to regulate the practice of LPNs in the interest of the people of Nova Scotia. As a self-regulating profession that is accountable to the public, the CLPNNS is responsible for establishing, maintaining and monitoring practice standards to be met by all LPNs in Nova Scotia.

The LPN Act ensures that public interest may be served and protected, and so gives power to the college to regulate the practice of LPNs by:

- Setting the standards for LPN practice
- Establishing and promoting a code of ethics
- Setting the standards for professional-conduct processes
- Setting standards for evaluating and approving provincial LPN programs
- Setting admission standards for practical nursing programs
- Setting the education standards for eligibility to be licensed in accordance with this Act
- Setting registration and licensing standards

**Note:**

These standards replace the 2005 *Scope of Practice, Code of Ethics and Standards of Practice* and are regularly reviewed and may be changed in response to and in anticipation of new trends in nursing and health care delivery.

## Introduction

Maximizing the scope of practice of all health care providers, including nurses, is a key component to the delivery of safe, quality-based and cost-effective health care. (NS DOH 2011) Oelke et al. (2008) notes that optimizing nursing practice recognizes that nursing care is more than a collection of tasks. Rather, nursing practice is an understanding of the context of care, the health needs of the population and the knowledge bases of the providers. Maximizing the scope of practice of the LPN involves reviewing the context of care (the processes, supports, education and policies currently in place and what is to be developed), the needs of the client and the competencies of the individual nurse.

Questions about the scope of practice, competency requirements and entry-level and beyond entry-level competencies of LPNs today have been raised because of changes in the provincial practical nurse legislation. Some of these questions—from employers, other health care providers and even LPNs themselves—have been preventing LPNs from enacting the full scope of practice. White et al (2008) notes that role optimization is shown in an environment that supports the full enactment of a role. Work environments that support optimized practice of nurses will lead to positive changes in scope of practice and better patient outcomes. These have been identified as priorities for Nova Scotia (Nova Scotia Nursing Strategy 2006).

The information in this document is meant to provide LPNs, members of the inter-professional healthcare team and employers with clarity about the scope of practice of the LPN. Its intent is to highlight the professional capacity of the LPN and promote the best use of practical nurses in the health care system.

## Educational Preparation

To practise as an LPN in Nova Scotia, an individual must be a graduate of an approved school of practical nursing (or equivalent) and have successfully completed the Canadian Practical Nurse Registration Exam (CPNRE) or equivalent. The initial practical nursing education program allows students to gain the knowledge, skills, attitudes and judgment needed for a beginning practitioner entering the profession. Entry-level practitioners can demonstrate professional caring, support clients, establish and maintain collaborative partnerships and take accountability for continuous learning.

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

## Entry to Practice

An entry-level practitioner is an LPN at the point of initial entry into practice, or when transitioning into a new practice setting. Benner (1982) notes that new nurses progress through different stages of clinical competence as they develop in their careers. Although some newly graduated LPNs may show a higher level of clinical competence, it is expected the experience they gain will expand and develop the LPNs' knowledge, skill, judgment and attitudes.

See **APPENDIX A** for Benner's Novice to Expert Model and the Dreyfus Model of Skill Acquisition.

# Scope of Practice

The scope of practice of a profession outlines the range of roles, functions, responsibilities and activities its members are educated and authorized to perform. The scope of practice of the Licensed Practical Nurse refers to the designated role, functions and activities that an LPN is educated, competent and authorized to perform within the practice of practical nursing. It sets the practice boundaries for all its practitioners. It is recognized and accepted that at times the scope of practice may need modifications in response to the ever-changing needs of the client, the health care system, the competency of the individual nurse and resources available to the practical nurse.

The scope of practice statement is an overall general description of the services its practitioners are qualified to provide and the conditions and limitations under which these services may be provided. The statement generally provides the basis for the development of standards and competencies for beginning practitioners. It regulates the practice of the profession, guides curriculum development, helps employers in preparing job or position descriptions and performance reviews and informs the general public about the services its members are qualified to provide.

Entry-level competencies are not listed as a part of the scope of practice statement. (A guide to these can be found in the document *Entry-Level Competencies for LPNs (2010)*.) It is important to note that as professional practice responds to the growth of knowledge, advances in technology and health care system changes, entry-level competencies are reviewed and/or changed at a minimum every 5 years.

## Scope of Practice of Licensed Practical Nurses in Nova Scotia

In **partnership with other health care professionals/providers**, LPNs provide professional nursing care and promote health and healing to individuals, groups (includes families), communities and populations in a variety of care settings (acute care, long-term/extended care, home care public health and/or community care). Nursing Services means the application of nursing theory in the:

- Assessment of clients
- Collaboration in the development of the nursing plan of care
- Implementation of the nursing plan of care, and
- Evaluation of the client.

The practice of practical nursing involves the provision of nursing services:

- **Independently** for clients considered stable with predictable outcomes, and
- **Under the guidance or direction** of a registered nurse, medical practitioner or other health care professional authorized to provide such consultation, guidance or direction for clients considered unstable with unpredictable outcomes.

Where the client has **well-defined** health challenges with **predictable outcomes** (client is achieving the expected outcomes as set in the plan of care), the LPN may function independently within her/his level of education and competence using the established plan of care to guide the decision making process. As the acuity or complexity of care increases and/or the **outcomes are unknown or not predictable** (client is not achieving expected outcomes) an advanced level of knowledge is required, and the LPN works in collaboration or under the general guidance or direction of a registered nurse or medical practitioner to meet the care needs of the client. This general direction may be given verbally, in writing, by telephone and/or by any other means of communication.

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

**Independent:** makes nursing decisions and/or performs all aspects of nursing procedure/activity/intervention independently. Makes decisions about the procedure/activity/intervention and is able to predict and manage the outcomes of the procedure/activity/intervention. Assumes accountability for decisions and outcomes.

**In Consultation:** makes nursing care decisions and/or performs a nursing procedure/activity/intervention following the advice of a health care provider competent to provide consultation in regards to the procedure/activity/intervention. Shares accountability with consultant; however, consulting nurse has the responsibility to communicate and update consultant in regards to patient outcomes.

**Under Guidance/Direction:** performs a nursing procedure/activity/intervention under the direct or indirect guidance/direction of an individual competent in the performance of the procedure/activity/intervention. The professional providing the guidance/direction is accountable for the decisions to assign procedure/activity/intervention and to provide support and guidance to the nurse receiving the direction. The nurse receiving the guidance/direction is accountable to seek and accept direction as necessary as well as to communicate and update the directing professional about patient outcomes.

