Scope of Practice

for Registered Nurses and Nurse Practitioners

January 2019

REGISTERED NURSES ASSOCIATION
OF THE NORTHWEST TERRITORIES AND NUNAVUT

Acknowledgements

The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) gratefully acknowledges the members of the Registered Nurse (RN) Practice Committee, who developed this document, and the Nurse Practitioner (NP) Practice Committee, who contributed to the document and the development of the NP scenarios.

Members of the RN Practice Committee:

- Natasha Bursey
- Brianne Timpson
- Carol Amirault
- Mary-Ann Hannaford
- Yvonne Applewaithe
- Anita Robertson
- Sarah Brenton
- Jacqueline DeCoutere
- Catherine Dixon
- Deidre Falck
- Lydia Montana
- Elissa Sakariassen
- Erin Vallillee

Members of the NP Practice Committee:

- Elizabeth Cook
- Dale Durnford
- Jacqueline Green
- Candy Grimm
- Jo-Anne Hubert
- Sheila Laity
- Janie Neudorf
- Leanne Niziol
- Pat Nymark
- Kathleen Matthews
- Colleen Wyatt

RNANT/NU would also like to acknowledge the following for their contributions to the document:

- Michelle Brisco, Director of Regulatory Service and Registrar
- Dr. Pertice Moffitt, Manager/Instructor Health Research Programs, Aurora Research Institute/Aurora College

---

In this document, the use of the term "registered nurse" also includes nurse practitioners.
Words or phrases in bold print are found in the glossary. They are shown in bold only on the first appearance.

Table of Contents

Introduction ... 3

Regulation ... 4

Domains of Nursing Practice ... 5

Education ... 5

Clinical Practice ... 5

Administration ... 6

Research ... 6

Key Components in the Scope of Practice ... 7

Framework for Decision Making: Individual Scope of Practice ... 10

Assignment and Delegation ... 11

Public Protection ... 12

Five Rights of Delegation ... 13

Glossary ... 14

References ... 15

Appendix ... 17

Decision Making Case Studies for RN and NP Practice ... 17

Introduction

The RN scope of practice is set out in the *Nursing Profession Act* (2003) and further defined in the bylaws and policies. Section 2 of the Northwest Territories *Nursing Profession Act* (2003) and *Nunavut Nursing Act* (1998) entitles a RN to:

2. (1) A registered nurse is entitled to apply nursing knowledge, skills and judgment:

- **a.** to promote, maintain and restore health;
- **b.** to prevent and alleviate illness, injury and disability;
- **c.** to assist in prenatal care, childbirth and postnatal care;
- **d.** to care for the terminally ill and the dying;
- **e.** in the coordination of health care services;
- **f.** in administration, supervision, education, consultation, teaching, policy development and research with respect to any of the matters referred to in paragraphs (a) to (e); and
- **g.** to dispense, compound and package drugs where the bylaws so permit.

4. (1) In addition to the functions set out in subsection 2(1), a nurse practitioner is entitled to apply advanced nursing knowledge, skills and judgment:

- **a.** to make a diagnosis identifying a disease, disorder or condition;
- **b.** to communicate a diagnosis to a patient;
- **c.** to order and interpret screening and diagnostic tests authorized in guidelines approved by the Minister;
- **d.** to select, recommend, supply, prescribe and monitor the effectiveness of drugs authorized in guidelines approved by the Minister; and
- **e.** to perform other procedures that are authorized in guidelines approved by the Minister.

In the Nunavut *Consolidation of Nursing Act*, (1998) Section 2 is amended by striking out "profession of nursing" and substituting "practice of nursing".

The RN scope of practice is supported and augmented by RNANT/NU *Standards of Practice for Registered Nurses and Nurse Practitioners,* RNANT/NU *Entry-level Competencies for Registered Nurses* and *Entry-level Competencies for Nurse Practioners,* and the Canadian Nurses Association (CNA) *Code of Ethics* (2017).

A baccalaureate degree in nursing is the education entry to practice **standard** for registered nursing in all provinces and territories, with the exception of Quebec. RNs who acquired registration prior to the implementation and requirement of an undergraduate nursing education continue to practice and are recognized as RNs as they demonstrate the required competencies.

Regulation

Registered nursing in Canada is a self-regulated profession. In the Northwest Territories (NT) and Nunavut (NU), the privilege and responsibility for the nursing profession to be self-regulated is granted by the Government of the Northwest Territories *Nursing Profession Act* (2003) and the Government of Nunavut *Consolidation of the Nursing Act* (1998). The focus of RN regulation is protection of public interest. The individual RN and RNANT/NU are both responsible and accountable for self-regulation.

RNANT/NU has six key regulatory functions: setting practice standards; establishing and monitoring a continuing competence program; setting RN education program standards and **entry level competencies**; setting licensure requirements; adopting a code of ethics; managing complaints of unprofessional conduct, and when appropriate, ordering remedial or disciplinary actions to be undertaken and a member's license may be suspended or revoked.

The individual RN has the responsibility and accountability to adhere to the standards of practice, fulfilling the requirements of maintaining a current license, pursuing and documenting continuing competence activities, participating in professional activities, adhering to the adopted *Code of Ethics* (CNA, 2017), reporting unsafe practice, and when necessary, completing undertakings mandated by the professional conduct committee.