# Standards of Practice

In Nova Scotia, LPNs practise within the discipline of nursing. Nursing is prevention of illness, the alleviation of suffering and the protection, promotion and restoration of health in the care of individuals, families and groups (ANA 2003).

**Standards for nursing practice** are the desired and achievable minimal professional practice expectations for any licensed practical nurse in any setting or role in the nursing profession (LPN Act 2006) and the expected level of performance of a nurse to provide safe, competent and ethical care (CNA 2007). A self-regulating profession regularly develops standards of practice (CNA 2010). Each of the standards identifies the quality of practice needed and applies across all practice settings.

A **standard of practice** is the exemplar of nursing practice by which every practicing LPN should compare her/his professional practice and level of competence. The CLPNNS standards of practice describe the ethical and professional standards expected of LPNs in Nova Scotia. Clients, employers, colleagues and LPNs themselves will use these standards to evaluate individual practitioners.

It is invaluable for professional regulatory bodies, health districts and educational institutions to collaborate in using the standards as a way of evaluating individual practice. This collaborative process promotes public access to safe, competent and ethical nursing services.

Standards are developed for entry-level practitioners but apply to every LPN. They assist a variety of stakeholders (internal and external) in a number of ways:

- 1 Assist **practical nurse educators** by:
  - Providing direction to post-secondary educational programs regarding essential curriculum components, and the review and recognition of those components.
- 2 Assist the **public** by:
  - Ensuring that LPNs provides safe, competent, and ethical care to the people of Nova Scotia.
- 3 Assist **employers** by:
  - Serving as a guideline for the development of competency assessment tools and methods, performance-management systems and LPN role descriptions.
- 4 Assist **governments** by:
  - Providing baseline information and reference for long-term human-resource planning for health care.
- 5 Assist **licensed practical nurses** by:
  - Providing benchmarks for safe, competent and ethical care.

## The Organization of the Standards

The standards have been organized into sections that reflect the framework of the *Entry Level Competencies for the Licensed Practical Nurse of Nova Scotia* and the *Canadian Practical Nurse Registration Exam Blueprint (CPNRE)*. It is important to note the sections are not ordered by importance or priority. They are organized to connect the legislation that governs the practice of LPNs (LPN Act 2006) to behaviour and competencies for safe, competent and ethical practice (Entry Level Competencies and CPNRE Blueprint).

### Key Assumptions about the Standards of Practice and Clinical Indicators

Standards of practice:

- Apply to every LPN at all times
- Apply equally in all contexts of practice
- Are decision-making guidelines that help practical nurses
- Support LPNs in their daily practice settings
- Inform the public and others of the practice expectations of LPNs
- Are used as legal reference points for reasonable and prudent practice
- Help the CLPNNS in meeting its statutory obligations

Clinical Indicators of the standards of practice:

- Illustrate how standards may be met, but are not all-inclusive or exhaustive
- Describe the application of standards in certain contexts of practice
- Describe the practice expectations of practical nurses with varying levels of expertise

### Key Assumptions About LPN 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 collaboration and interaction as part of the inter-professional health care team.
- LPNs are committed to the service of society, continuous learning, ethical standards and accountability for their own actions.
- LPNs are committed to professional values of CLPNNS Code of Ethics.
- LPNs are committed to adapting to the changing needs, values and beliefs of society.
- LPNs provide care in a variety of settings in all dimensions of health.

## Standards of Practice Framework

<p><b>1.0 Professional, Ethical and Legal Practice</b></p> <p>The licensed practical nurse is accountable and responsible for providing safe, competent and ethical nursing care, while developing and maintaining a therapeutic nurse-client relationship. A code of ethics provides direction for the practical nurse to uphold the highest standard of care as defined by the scope of practice. The licensed practical nurse is legally accountable to the client, the employer and the profession.</p>	
Standard	Clinical Indicators
<p><b>1.1 Accountability</b></p> <p>The LPN is accountable for their practice, decisions and actions at all times and for maintaining standards of professional practice, conduct and safety in their practice.</p>	<p>1.1.1 Demonstrates accountability by assuming responsibility for practice, decisions and actions at all times.</p> <p>1.1.2 Practices in a manner consistent with applicable legislation, Standards of Practice, Regulation, By-laws, agency policies and procedures and own level of competence.</p> <p>1.1.3 Initiates consultation and/or collaboration with the appropriate persons or agency when practice requirements are outside their practice, beyond their ability or exceed the scope of their individual practice.</p> <p>1.1.4 Identifies questionable, unclear or unsafe situations and reports these situations to appropriate person/agency.</p> <p>1.1.5 Initiates necessary action (including documentation of action) to correct, improve, eliminate or mitigate unclear or unsafe situations.</p> <p>1.1.6 Maintains physical, mental, emotional and spiritual well-being and fitness to practise.</p>
<p><b>1.2 Ethical Practise</b></p> <p>The LPN is accountable to understand, uphold and promote the ethical standard of the nursing profession.</p>	<p>1.2.1 Practises in a manner consistent with the College of Licensed Practical Nurses of Nova Scotia Code of Ethics.</p> <p>1.2.2 Demonstrates honesty, integrity and trustworthiness.</p> <p>1.2.3 Recognizes and reports unethical, unprofessional and/or unsafe practice to the appropriate person/agency.</p> <p>1.2.4 Recognizes the impact of own values and beliefs on practice.</p> <p>1.2.5 Maintains confidentiality at all times.</p>

<b>2.0 Foundations of Practice</b>	
<p>As a member of the health care team, the licensed practical nurse is integral in the assessment, planning, implementation, evaluation and documentation of nursing care. The licensed practical nurse promotes, supports and advocates for client self-determination to achieve optimum health outcomes. The licensed practical nurse uses critical thinking to guide the formation of clinical decisions, based on evidence-informed practice.</p>	
<b>Standard</b>	<b>Clinical Indicators</b>
<p><b>2.1 Knowledge</b> The LPN is accountable to possess the knowledge relevant to support professional practice. This knowledge is achieved through initial education and commitment to life-long learning.</p>	<p>2.1.1 Provides a theoretical and/or evidence-based rationale for all decisions.</p> <p>2.1.2 Demonstrates an understanding of the knowledge, critical thinking and clinical judgment required to support the delivery of safe, competent and ethical care.</p> <p>2.1.3 Demonstrates an understanding of relevant nursing legislation and standards of practice.</p> <p>2.1.4 Practices in a culturally competent manner.</p> <p>2.1.5 Demonstrates an understanding of the concepts of health promotion and protection.</p> <p>2.1.6 Demonstrates an understanding of available resources, where, how and when to access them and with whom to consult/ collaborate with as necessary.</p> <p>2.1.7 Seeks out and reviews relevant nursing research.</p>
<p><b>2.2 Knowledge Application</b> The LPN is accountable for applying their professional knowledge and organizing their decisions using the nursing process.</p>	<p>2.2.1 Embeds best practice and evidence-informed decision-making into their practice to ensure practice meets all relevant standards, guidelines and/or agency policies.</p> <p>2.2.2 Articulates the findings of assessment of the client using a theory, framework or evidenced-based tool(s).</p> <p>2.2.3 Articulates expected outcomes for clients based on assessment findings.</p> <p>2.2.4 Collaborates with others to develop plans to manage assessment findings.</p> <p>2.2.5 Identifies and applies appropriate nursing interventions.</p> <p>2.2.6 Articulates the limits of own practice and consults/ collaborates with others as necessary.</p> <p>2.2.7 Demonstrates ability to modify or evolve practice/ nursing actions based on the evaluation of the client’s response to interventions/plan.</p> <p>2.2.8 Articulates the impact of culturally competent care and/or research findings on nursing decisions.</p>
<p><b>2.3 Continuing Competence</b> The LPN is accountable to attain and maintain the knowledge, skills, behaviours and judgments required to practise safely, ethically and competently.</p>	<p>2.3.1 Assumes primary accountability for being up to date in their practice.</p> <p>2.3.2 Engages in self-assessment and reflection of professional practice and competence.</p> <p>2.3.3 Initiates consultation, collaboration or action with appropriate persons/agency to achieve competency in areas of identified need.</p> <p>2.3.4 Evaluates own practice, seeks feedback from others and provides constructive feedback to others as necessary.</p> <p>2.3.5 Demonstrates a commitment to lifelong learning by investing time, effort and own resources in maintaining own competence, fitness to practise.</p> <p>2.3.6 Shares knowledge with others, provides mentorship, supports the learning of others.</p> <p>2.3.7 Participates in the CLPNNS Continuing Competence Program (CCP).</p>

<b>3.0 Collaborative Practice</b>	
<p>The licensed practical nurse works collaboratively with other members of the health care team, while maintaining autonomy within her/his scope of practice. The licensed practical nurse demonstrates leadership, while fostering continued growth of self and others to meet the challenges of the evolving health care system</p>	
<b>Standard</b>	<b>Clinical Indicators</b>
<p><b>3.1 Relationships</b> The LPN is accountable to establish and maintain respectful, collaborative, therapeutic and professional relationships.</p>	<p>3.1.1 Maintains appropriate boundaries between professional therapeutic relationships and non-professional personal relationships.</p> <p>3.1.2 Demonstrates respect for the knowledge of other professionals and other disciplines by initiating collaboration and/or consultation when appropriate.</p> <p>3.1.3 Practises in a manner that is consistent with the principles of inter/intra-professional collaboration, consultation and cooperation.</p> <p>3.1.4 Demonstrates a commitment to respectful, collaborative, therapeutic and professional relationships by engaging in positive conversations, seeking and providing feedback.</p> <p>3.1.5 Practises independently or collaboratively depending upon the care needs of the client.</p> <p>3.1.6 Actively engages in collaborative practice with appropriate professionals when the care needs of the client increase in complexity or variability.</p> <p>3.1.7 Maintains a professional presence with clients and others at all times by communicating (verbally, non-verbally, electronically {which includes use of social media} and in writing) in a respectful manner.</p>
<p><b>3.2 Advocacy</b> The LPN is accountable for ensuring that the voice of the client/family, the profession and the system is heard.</p>	<p>3.2.1 Advocates for those in their care, protects and promotes independence, respect, dignity, privacy, informed consent, and informed decision-making.</p> <p>3.2.2 Practices in a manner that is consistent with the philosophy of Patient/Family Centered Care.</p> <p>3.2.3 Demonstrates a commitment to the nursing profession by engaging in life-long learning, role modeling professional behaviour and educating others about the role of the practical nurse and the contributions the practical nurse makes to the health care system.</p> <p>3.2.4 Reflects on the evolution of the practical nurse profession and health care system at large and recognizes evolution of the profession is necessary to reflect needed changes.</p> <p>3.2.5 Demonstrates an awareness of health care resources and consumes, allocates, delegates and assigns resources (human, financial and material) in an appropriate manner.</p> <p>3.2.6 Contributes to the development and maintenance of safe and quality practice environments</p>

## Delegation of Function

A specific function, role or activity—even one outside the scope of practice for an LPN – may be delegated from other health care professionals to the LPN in certain circumstances.

The following criteria support the delegation of function:

- (i) There is no or minimal risk to the client.
- (ii) The LPN accepting the delegated function has the necessary underlying education, training or competence to perform the task.
- (iii) The LPN and the employer have developed a process (such as education modules, on-line learning, clinical mentorship) to determine and sustain competency in the delegated task.
- (iv) The employer has developed a policy that supports the delegated function of the LPN. The policy outlines the process of achieving, sustaining and documenting competence in the delegated function.

Once she/he accepts the delegated function, the LPN will be accountable to the client and the employer for competently performing the delegated function, role or activity. In some practice contexts, the LPN may appropriately delegate to another care provider. In these instances the LPN is accountable for the outcome of the delegated task and not the performance of the task.

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.

## Glossary

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

**Advocacy:** Supporting, protecting and safeguarding 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.

**Assignment:** the transfer of a task, role or function to a health care provider who has the authority to perform that task. Assignment involves the transferring of responsibility for the performance of the task, role or function **and** the accountability for the outcome of the function or activity.

**Autonomy:** having the ability to make decisions and independently carry out nursing responsibilities. The LPNs level of autonomy (ability to make a decision independently) changes in relation to the predictability or lack of predictability of the client.

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

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

**Code of Ethics:** A framework that provides LPNs direction in ethical decision-making. The code provides guidance for ethical relationships, responsibilities, behaviours and decision-making and is to be used in conjunction with provincial standards of practice, regulations and legislation that guide practice (CNA 2008).

**Collaboration:** the act of working together with another to create something ([www.dictionary.com](http://www.dictionary.com)).

**College:** the College of Licensed Practical Nurses of Nova Scotia (LPN Act 2006).

**Competencies:** the specific knowledge, skills and judgment needed by an LPN to be considered competent in a designated role and practice setting.

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

**Consultation:** a meeting of two or more health care professionals to discuss the diagnosis, prognosis or treatment of a particular case. ([www.dictionary.com](http://www.dictionary.com))

**Continuing competence:** the ongoing ability of an LPN to integrate and apply the knowledge, skills and judgment needed to practice safely and ethically in a designated role and setting (LPN Act 2006).