RNANT/NU collaborates with RNs, stakeholders, the public, governments, other professions, educational institutions and employers to ensure quality care environments.

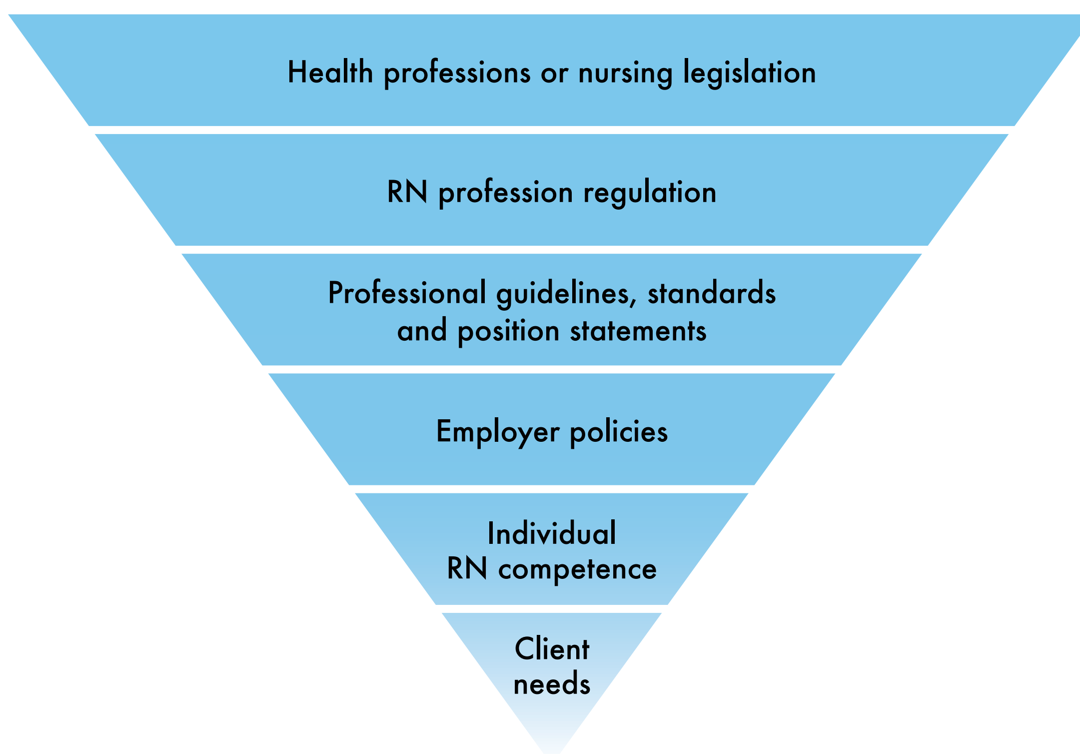


Figure 1.
Scope of Practice Boundaries. Reprinted with permission. Further reproduction prohibited. Copyright 2015 CNA.

Domains of Nursing Practice

The four domains of RN practice in the NT and NU are: education, clinical practice, administration, and research. RNs in the NT and NU are not limited to practicing in just one domain of nursing.

Education

The nurse educator role evolves in academic settings and in clinical practice settings:

a. **Academic setting** – In the NT and NU, a nurse educator ensures the development, implementation and evaluation of a generalist education for students that includes a breadth of knowledge and skill from nursing and related disciplines. Preparation at the baccalaureate level provides the foundation necessary for effective interdisciplinary practice and for the ethical, accountable and competent professional nursing practice required to enter the profession. Nursing education prepares students to work with individuals, families, groups, communities and populations in diverse settings (CARNA, 2011).

   Nurse educators create a learning environment that optimizes student nurse development and socialization, using a variety of strategies to assess and evaluate learning in the classroom, laboratory setting and clinical areas. They are responsible for developing and evaluating curriculum to prepare graduates for safe, effective practice. Nurse educators engage in scholarship and act as change agents and leaders for improvement in education and nursing (NLN, n.d.).

b. **Education clinical practice settings** – A nurse educator in a clinical practice setting promotes and facilitates a culture of lifelong learning in the pursuit of excellence in professional nursing practice. This is achieved through the development and implementation of a variety of learning opportunities such as orientation programs, preceptorship, mentoring programs and continuing education opportunities in the work environment (CARNA, 2011).

Clinical Practice

In clinical practice, the RN is engaged in the following key roles: direct client care provider; critical thinker; coordinator of care, planner and evaluator; developer and/or leader in quality improvement activities; decision-maker and problem solver; case manager; client advocate; health policy advocate; leader; and mentor (CARNA, 2011).

Community health nurses (CHN) in the NT and NU work in a ***primary health care*** role. They practice in remote communities to provide care to primarily Indigenous populations in which there may not be a resident physician or NP, but physicians and NP's are available using information communication technology. This work is guided by clinical practice guidelines and program standards as outlined by the employer.

A NP is a RN who has additional and specialized education, and an advanced scope of practice as per the *Nursing Profession Act* (2003). Nurse practitioners are autonomous and independent health professionals who provide care to clients using advanced nursing knowledge, skills and judgement.

Administration

Nursing administration practice occurs in a variety of settings. This may include private enterprises, the public sector, large or small health care facilities, corporate health care companies, professional organizations, academic settings, research facilities, government agencies, communities, correctional institutions, military health care entities and other facilities (CARNA, 2011).