**Critical thinking:** active and purposeful problem-solving process. It requires the nurse to advance beyond the performance of skills and interventions and provide care based on evidence-informed practice. It involves identifying and prioritizing risks and problems, clarifying and challenging assumptions, checking for accuracy and reliability of information, weighing evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking (CPNRE 2011).

**Culturally Competent Care:** the application of knowledge, skills, attitudes and attributes required by nurses to maximize respectful relationships with diverse populations of clients and co-workers (CNA 2010).

**Delegation:** the transfer of a task, role or function to a health care provider who **does not** have 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:** economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole. These conditions determine whether individuals stay healthy or become ill and the quality and quantity of resources that a society makes available to its people (CNA 2005).

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

**Entry-level competencies:** the integrated knowledge, skills and judgment expected and needed of a practical nursing upon graduation from a practical nursing program (LPN Act 2006).

**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 2010).

**Evidence-based practice/knowledge:** the identification, evaluation and application of current research findings to guide practice decisions. (CPNRE 2010)

**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.

**Health promotion:** Building an understanding of the determinants of health and developing skills to improve and maintain health and well-being. (CNA 2005)

**Inter-professional health care team:** the client, regulated healthcare professionals, unregulated healthcare providers and all others who are involved in the provision of care.

**Inter-professional patient safety competencies:** an interprofessional and practical patient safety framework that identifies the knowledge, skills and attitudes required by all health providers.

**Leadership:** the shared and independent responsibility to model the professions values, beliefs and attributes, promoting and advocating for innovation and best practices. (CPNRE 2010)

**Licensed practical nurse (LPN):** a person who is licensed as a practical nurse (LPN Regulations 2006).

**Level of autonomy:** the level of independence an LPN may assume when making decisions about or performing nursing care. The level of autonomy changes in relation to the needs of the client. The more predictable the client, the greater the independence; the less predictable the client, the less independence.

The LPN may function

- *Independently:* makes nursing decisions and/or 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*: makes nursing decisions and/or performs a nursing procedure/activity/intervention following the advice 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.
- *Under guidance or direction*: performs a nursing procedure/activity/intervention following the guidance/direction of an individual competent in the performance of the competency in a designated role and setting. Guidance/direction may be given 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.

**Medical practitioner:** a person who is licensed to practise medicine pursuant to the Medical Act (LPN Act, 2006).

**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).

**Patient/Family Centered Care:** Identifying and respecting the patient's perspective about what matters most to them and tailoring the care that is provided to enhance the experience while receiving care.

**Practical nursing:** The practice of practical nursing means the provision of nursing services:

- (i) Independently for clients considered stable with predictable outcomes, and
- (ii) Under the guidance or direction of registered nurses, medical practitioners or other health care professionals authorized to provide such consultation, guidance or direction, for clients considered unstable with unpredictable outcomes. (LPN Act 2006)

**Professional-conduct process:** the disciplinary process defined within the LPN Act, 2006 Part V, and the Licensed Practical Nurses Regulations, 2006.

**Registered Nurse:** a person licensed to practice nursing pursuant to the Registered Nurses Act (LPN Act, 2006).

**Responsibility:** the act of being answerable or taking ownership ([www.dictionary.com](http://www.dictionary.com)).

**Risk management:** the ability to use a system for identifying potential risks, recognizing legal implications and responding appropriately.

**Scope of practice:** the designated roles, functions and activities that a LPN is educated, competent and authorized to perform within the practice of practical nursing (LPN Act 2006).

**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:** client's health outcome cannot reasonably be expected to follow an anticipated path; 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.

## APPENDIX A

### Benner's Stages of Clinical Competence: From Novice to Expert

Patricia Benner developed a model framework to describe the development of a nurse's clinical competence. Benner felt the increasing complexity of nursing practice called for ongoing career development, which in turn needed an understanding of the differences between novice and expert clinicians. She describes experience as the refinement of theory through encounters with actual practical situations. Expertise is apparent in excellent clinical care and clinical decision-making. Although this model was designed to describe nursing development, it can be applied to other disciplines as well.

Stages of Clinical Competence	Nursing Practice
Novice	<p>Lacks experience with the situations in which they are expected to perform.</p> <p>Performs based on context-free rules that are independent of specific cases.</p> <p>Tends to apply rules universally in all situations.</p> <p>Focuses on "pieces" rather than on the whole.</p>
Advanced Beginner	<p>Able to demonstrate marginally acceptable performance.</p> <p>Identifies recurrent meaningful components based on experience in actual situations.</p> <p>Begins to formulate principles to guide actions based on prior experience.</p>
Competent	<p>Develops a plan based on considerable conscious, abstract and analytical contemplation of the problem.</p> <p>Able to see own actions in terms of long-range goals or plans of which they are consciously aware.</p> <p>Lacks experience to recognize a situation in terms of the overall picture, or of which aspects are most prominent or most important.</p>
Proficient	<p>Perceives a situation as a whole rather than in multiple pieces.</p> <p>Demonstrates increased ability to recognize patterns. When expected "normal picture" does not materialize, modifies plans in response.</p> <p>Decision-making is less laboured as the nurse has perspective about attributes and factors important to the situation.</p>
Expert	<p>Has an instinctive grasp of whole situations and zeroes in on the specific problem.</p> <p>Functions from a deeper understanding of the total overall situation during problem-solving and decision-making.</p> <p>Identifies continued need to use analytical abilities in situations with which the nurse has no previous experience.</p> <p>Performance becomes fluid, flexible and highly proficient.</p>

## Applying Benner's Stages of Clinical Competence to the Dreyfus Model of Skill Acquisition

The LPN will build upon all aspects of entry-level practice as they progress from novice to expert practitioner. Benner's Stages of Clinical Competence model is described below to illustrate the growth and development of a nurse's clinical competence.

The Dreyfus model suggests that in the acquisition and development of a skill, a nurse passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. These different levels reflect changes in three general aspects of skilled performance:

- 1 The first is a movement from reliance on abstract principles to the use of past concrete experience as hypothesis.
- 2 The second is a change in the learner's assessment of the current situation, in which the situation is seen as less like a collection of equally important pieces, and more as a complete whole in which only certain parts are relevant.
- 3 The third is a passage from detached observation to a more involved performer. The performer no longer stands outside the situation but is now engaged within the situation

### Stage 1: Novice

Novices have had no experience with the situations in which they are expected to perform. Novices are taught rules to help them perform; rules that are context-free and independent of specific cases; therefore, these rules tend to be applied universally in all situations. The rule-governed behaviour typical of the novice is extremely limited and inflexible. As such, novices have no "life experience" in the application of rules.

### Stage 2: Advanced Beginner

Advanced beginners are able to demonstrate marginally acceptable performance, and have coped with enough real situations to note, or to have pointed out to them by a mentor, the recurring meaningful situational components. The advanced beginner draws on prior experience in actual situations for recognition of these components, and begins to formulate principles to guide their actions—principles that are based on experience.

### Stage 3: Competent

Competence, characterized by the nurse who has been on the job and experienced the same or similar situations over a period of time, develops when the nurse begins to see their own actions in terms of long-range goals or plans of which they are consciously aware. For the competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract and analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organization. The competent nurse lacks the speed and flexibility of the proficient nurse but does have a feeling of mastery and the ability to cope with and manage the many contingencies of clinical nursing. The competent nurse does not yet have enough experience to recognize a situation in terms of an overall picture, or in terms of which aspects are most prominent or most important.

## **Stage 4: Proficient**

The proficient nurse perceives situations as wholes rather than in terms of chopped-up parts or pieces, and performance is guided by truisms. Proficient nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals. The proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient nurse can recognize when the expected normal picture does not materialize. This holistic understanding improves the proficient nurse's decision-making; it becomes less laboured because the nurse now has a perspective on which of the many existing attributes and factors in the present situation are the important ones. The proficient nurse uses truisms as guides that reflect what would appear to the competent or novice performer as subtleties of the situation; they can mean one thing at one time and something quite different at a later time; however, once one has a deep understanding of the situation overall, the truism provides direction as to what must be taken into account, and reflects the nuances of the situation.

## **Stage 5: Expert**

The expert no longer relies on analytical thinking to connect their own understanding of the situation to an appropriate action. The expert nurse, with a vast background of experience, now has an instinctive grasp of each situation and zeroes in on the specific problem without wasteful consideration of a large range of alternative diagnoses and solutions. The expert operates from a deeper understanding of the total overall situation. For instance, when asked why they made a particularly exceptional decision, the expert will just say: "Because it felt right." The nurse is no longer aware of features and rules; their performance becomes fluid and flexible and highly proficient. This is not to say that the expert never uses analytical tools. Highly skilled analytic ability is necessary for those situations with which the nurse has had no previous experience. Analytical tools are also necessary for those times when the expert gets an incorrect grasp of the situation and then finds that events and behaviours are not occurring as expected. When alternative perspectives are not available to the clinical practitioner, the only way out of a wrong grasp of the problem is by using analytical problem solving.

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# Code of Ethics:

Primary Values

An Ethical Practice Framework

Exemplar Review

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## Introduction

The Code of Ethics for Licensed Practical Nurses (LPNs) in Nova Scotia provides direction for ethical decision-making. The code provides guidance for ethical relationships, responsibilities, behaviours and decision-making and is to be used in conjunction with provincial standards of practice, regulations and legislation that guide practice (CNA 2008).

An ethical conflict or dilemma exists when two or more ethical values apply to a client situation and those values clash with the perception of the current action plan or plan of care (Gaudine, LeFort, Lamb & Thorne 2011) or those values support different courses of action. Nurses may experience ethical uncertainty when faced with a situation in which they are unsure of what values apply or struggle to identify the moral problem. They may also experience ethical distress when they are unsure of the right or best course of action (Cohen and Erickson 2006) or faced with outcomes that may be undesirable for one or more parties (Ham 2004).

Not all nurses experience the same situation in the same way, and a situation that causes conflict, uncertainty or distress for some nurses may be straightforward for others. There is room for disagreement among nurses on how they weigh the different ethical values. Above all, nurses need to choose ethical interventions that meet the needs of clients. Identifying and solving ethical problems requires sensitivity, intellectual curiosity and commitment. If in doubt, nurses need to ask questions of and speak with colleagues. By discussing and understanding values, and reviewing case situations, nurses can prepare themselves for ethical practice.

## Resolving Ethical Conflicts

Working through and understanding ethical situations are an ongoing part of care. A case study included in this document gives an example of how a framework can be used for working through ethical situations. It is important to remember that it may not always be possible to find a resolution to a conflict that satisfies everyone. For these situations, the *best possible outcome* is identified in consultation with the client, and the health care team develops a plan to achieve that outcome. Despite this, individuals on the team may still not be individually satisfied with the resolution. In these cases they should examine why they're unsatisfied and consider the possibility of taking follow-up action. If a mutually agreeable resolution cannot be found, it may be necessary to re-analyze the situation. Even if a resolution still cannot be reached, further assessment will result in a greater understanding. As with other aspects of care, it is necessary to document those discussions and decisions.

## Code of Ethics

The purpose of the code of ethics is to ensure that all registrants conduct themselves in an honourable and ethical manner (LPN Act 2006) consistent with moral norms. The code is made up of three sections. **Primary values** describe the ethical values LPNs are expected to uphold. LPNs are accountable for putting into practice these values in their professional relationships with their clients, families, colleagues, employers, populations and themselves (CNO 2008, CLPNNS 2011). Each Primary value has an attached list of behavioural indicators, or behaviours that can be expected of any LPN. The indicators are consistent with ethical practice. It is important to note that behavioural indicators are not prioritized according to value or importance. The indicators are meant to describe general expectations, and every nurse is expected to use critical-thinking and clinical judgment at all times when applying those indicators to practice.

The **ethical practice framework** is developed based on the nursing process and is designed to provide nurses a tool to examine ethical situations. The framework, like the nursing process, has four sections:

- Assessment
- Planning
- Implementation
- Evaluation

Finally the **exemplar review gives** LPNs an opportunity to review a case study and apply and examine the values using the framework. Nurses should remember that there are many ways of working through an ethical situation and the framework detailed in this document is just one way of approaching that process.

## Key Assumptions Applicable to the Code of Ethics

The Code of Ethics:

- States the accountability of LPNs to comply with an honourable and ethical code
- Clarifies the application of the code of ethics in practice settings
- Describes the ethical expectations for LPNs
- Creates a framework to support ethical decision-making
- Acknowledges that in some circumstances a completely good outcome is impossible and the best possible outcome may be the one that is least bad.