Nurse administrators are responsible for creating safe and healthy work environments that support the work of nurses and the interprofessional health care team, while contributing to excellent client care. They are change agents and leaders who have knowledge of the wider health care environment and advocate for safe, timely, efficient and equitable client-centred care. Nursing administrators inspire a shared vision, promote multidisciplinary collaboration and communication.

Nurse administrators have the responsibility to uphold the professional standards, competencies and CNA *Code of Ethics* (2017), and ensure compliance with relevant territorial and national legislation, standards and employer policies.

Research

The RN in the researcher role is inquisitive and supports an atmosphere of inquiry and involves others in the research process. All RN's have a duty to ensure practice is evidence-based and to uphold best practice guidelines by the application and dissemination of research with the goal to improve nursing care, client outcomes and the health care system (P. Moffitt, personal communication, May 17, 2017).

The RN has a role in utilizing, conducting and disseminating research. The RN upholds the standards of practice by securing resources to investigate nursing research and by evaluating current practices through research. "RNs have the foundational knowledge to identify practice research questions, [undertake research] and to use research results to provide a scientific rationale for nursing interventions, thereby promoting quality client care" (CNA, 2015).

The nurse researcher ensures ethical guidelines are followed, and the equilibrium between care of the research participant and the study is upheld. The nurse researcher contributes to clinical science, clinical practice and human subject protection throughout an array of professional roles, practice settings and clinical specialties. The RN researcher role influences all domains of nursing through examination of existing knowledge and development of new knowledge to be integrated into nursing practice (IACRN, 2012).

Key Components in the Scope of Practice

1. **Education** – As members of a self-regulating profession, individual RNs have the responsibility to maintain their competence and improve their practice through education and training, reflective practice and lifelong learning.
2. **Accountability** – RNs have the obligation to accept responsibility and to be accountable for one's actions to achieve desired client outcomes. This responsibility can never be shared or delegated. RNs in all practice settings and domains must practice nursing in a manner consistent with their professional responsibilities. The RN is accountable to the client, the profession, the public and the employer (SRNA, 2015).
3. **Competence** – The combined knowledge, skills and judgement necessary to meet the accepted standards in the practice of nursing. A RN performs nursing care for which they are competent.
4. **Continuing Competence** – The expectation for continuing competency activities are reflective of identified learning needs based on the nurse's clinical practice area, client population, position on the novice to expert continuum, self-reflection, and employer and/or peer feedback.
5. **Evidence Informed Practice** – The iterative process that incorporates evidence from research, clinical expertise, client preferences and other available resources to make nursing decisions with clients (CNA, 2010). Evidence informed practice is based on strategies that improve client outcomes and are derived from evidence, research, guidelines, policies, expert opinion, quality improvement data and the client perspective (BCCNP, 2018a).
6. **Legal Liability** – RNs are legally liable for all actions in their personal and professional capacity. The RN is accountable to the client, profession, employer, and in some situations, the union. It is important for the RN to understand that accountability is directly related to liability and any failure to meet the expected RN standards of care would hold the nurse legally liable and/or potentially subject to regulatory professional misconduct or criminal charges (CNPS, 2017).

7. **Cultural Safety** – The RN will honour the uniqueness of each client and be a socially just advocate to address inequalities (P. Moffitt, personal communication, May 17, 2017). Cultural safety addresses power differences inherent in health service delivery and affirms, respects and fosters the cultural expression of clients. Nurses practice in a manner that the client determines as being culturally safe. This requires nurses to reflect critically on issues of racialization, institutionalized discrimination, culturalism, health and health care inequities, and to practise in a way that affirms the culture of clients and nurses. RNs acknowledge and respect the beliefs and practices of those who differ from them in age or generation, gender, sexual orientation, occupation or socio-economic status, ethnic origin or migrant experience, religious or spiritual belief, and of differing abilities (Nursing Council of New Zealand, 2011).

   Consideration of our client population is critical, and it is incumbent upon the RN to be aware of the health impacts of residential school and colonization in the communities they work. The Truth and Reconciliation Commission of Canada (TRC), Calls to Action (2015), and the United Nations Declaration on the Rights of Indigenous Peoples (2008) provide direction in recognizing Indigenous knowledge.

   The TRC (2015), *Calls to Action* #22 states:

   > We call upon those who can effect change within the Canadian health care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal clients in collaboration with Aboriginal healers and elders where requested by Aboriginal clients.

   The United Nations Declaration on the Rights of Indigenous Peoples (2008) Article #24 (1) states:

   > Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, all social and health services.