## Section 1: *Primary Values*

Primary Value	Behavioural Indicators
<p><b>SAFE, COMPETENT AND ETHICAL CARE</b></p> <p>LPNs value the ability to provide safe, competent and ethical care that allows them to fulfill their clinical and professional obligations to the people they serve.</p>	<ul style="list-style-type: none"> <li>• Practice in a manner that is consistent with their Scope of Practice and do not engage in practices that are beyond the limits of their scope or are in conflict with their Standards of Practice.</li> <li>• Perform only the nursing functions for which they have the required knowledge, skills, attitude and judgment.</li> <li>• Provide competent care and accept responsibility for own range of competencies based on their Scope of Practice and competencies (<i>See CLPNNS Entry-Level Competencies for LPNs and CLPNNS Scope of Practice and Standards of Practice documents</i>)</li> <li>• Practice (during work time) and conduct (when away from the workplace) reflects favourably on the Licensed Practical Nurse profession, in an effort to promote professional and public trust.</li> <li>• Work collaboratively and cooperatively with all members of the health care team.</li> <li>• Seek assistance, guidance and direction from the appropriate care provider when aspects of the required client care are beyond their range of individual competencies.</li> <li>• Inform clients about their care and ensure informed consent prior to providing care.</li> <li>• Admit mistakes and take action to prevent or minimize harm arising from an adverse event.</li> <li>• Apply relevant patient safety competencies into daily practice.</li> <li>• Embed relevant research findings into their daily practice and acquire new skills and knowledge in their area of practice throughout their career.</li> <li>• Advocate for ongoing research designed to identify best nursing practices for LPNs.</li> <li>• Report (includes documentation) to the appropriate authority and/or CLPNNS any incompetent or unethical behavior.</li> <li>• Take responsibility for continuing individual professional growth and development and commit to continuing education that reflects the evolution of the practical nurse profession.</li> <li>• Participate in the CLPNNS Continuing Competency Program.</li> </ul>

Primary Value	Behavioural Indicators
<p><b>HEALTH AND WELL-BEING</b>                      LPNs value health promotion and the well-being of clients, colleagues, all members of the healthcare team and themselves. LPNs value assisting persons to achieve their optimum level of health in situations of health, illness, injury, disability and at life’s end.</p>	<ul style="list-style-type: none"> <li>• Recognize that health is more than the absence of disease or infirmity and provide patient/family centered care to help patients/families achieve their goals of optimal health and well-being.</li> <li>• Recognize the impact of social determinants of health on the health and well-being of clients and care providers.</li> <li>• Recognize the value of a full continuum of accessible health services, including health promotion and disease prevention initiatives, as well as diagnostic, restorative, rehabilitative and palliative care services.</li> <li>• Recognize value and respect the knowledge, skills and perspectives of their clients and other health care providers and consult and collaborate with them as necessary.</li> <li>• Respect and promote the physical, mental, emotional and spiritual well-being of clients, recognizing the effect and importance of their family, social support systems and community.</li> <li>• Recognize the effect their own physical, mental, emotional and spiritual well-being has on the care they deliver and take responsibility to maximize their personal well-being.</li> <li>• Support and contribute to the development of ethically rigorous policies, procedures, research activities and professional practice guidelines in the workplace</li> <li>• Act as leaders and role models in their practice, promoting the integrity of the profession.</li> </ul>
<p><b>CHOICE</b>                      LPNs respect and promote the autonomy of individuals and assists them to express their health needs and values; LPNs enable individuals to obtain desired information and services that support informed decision-making.</p>	<ul style="list-style-type: none"> <li>• Practice in a manner that fosters trust and uses therapeutic communication to ensure clients’ choice is understood, expressed and advocated for.</li> <li>• Demonstrate respect for the right of choice and personal freedoms held by clients and acknowledge that clients are integral partners in the decision-making process.</li> <li>• Uphold a clients’ right to refuse treatment and make decisions not conducive to good health.</li> <li>• Support clients to contribute to their own personal health and safety, to participate in decisions regarding their health and to act on their own behalf in meeting their health care needs.</li> <li>• Respect the wishes of those who refuse, or are not ready, to be given information about their health condition.</li> <li>• Provide ongoing opportunities for people to make choices, to change their mind, and to maintain as much decision-making capacity as possible, even when other factors reduce the client’s capacity for self-determination.</li> <li>• Respect a person’s written and legal advance directives.</li> </ul>

Primary Value	Behavioural Indicators
	<ul style="list-style-type: none"> <li>• Consult and collaborate with a substitute decision-maker, family and the health care team when appropriate.</li> <li>• Respect a client’s choice of decision-making method by practicing in a culturally competent manner.</li> <li>• Advocate for clients’ choice if the client’s well-being is compromised by family, community or other healthcare providers.</li> </ul>
<p><b>DIGNITY AND RESPECT</b>                      LPNs recognize and respect the inherent worth of each person and advocate for respectful treatment of all persons.</p>	<ul style="list-style-type: none"> <li>• Let the dignity, rights and independence of all persons guide practice decisions.</li> <li>• Demonstrate dignity and respect in their professional practice and every interaction with client, family or colleague.</li> <li>• Express regard for individuals’ uniqueness and integrity regardless of colour, race, national or ethnic origin, culture, spiritual beliefs, creed, sex, age, marital, family, legal status, lifestyle, sexual orientation, gender identity or expression, physical and mental ability or social status.</li> <li>• Practice in a manner that recognizes the vulnerability of clients maintains professional boundaries and preserves the therapeutic relationship.</li> <li>• Intervene (includes documentation) if others fail to respect the dignity of persons in care.</li> <li>• Advocate for the client, the profession and the system by ensuring appropriate use of interventions and resources to minimize redundancy and unwanted procedures.</li> <li>• Demonstrate respect for other health care professionals, employers and employers’ property.</li> <li>• Communicate with others (verbally, non-verbally, electronically [which includes use of social media] and in writing) in a respectful manner.</li> </ul>
<p><b>CONFIDENTIALITY AND PRIVACY</b>                      LPNs safeguard information learned in the context of a professional relationship and ensure it is shared outside the healthcare team only with the person’s informed consent, or as may be legally required, or where the failure to disclose would cause significant harm.</p>	<ul style="list-style-type: none"> <li>• Practice in a manner that respects and protects client’s privacy and confidentiality.</li> <li>• Safeguard the confidentiality of all information gained in the context of professional relationship.</li> <li>• Respect the clients’ wishes in regards to the use, access, disclosure and collection of their personal health information.</li> <li>• Disclose confidential information appropriately (with consent and/or when legally obligated).</li> <li>• Advocate for persons requesting access to their health record.</li> <li>• Intervene (includes documentation) if other healthcare providers fail to maintain their duty of confidentiality.</li> <li>• Practice in a manner that fosters confidence and trust of their clients and families, colleagues and employers.</li> <li>• Advocate for policies and practices that protect client information.</li> </ul>