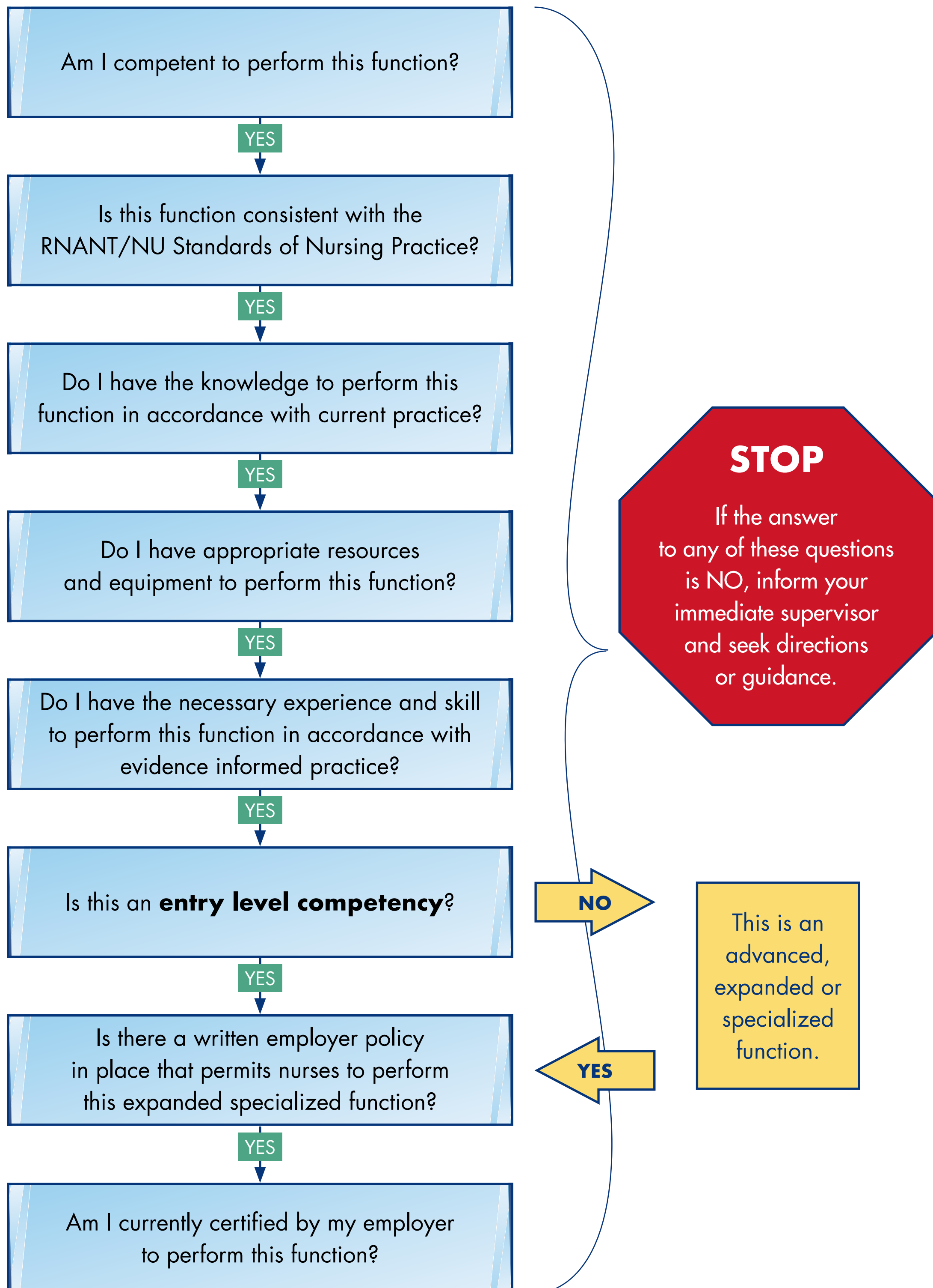
8. **Setting** – The workplace setting varies from working in a remote community health centre, accessible only by air, to a tertiary hospital, primary care or private clinic. The RN may work in an expanded or specialized role. The RN role in an expanded or specialized practice setting may be more autonomous and self-directed. It is essential in the expanded specialized role that the nurse uphold the *Code of Ethics* (CNA, 2017), and work within their scope and remain within their competency at all times. The RN needs to be familiar with employer policies and program standards, as these documents inform and support practice.

9. **Quality Improvement** – A systematic, continuous process leading to measurable improvement in health care services and satisfaction of clients, families, groups, populations and health care providers (Health Quality Ontario, 2012; Health Resources and Services Administration, 2011).

10. **Leadership** – A process of influencing and inspiring others toward a common goal, whether formally (through a set role) or informally. The skills of nurse leaders are "grounded in clinical expertise, supported by emotional intelligence, and actualized by expert skills in communication, coordination and collaboration" (Grindel, 2016, p. 13).

11. **Decision Making** – Involves drawing on many modes of thinking and considers understanding and anticipating risks and benefits, and from that analysis, creating and implementing a plan of action (CRNM, 2010). The ability to think critically is an aspect of decision making and is a significant factor in an RNs ability to provide safe and effective care to the client. The following *Framework for Decision Making: Individual Scope of Practice* diagram illustrates considerations regarding the nurse, the client and the setting.