Primary Value	Behavioural Indicators
<p><b>JUSTICE</b>                      LPNs uphold principles of equity and fairness to assist persons in receiving a share of health services and resources proportionate to their needs and in promoting social justice.</p>	<ul style="list-style-type: none"> <li>• Avoid discrimination in the provision of patient/family centered nursing care based on a person’s colour, race, national or ethnic origin, culture, spiritual beliefs, creed, sex, age, marital, family or legal status, lifestyle, sexual orientation, mental or physical ability or social status.</li> <li>• Advocate for fairness and inclusiveness in health resource allocation to optimize client care; strive to make fair decisions about allocation of resources under their control based upon individual needs of clients in their care.</li> <li>• Participate in the development, implementation and ongoing evaluation of policies and protocols designed to provide best care for clients with the best use of appropriate and available resources</li> </ul>
<p><b>INTEGRITY AND ACCOUNTABILITY</b>                      LPNs are answerable for their practice. LPNs act with integrity, in a manner consistent with their professional accountability and Standards of Practice.</p>	<ul style="list-style-type: none"> <li>• Are accountable for own professional practice to ensure knowledge and skills are maintained and to keep informed about issues affecting the practice of nursing.</li> <li>• Practice safely and competently at all times in accordance with CLPNNS Standards of Practice and Code of Ethics and are accountable for outcomes of their nursing actions.</li> <li>• Work cooperatively and collaboratively with honesty and integrity with all members of the health care team.</li> <li>• Communicate (verbal, non-verbal, written, electronic [which includes social media]) with others in a nonjudgmental and therapeutic manner without bias and discrimination.</li> <li>• Share their knowledge and provide mentorship and guidance for the professional development of students and other colleagues/healthcare team members.</li> <li>• Provide reasonable notice to the employer and/or clients if they are to discontinue care for any reason and ensure a suitable replacement has been found.</li> <li>• Take appropriate (including documentation) action when actions of any health team member are not consistent with best practice or accepted standards of care; report to the appropriate authority and/or the CLPNNS any incompetent or unethical behaviors or situations.</li> <li>• Advocate for development of ethical policy, legislation or regulations.</li> <li>• Participate to develop, maintain, monitor and review the Standards of Practice, Code of Ethics and/or other relevant documents as developed by CLPNNS.</li> </ul>
<p><b>QUALITY PRACTICE ENVIRONMENTS</b>                      LPNs value and advocate for practice environments that have the organizational structures and resources to ensure safety, support and respect for all persons in the work setting.</p>	<ul style="list-style-type: none"> <li>• Advocate for sufficient human and material resources to provide safe and competent care.</li> <li>• Set priorities reflecting the appropriate allocation of resources.</li> <li>• Advocate for work environments in which all health workers are treated with respect and dignity.</li> <li>• Protect clients from incompetent, unethical and unsafe care.</li> <li>• Collaborate and consults others as necessary.</li> <li>• Advocate for ethically based and culturally competent health care environments.</li> </ul>

## Section 2: *Ethical Practice Framework*

The nature of ethics sometimes makes it difficult to precisely identify the issues causing an ethical situation. Complex, moral and value-laden situations are not always easily understood without a comprehensive examination. Working through ethical situations begins with understanding the values of all concerned. Nearly every ethical situation involves other members of the health care team and as such it is important to include the appropriate people in the discussion to develop an acceptable plan of care. An ethics resource person in the agency, clergy member or ethics committee can be of assistance and where possible should be included in the plan development.

It is important to note, there are many ways of working through and understanding ethical situations. The framework created for this document is one such method. The nursing process provides a viable approach for examining situations involving ethical values and its familiarity to nurses makes it a good fit for the discipline.

### Assessment/description of situation

- State as clearly as possible the ethical concern, issue, problem or dilemma.
- Hold a discussion with all involved to clarify the issues. When thoughtful consideration has been given to all of these factors, the nature of the concern can be clarified and the issues better identified.
- Pay close attention to all aspects of the situation, taking into account clients' beliefs, values, wishes and cultural backgrounds.
- Examine your beliefs, values and knowledge and those of others on the health care team.
- Consider policies and guidelines, professional codes of ethics and relevant legislation.
- Identify a broad range of options and their consequences. Options that at first may not seem feasible need to be considered as a way of strengthening analysis and decision-making. For example, staff may believe that client care is compromised. One option is to look at staffing and hire more staff, but fiscal restraints make it impossible. Looking at staffing, however, may lead to reorganizing the workload to allow nurses to concentrate more fully on nursing care, helping to alleviate the problem.

### Plan/approach

- Develop an action plan that takes into account factors drawn from the assessment, options and consequences. Sometimes doing nothing is the best course of action. This should be a conscious decision, since doing nothing will affect the outcome and should not be a means of avoiding a decision.
- Decide the best course of action. Sometimes a **completely good** outcome is impossible; the best possible outcome may be the one that is **least bad**. (In a case of staff shortages, it may be that reorganizing the work allows nurses to give safe care, although the nurses may still believe that the quality of care is reduced.)
- Consult with others and consider their position. Perhaps a further assessment of the situation needs to take place. Consider the input from others who offer an opposite or different position. Consider including the person with opposing opinions in the planning process.

- If a person involved in the decision-making process disagrees with the final plan, she/he has an obligation to respect the plan. If she/he cannot accept the decision, she/he would be best served by withdrawing from the situation after ensuring another caregiver is in her/his place.

### **Implementation/action**

- Carry out the agreed upon actions. Sensitivity, good communication and interpersonal skills are necessary. Keep all who are affected by the situation well informed.
- Provide information and emotional support for the client, family, friends and caregivers; implementation may be very stressful.

### **Evaluation/outcome**

- Determine if the result is satisfactory.
- Include those who were part of the initial assessment and planning (including the client) in the evaluation process.
- Re-assess and re-plan if others are concerned with the outcome. For example, a client refuses a recommended treatment. The team has done everything possible to inform the client of the consequences of refusing the treatment. Further assessment might uncover cultural beliefs that make it impossible for the client to agree to the treatment. In light of this information, the team can either recommend another treatment or accept the client's decision.
- Consider policies and guidelines for subsequent situations and decisions, and revise them as necessary.
- Ensure adequate time is allotted for sound assessment and decision-making.

### **Section 3: Exemplar Review**

The following example illustrates an ethical dilemma that has been assessed using the proposed framework. This scenario helps increase understanding of the framework by demonstrating how it can be put to practical use.