Framework for Decision Making: Individual Scope of Practice

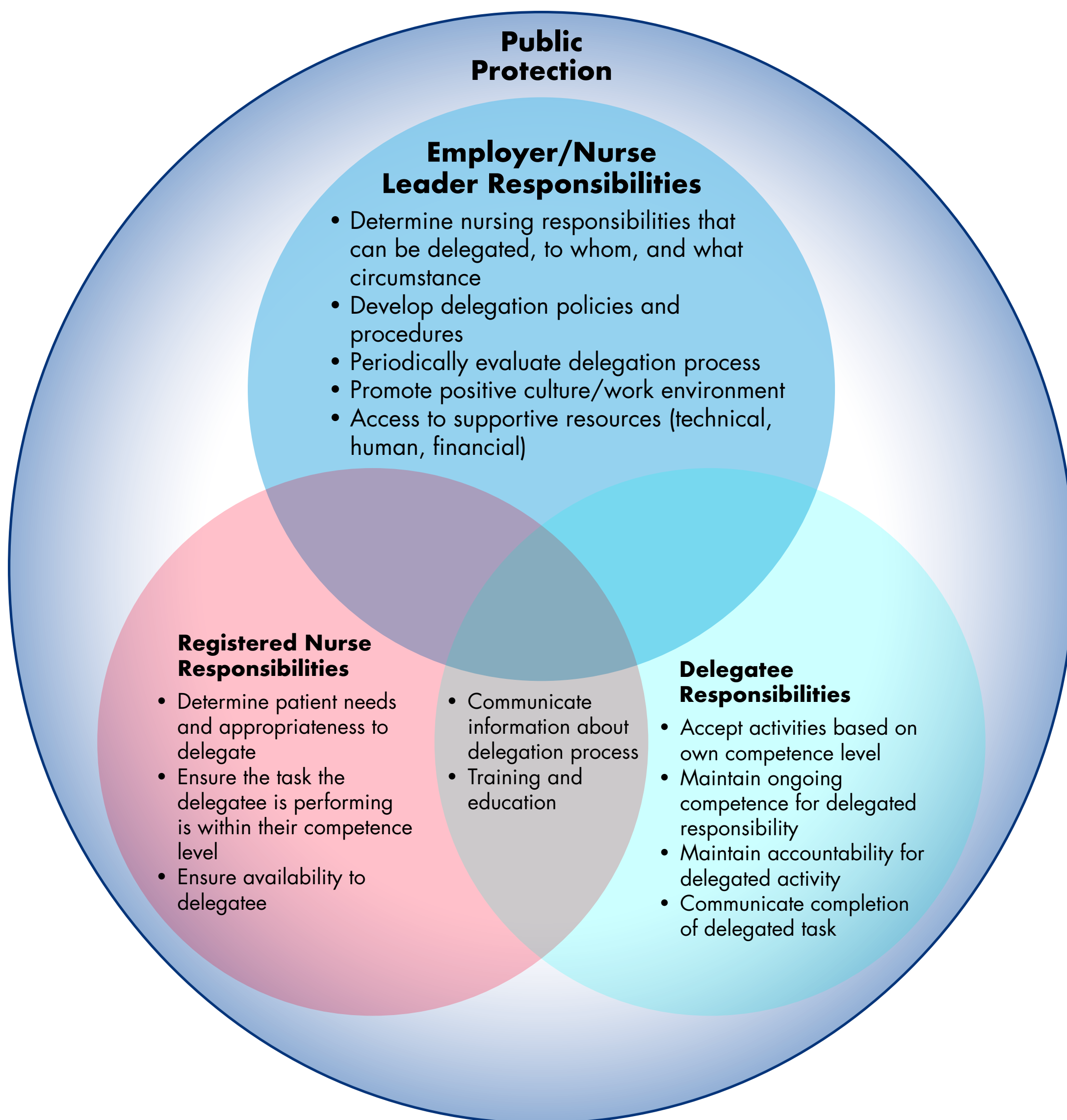


Assignment and Delegation

A RN is ultimately responsible to ensure an **assignment** is completed correctly. Assignments include fundamental skills or functions taught in the delegates educational program, which can be performed within the delegatee's scope of practice. Examples of assignment may include, but is not limited to, assigning the care of clients to a Licensed Practical Nurse (LPN) who can complete vital signs, blood glucose monitoring, pain assessments, administer medications, monitor input and output, document the information, and who reports data to the RN (NCSBN, 2016). Exceptions to this include advanced roles once thought to be exclusive to the RN or LPN, but that are now taught in some Unlicensed Assistive Personnel (UAP) programs. Examples include certified medication aides or medical assistants who have learned to administer medications or give injections. It is still advised that nurse leaders/employers validate this competency and delegate these skills (NCSBN, 2016).

The **delegation** process is multifaceted. It begins with decisions made at the administrative level of the organization and extends to the employee responsible for delegating, overseeing the process and performing the responsibilities. It involves effective communication, empowering employees to make decisions based on their judgment and support from all levels of the health care setting. The employer/nurse leader, individual RN and delegatee each hold specific responsibilities within the delegation process (NCSBN, 2016). The RN who delegates "responsibility" maintains overall accountability for the client. However, the delegatee bears the responsibility for the delegated activity, skill or procedure. The RN cannot delegate nursing judgment or any activity that involves RN judgment or critical decision making. Nursing responsibilities are delegated by someone who has the authority to delegate. The delegated responsibility must be within the delegator's scope of practice. When delegating to a RN, the delegated responsibility must be within the parameters of the delegatee's authorized scope of practice under the *Nursing Professions Act* (2003). Appropriate delegation allows for the transition of a responsibility in a safe and consistent manner. It is the responsibility of the RN to understand what is permitted in their territory, professional rules/regulations and employer policies (NCSBN, 2016).

Public Protection



Adapted from the National Council of State Boards of Nursing delegation diagram on Public Protection (2016).

Five Rights of Delegation

1. Right Task

- The activity falls within the delegatee's job description or is included as part of the established written policies and procedures of the nursing practice setting. The facility needs to ensure the policies and procedures describe the expectations and limits of the activity, and provide any necessary competency training.

2. Right Circumstance

- The health condition of the client must be stable. If the client's condition changes, the delegatee must communicate this to the RN, and the RN must reassess the situation and the appropriateness of the delegation.

3. Right Person

- The RN, along with the employer and the delegatee, is responsible for ensuring that the delegatee possesses the appropriate skills and knowledge to perform the activity.

4. Right Directions and Communication

- Each delegation situation should be specific to the client, the RN and the delegatee.
- The RN is expected to communicate specific instructions for the delegated activity to the delegatee. The delegatee, as part of two-way communication, should ask any clarifying questions. This communication includes any data that need to be collected, the method for collecting the data, the time frame for reporting the results to the RN and additional information pertinent to the situation.
- The delegatee must understand the terms of the delegation and must agree to accept the delegated activity.
- The RN should ensure that the delegatee understands that they cannot make any decisions or modifications in carrying out the activity without first consulting the RN.

5. Right Supervision and Evaluation

- The RN is responsible for monitoring the delegated activity, following up with the delegatee at the completion of the activity and evaluating client outcomes. The delegatee is responsible for communicating client information to the RN during the delegation situation. The RN should be ready and available to intervene as necessary.
- The RN should ensure appropriate documentation of the activity is completed.

Glossary

Assignment – The routine care, activities and procedures within the authorized scope of practice of the RN, or part of the routine functions of the **unlicensed assistive personnel** (UAP).

Delegation – The RN transfers the performance of an activity, skill or procedure to a delegatee. This allows a delegatee to perform specific nursing activities, skills or procedures outside of the delegatee's traditional role or job description which is not routinely performed. The delegatee must have obtained the additional education and training, and validated competence to perform the care/delegated responsibility. The context and processes associated with competency validation will be different for each activity, skill or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility as well as to the level of practitioner to whom the activity, skill or procedure has been delegated (NCSBN, 2016).

Entry Level Competencies – Entry level competencies are specific workplace tasks which a RN can be expected to perform at the time of initial licensure.

Primary Health Care – This refers to an approach to health and a spectrum of services beyond the traditional health care system. "It involves all services that play a part in health, such as income, housing, education and environment. Primary care is the element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury" (Health Canada, 2012a, para.1). Primary health care services often include prevention and treatment of common diseases and injuries, basic emergency services, referrals to/coordination with other levels of care (such as hospitals and specialist care), primary mental health care, palliative and end-of-life care, health promotion, healthy child development, primary maternity care and rehabilitation services.

Standard – An expected and achievable level of performance against which actual performance can be compared. It is the minimum level of acceptable performance (BCCNP, 2018b).

Unlicensed Assistive Personnel – Any UAP trained in a supportive role to whom a nursing responsibility may be delegated (NCSBN, 2016). This includes, but is not limited to, certified nursing assistants (CNA), personal support workers (PSW), nursing assistants (NA), resident care aides (RCAs), certified medication aides, lay dispensers, community health representatives (CHRs) and homecare aides.

References

British Columbia College of Nursing Professionals (BCCNP). (2018a). *Scope of practice for registered nurses: standards, limits and conditions*. Retrieved from https://www.bccnp.ca/Standards/RN_NP/RNScopePractice/Pages/Default.aspx

British Columbia College of Nursing Professionals (BCCNP). (2018b). *Professional standards*. Retrieved from https://www.bccnp.ca/Standards/RN_NP/ProfessionalStandards/Pages/Defaults.aspx

Canadian Nurses Association (CNA). (2017). *Code of ethics for registered nurses*. Ottawa, Canada: Author.

Canadian Nurses Association (CNA). (2015). *Framework for the practice of registered nurses in Canada*. Ottawa, Canada: Author.

Canadian Nurses Association (CNA). (2010). *Evidence-informed decision-making and nursing practice*. [Position Statement]. Ottawa, Canada: Author. Retrieved from https://cna-aiic.ca/~/media/cna/page-content/pdf-en/ps113_evidence_informed_2010_e.pdf

Canadian Nurses Protective Society (CNPS). (2017). *Accountability, responsibility, liability*. Retrieved from https://webmail.auroracollege.nt.ca/owa/redir.aspx?C=4U7_XcsCtyeQgjOONVsc-WYYvBvzFQ2zxWuYpyV51MvAm9boTr3UCA..&URL=http%3a%2f%2fwww.cnps.ca%2findex.php%3fpage%3d88

College and Association of Registered Nurses of Alberta (CARNA). (2011). *Scope of practice for registered nurses*. Retrieved from http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/RN_ScopeOfPractice_May2011.pdf

College of Registered Nurses of Manitoba (CRMN). (2010). *Understanding scope of practice for licensed practical nurses, registered nurses, registered psychiatric nurses in the province of Manitoba*. Retrieved from https://www.crnm.mb.ca/uploads/document/document_file_103.pdf?t=1442260486

Grindel, C. G. (2016). Clinical leadership: A call to action. Medsurg Nursing, 25(1), 9-16. Retrieved from http://search.proquest.com/docview/1765639259?accountid=31089

Health Canada. (2012a). *About primary health care*. Retrieved from http://www.hc-sc.gc.ca/hcs-sss/prim/about-apropos-eng.php

Health Quality Ontario. (2012). *Quality improvement guide*. Retrieved from http://www.hqontario.ca/portals/0/Documents/qi/qi-quality-improve-guide-2012-en.pdf

Health Resources and Services Administration. (2011). *Quality improvement*. Retrieved from https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf

International Association of Clinical Research Nurses (IACRN). (2012). Enhancing clinical research and safety through specialized nursing practice. *Scope and standards of practice committee report*. Retrieved from https://www.iacrn.org/aboutus

National Council States Board of Nursing (NCSBN). (2016). *National guidelines for nursing delegation*. Retrieved from https://www.ncsbn.org/1625.htm

Nursing Council of New Zealand. (2011). *Guidelines for cultural safety, the treaty of Waitangi and Maori health in nursing education and practice*. Retrieved from http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses

National League for Nursing (NLN). (n.d.). *Nurse educator core competency*. Retrieved from http://www.nln.org/professional-development-programs/competencies-for-nursing-education/nurse-educator-core-competency

Saskatchewan Registered Nurses Association (SRNA). (2015). *Interpretation of the RN scope of practice*. Retrieved from https://www.srna.org/wp-content/uploads/2017/09/Interpretation_of_the_RN_Scope_2015_04_24.pdf

Truth and Reconciliation Commission of Canada (TRC). (2015). Truth and reconciliation: *Calls to action*. Retrieved from http://www.trc.ca/website/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

United Nations. (2008). *United Nations declaration on the rights of Indigenous peoples*. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Appendix

Decision Making Case Studies for RN Practice

Case Scenario #1

A nurse in a remote community health centre is first on-call caring for a client at the health centre with asymptomatic supraventricular tachycardia. The nurse is the only health care professional present. The physician on-call orders adenosine to be given IV push after all other interventions fail. The nurse is unsure whether they should perform this function and refers to the *Framework for Decision Making: Individual Scope of Practice*.

1. **Do I feel competent to perform this function?**
   Yes. The nurse is competent in the skill of administering medications via intravenous (IV) push.

2. **Is this function consistent with the RNANT/NU Standards of Practice?**
   Yes. This function is consistent with the RNANT/NU Standards of Practice.

3. **Do I have the knowledge to perform this function in accordance with current practice?**
   Yes. The nurse is aware of the effects of adenosine; however, has not recently administered this drug.

4. **Do I have appropriate resources and supplies to perform this function?**
   No. The health centre is equipped with one intravenous pump, an ECG monitor and no defibrillator or monitor. This equipment is necessary to monitor a client receiving adenosine.

5. **Have I had the necessary experience to perform this function in accordance with current practice?**
   No.

6. **Is this an entry level competency?**
   No. IV push of cardiac medications is not an entry level competency. The RN requires further education and experience.

7. **Is there a written employer policy in place that permits nurses to perform this function?**
   No.

8. **Am I currently certified by my employer to perform this function?**
   No. Certification is not required by the employer for this function.

Conclusion:

Do not perform the function. Inform your immediate supervisor and seek guidance or direction.

Case Scenario #2

A public health nurse working in a community is visiting an infant client in the home. The client is due for their two-month immunizations. The client's mother has requested that the immunizations be given at home because they are unable to travel into the health centre. The public health nurse refers to the *Framework for Decision Making: Individual Scope of Practice*.

1. **Do I feel competent to perform this function?**
   Yes. The public health nurse has prior experience with immunization at a public health clinic.

2. **Is this function consistent with the RNANT/NU Standards of Nursing Practice?**
   Yes.

3. **Do I have the knowledge to perform this function in accordance with current practice?**
   Yes.

4. **Do I have appropriate resources and supplies to perform this function?**
   Yes. An anaphylaxis kit is available to take to the home. The health centre has access to the electronic version of the Canadian Immunization Guide.

5. **Have I had the necessary experience to perform this function in accordance with current practice?**
   Yes.

6. **Is this an entry level competency?**
   No. Delivery of immunizations requires certification/competency in the Northwest Territories and Nunavut.

7. **Is there a written employer policy in place that permits nurses to perform this function?**
   Yes. Policy states nurses must be certified or competent as per the Public Health Agency of Canada's Immunization Competency for Health Care Providers to perform this function.

8. **Am I currently certified by my employer to perform this function?**
   Yes. The public health nurse's certification/competency is current according to written employer policy.

Conclusion:

Perform the function.

Case Scenario #3

A newly hired RN is working on the medicine unit. The client requires a dressing change to the peripherally inserted central catheter (PICC) line site. The nurse refers to the *Framework for Decision Making: Individual Scope of Practice*.

1. **Do I feel competent to perform this function?**
   Yes. The nurse has worked critical care at another facility for many years and performed this function.

2. **Is this function consistent with the RNANT/NU Standards of Nursing Practice?**
   Yes.

3. **Do I have the knowledge to perform this function in accordance with current practice?**
   Yes. The nurse is currently certified at another agency and is up-to-date on current practices.

4. **Do I have appropriate resources and supplies to perform this function?**
   Yes.

5. **Have I had the necessary experience to perform this function in accordance with current practice?**
   Yes.

6. **Is this an entry level competency?**
   No.

7. **Is there a written employer policy in place that permits nurses to perform this function?**
   Yes. Policy states nurses must be certified to perform this function.

8. **Am I currently certified by my employer to perform this function?**
   No. The nurse does not have certification at this agency to perform the function.

Conclusion:

Do not perform the function. Inform your immediate supervisor and seek guidance or direction.