#### ***Catherine and Bill***

Catherine is an LPN with many years' experience. Six weeks ago, she was the primary preceptor for Bill, an experienced LPN who is new to the organization. During Bill's orientation process, Catherine noticed that Bill would not document or chart any of his care until the end of his shift. Catherine noted significant omissions in his narrative-charting on two occasions. The omissions were caused by the long wait between when Bill provided care and when he documented it. Catherine reminded Bill twice about the organization's policies and the CLPNNS Practice Guideline on documentation. Each time, Bill responded to Catherine's comments by saying, "I know how to chart." As part of the preceptorship, Catherine met with Bill and the unit educator to provide feedback. They developed a plan together to help Bill document according to policy.

Bill has completed his orientation and is now working on the unit independently, without a mentor. Catherine has worked immediately after Bill on his last two shifts. She has noticed three times when Bill failed to document the medications he gave to his patients. When she mentioned this to him, Bill replied, "You are not my preceptor anymore, Catherine. Stop checking up on me!"

While Catherine was completing her rounds today, Mr. Smith asked Catherine about his blood thinners. Catherine could find no record of Mr. Smith being prescribed blood thinners in his chart or medication record. Catherine was aware that Mr. MacDonald, another patient in the same room, was prescribed Coumadin. Catherine informed Mr. Smith that he was not taking blood thinners. He replied, "I told Bill that I didn't think I was taking Coumadin, but he assured me that I was, so I took the pill. I told my wife about the pill when she came to visit me. She told Bill that I wasn't prescribed Coumadin. Bill laughed and said, 'One won't hurt you.'" Catherine is concerned about Bill's practice and wonders what to do.

#### **Assessment/description of the situation**

Catherine decides that she needs some more information. She reviews the CLPNNS Standards of Practice and Code of Ethics to better understand her professional obligations. She contacts the practice consultant at CLPNNS, who confirms that she has an obligation to intervene in situations where there are concerns about the professional practice of another nurse.

Bill appears to have two practice issues. The first issue is Bill's pattern of incomplete charting and late documentation. The second issue is his unwillingness to be accountable for the medication errors he has made.

Catherine recognizes that everyone makes mistakes, and that anyone can forget to document a medication. However, she is very concerned that Bill failed to report his mistake after he became aware of it. His comments to Mr. and Mrs. Smith suggest that he did not understand that this mistake put his patient at risk, or that he did not care about the possible consequences. Catherine is afraid that both of these may be true.

Bill is a single dad and is new to the area. Although his orientation period is complete, he is still on probation. Catherine knows that his employment could be terminated in the probationary period, especially if he continues to make mistakes. She worries about his ability to care for his three kids if he loses his job, but she worries about the patients in his care as well.

## Plan/approach

Catherine has three options:

**OPTION 1: Do nothing.** Catherine considers letting this go. Bill must be under a lot of pressure in a new workplace and as a single parent. Catherine has noticed that Bill is a bit cold and unfriendly towards her, and she believes this is because she mentioned his charting errors while she was his preceptor. Mr. Smith was not harmed by the mistake with his medication, and Bill surely must have realized that changes in his practice were necessary once Mrs. Smith brought the incident to his attention. Next month the schedules will change so that Catherine and Bill will be working on the same line. She will not have to follow his shifts and pick up after him anymore. If Bill continues to make medication errors, somebody else will find them and deal with him.

### Analysis of the “do nothing” option

Working with a chilly co-worker may be uncomfortable, but Catherine cannot ignore bad practice. Catherine is accountable for her own practice at all times. In this situation, she has a responsibility to intervene when client safety is at risk. Choosing to do nothing is still an action, and hoping that someone else will deal with the situation **fails to fulfill** Catherine’s obligation to protect and advocate for clients.

**OPTION 2: Build work-arounds.** Catherine discusses the issue with a few other co-workers. She discovers that Bill’s chilly communication style has affected nearly everyone on the team, and no one wants to make it worse by confronting him. Together, they make a plan to double-check all of Bill’s medication records and orders for accuracy and completeness. This, of course, will be on top of their own workloads. The group also decides that they will work with the charge nurse to make sure Bill has a lighter assignment than everyone else when possible. They hope that reducing Bill’s workload will also reduce his medication errors.

### Analysis of the “work-around” option

Creating processes to double-check Bill’s practice and reduce his workload does not address the issue, and will not improve Bill’s practice. In fact, if Bill were to leave their unit and go to another, he would carry the same bad practice to the new employer. Working around the issue will add to the daily distractions faced by Catherine and the other nurses, will add to everyone’s workload, *and* will make it more likely that Catherine herself may make medication errors. Work-arounds **fail to fulfill** Catherine’s obligation to create and sustain quality practice environments.

**OPTION 3: Talk with manager.** Catherine discusses the issues with her manager. She informs the manager of the ongoing issues with Bill’s practice. She also tells the manager that she has tried to approach Bill in the past, and that he was not open to her comments. She explains that she is concerned about the lack of insight he had shown about the blood thinner incident. Now that Catherine has reported the incidents, she is also worried that Bill may get in trouble, or may even be fired.

### Analysis of the “consult the manager” option

It is always best to have peer-to-peer practice conversations. In this case, Bill’s chilly reception towards Catherine’s attempts to provide mentorship certainly makes the relationship less comfortable. Catherine recognizes that this should not discourage ongoing peer-to-peer conversations, and has tried to offer practice mentorship to Bill on several occasions. Bill’s practice has not improved, and the issues have become more severe. At this point, Catherine needs support. Choosing to consult her manager **satisfies** Catherine’s professional obligation to help build and maintain safe, competent and ethical practice environments.

**Implementation/action**

Bill's manager asks him to meet so they can identify practice gaps and create a plan to fill them. His manager and the educator work with him to create learning opportunities on the unit, specifically for documentation and medication administration. In an effort to preserve the working relationship with Bill, Catherine asks him if they can sit together and talk about what has happened. Bill agrees to meet with Catherine. He is not happy about the situation, but apologizes for being unapproachable. Bill admits to Catherine that he recognizes his conversation with the Smiths was not appropriate and tells her that he understands her professional responsibilities to intervene.

**Evaluation/outcome**

Catherine was worried about her work relationship with Bill, and was tempted to choose one of the first two options. Looking back at the situation, Catherine knows that these options would have not addressed Bill's practice issues and could have put clients at risk. Catherine recognizes that her relationships at work must be built within her professional and ethical obligations to her clients. The conversations with Bill and with her manager were difficult and awkward, but they were necessary to make sure that clients would receive safe, competent and ethical care.

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