Case Scenario #4

A RN is working in an acute care facility and has been requested by the employer to perform a function for which they have limited knowledge. The RN refers to the *Framework for Decision Making: Individual Scope of Practice*.

1. **Do I feel competent to perform this function?**
   No. The RN is aware that additional education is required for them to perform the duties safely.
2. **Is this function consistent with the RNANT/NU Standards of Nursing Practice?**
   No.
3. **Do I have the knowledge to perform this function in accordance with current practice?**
   The RN has the basic knowledge to perform the function of what is being asked of them to do, but does not have the in-depth knowledge and certification to perfom the task safely.
4. **Do I have appropriate resources and supplies to perform this function?**
   No. The RN does not have relevant educational tools to inform their practice.
5. **Have I had the necessary experience to perform this function in accordance with current practice?**
   No.
6. **Is this an entry level competency?**
   No. Delivery of this function requires further education and experience.
7. **Is there a written employer policy in place that permits nurses to perform this function?**
   No.
8. **Am I currently certified by my employer to perform this function?**
   No. Certification for this function is not required by the employer.

Conclusion:

Do not perform the function. Inform your immediate supervisor and seek guidance or direction.

NP Case Scenario #1

A NP is working in a busy primary care clinic and is a recent graduate of a NP program. The program included theory and practice in the insertion of intrauterine device (IUD). The NP student was supervised to successfully insert two IUDs while completing the final practicum. The NP has not inserted any IUDs since then. It is an expectation in the clinic that NPs insert IUDs. The NP thinks that they could probably do it, but is not 100% confident. The NP refers to the *Framework for Decision Making: Individual Scope of Practice*.

1. **Do I feel competent to perform this function?**
   No. The NP has identified concerns about their own ability to perform this newly acquired skill competently.
2. **Is this function consistent with RNANT/NU Standards of NP Nursing Practice?**
   Yes.
3. **Do I have the knowledge to perform this function in accordance with current NP practice?**
   Yes.
4. **Do I have the appropriate resources and supplies to perform this function?**
   Yes.
5. **Do I have the necessary experience to perform this function in accordance with current NP practice?**
   Yes. The NP has had both theory and experience.
6. **Is this an NP entry level competency?**
   Yes.

Conclusion:

The NP should consider their own skills, judgment and knowledge prior to performing this skill. If needed, they may ask for an opportunity for observation and supervised practice.

NP Case Scenario #2

A NP is working in an isolated health centre and consults with the regional physician when they need advice or support. A patient has requested a steroid injection in his shoulder, as it is the only thing that helps his pain due to a previous trauma. The NP has observed the procedure being done on several occasions, but has not actually done one. The regional physician referred the NP to a youtube video that gives excellent instruction in the procedure. The NP is still a bit uncertain and looks to the *Framework for Decision Making: Individual Scope of Practice*.

1. **Do I feel competent to perform this function?**
   No.

2. **Is this function consistent with RNANT/NU Standards of NP Nursing Practice?**
   Yes.

3. **Do I have the knowledge to perform this function in accordance with current NP practice?**
   No.

4. **Do I have the appropriate resources and supplies to perform this function?**
   No. The NP would need more supervision and opportunities to have supervised practice with this skill.

5. **Do I have the necessary experience to perform this function in accordance with current NP practice?**
   No.

6. **Is this an NP entry level competency?**
   No.

Conclusion:

Do not perform this skill. Seek further opportunities for observation and supervised practice.

NP Case Scenario #3

A NP has taken a new job in a busy primary care health centre. While in the NP program a year ago, their final practicum was in a speciality diabetes clinic. In the new job, the patient population includes many clients with Type 2 Diabetes. The NP is to initiate metformin. The NP refers to the *Framework for Decision Making: Individual Scope of Practice*.

1. **Do I feel competent to perform this function?**
   Yes.
2. **Is this function consistent with RNANT/NU Standards of NP Nursing Practice?**
   Yes.
3. **Do I have the knowledge to perform this function in accordance with current NP practice?**
   Yes. While working in the final practicum, the NP student, under supervision, did initiate metformin.
4. **Do I have the appropriate resources and supplies to perform this function?**
   Yes.
5. **Do I have the necessary experience to perform this function in accordance with current NP practice?**
   Yes.
6. **Is this an NP entry level competency?**
   Yes.

Conclusion:

Perform the function.

NP Case Scenario #4

A NP has taken a new job in a busy primary care health centre. While in the NP program a year ago, their final practicum was in a speciality diabetes clinic. In the new job, the patient population includes many clients with Type 2 Diabetes. The NP is to initiate insulin. The NP refers to the *Framework for Decision Making: Individual Scope of Practice.*

1. **Do I feel competent to perform this function?**
   Unsure.
2. **Is this function consistent with RNANT/NU Standards of NP Nursing Practice?**
   Yes.
3. **Do I have the knowledge to perform this function in accordance with current NP practice?**
   Yes.
4. **Do I have the appropriate resources and supplies to perform this function?**
   Yes.
5. **Do I have the necessary experience to perform this function in accordance with current NP practice?**
   Unsure.
6. **Is this an NP entry level competency?**
   Yes.

Conclusion:

The NP should consider their own skills, judgment and knowledge prior to initiating insulin. If the NP remains unsure, appropriate consultation with a knowledgeable colleague would be expected.

REGISTERED NURSES ASSOCIATION
OF THE NORTHWEST TERRITORIES AND NUNAVUT