



Standards of Practice for Registered Nurses and Nurse Practitioners

2019



THIS DOCUMENT WAS APPROVED BY THE CRNNL COUNCIL IN OCTOBER, 2019

This document replaces *Standards of Practice for Registered Nurses*(2013) and
Standards for Nurse Practitioner Practice in Newfoundland and Labrador(2013)



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The College of Registered Nurses of Newfoundland and Labrador (CRNNL) is the regulatory body for all Registered Nurses (RNs) and Nurse Practitioners (NPs) in the province. The mandate of CRNNL is to protect the public through self-regulation of the nursing profession in accordance with the *Registered Nurses Act, 2008*. The authority to set standards reflects CRNNL's primary mandate. The *Standards of Practice for Registered Nurses and Nurse Practitioners* establish the regulatory and professional foundation for nursing practice.

The first four standards apply at all times to all registered nurses in all practice roles, including nurse practitioners. The final three standards are at an advanced level to reflect nurse practitioners advanced competencies. The indicators in the final three standards could be perceived as also relevant for registered nurses; however, the depth and breadth of each indicator is reflective of its application at the advanced role of nurse practitioners.

RN/NP:

Standard 1 - Responsibility and Accountability

Standard 2 - Knowledge Based Practice

Standard 3 - Client Centred Practice

Standard 4 - Professional Relationships and Leadership

NP:

Standard 5 - Collaboration, Consultation, and Referral

Standard 6 - Assessment and Diagnosis

Standard 7 - Client Care Management

Words or phrases in bold print are found in the glossary. They are shown in bold on first appearance.



Standards

Standards are broad, authoritative, principle-based statements that articulate conduct or performance expected of registered nurses and nurse practitioners. The primary purpose of standards is to describe the minimal level of performance expected of registered nurses and nurse practitioners (including **interim licence** holders) in their practice, against which actual performance can be measured. All registered nurses and nurse practitioners are responsible for understanding the standards and applying them to their practice. The standards are interrelated and intended to be dynamic to describe safe, competent, **compassionate** and ethical expectations across all settings and **domains**.

Principles Guiding the Standards of Practice

The standards:

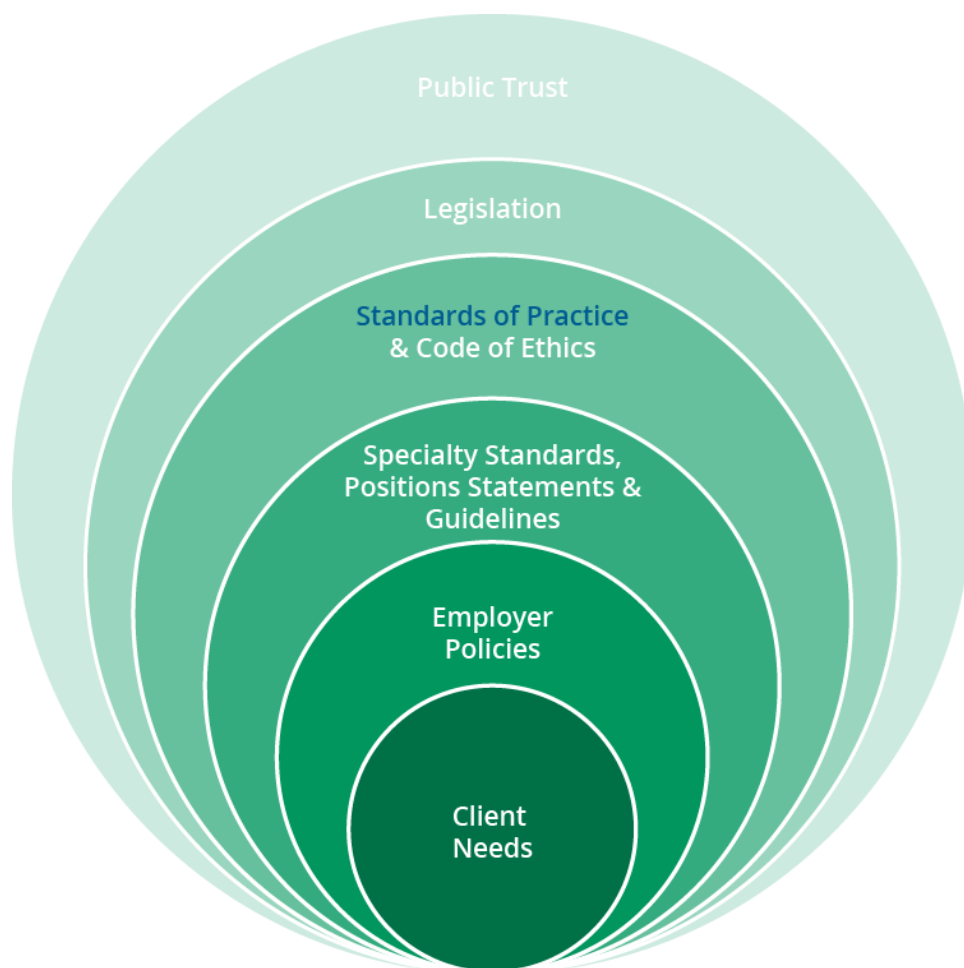
- inform the public and members of the health care team about the expectations required from registered nurses and nurse practitioners;
- protect public trust by supporting safe, competent, compassionate, and ethical practice;
- are used as a legal reference for reasonable and prudent practice (e.g., professional conduct processes);
- guide decision-making for practice and when addressing **professional practice issues**;
- are used in conjunction with other relevant resources to guide nursing practice (e.g., speciality standards, guidelines, and CRNNL practice documents, etc.);
- provide guidance to assist registered nurses and nurse practitioners in their self-reflection as part of their **continuing competence** requirements;
- guide curriculum development and approval of baccalaureate nursing education and nurse practitioner programs;
- are used as the foundation for the development of standards specific to various contexts of practice;
- can be used to develop position descriptions, performance appraisals, quality improvement tools, and organizational policies.

Standards of Practice Indicators

Each standard has indicators which illustrate how each of the standards are to be met.

The indicators:

- are interrelated and equally important regardless of order presented under each standard;
- provide specific criteria against which actual performance is measured; and
- are not intended to be an all-inclusive or an exhaustive list of criteria for each standard.



Expectations for Practice

Public Trust: occurs when registered nurses and nurse practitioners exercise judgement and practice according to the expectations identified in this figure to meet the needs of their clients.

Legislation: sets the legal context for the practice of nursing.

Code of Ethics: provides guidance for ethical relationships, responsibility, behaviour, and decision-making.

Specialty Standards, Position Statements and Guidelines: define expectations or positions specific to an area of practice; may address components of practice such as documentation or medication management. These documents complement the *Standards of Practice for Registered Nurses and Nurse Practitioners* and provide additional information on specific responsibilities.

Employer Policies: influence and direct nursing practice and its environment at the organization and system levels.

Client Needs: are the focus of nursing practice.



Standard 1: Responsibility and Accountability

The registered nurse and nurse practitioner are responsible for practising safely, competently, compassionately, and ethically and is accountable to the client, public, employer, and the profession.

The registered nurse and nurse practitioner:

- 1.1 meets all licensure requirements and maintains a current licence;
- 1.2 practises in accordance with relevant legislation, standards, regulatory requirements, and employer policies;
- 1.3 practises in accordance with the approved code of ethics;
- 1.4 is accountable for nursing actions, decisions, and professional conduct;
- 1.5 accepts accountability and takes action to ensure **fitness to practice**;
- 1.6 recognizes and takes actions in situations where **client safety** is potentially or actually at risk;
- 1.7 reports concerns related to **professional incompetence, professional misconduct, conduct unbecoming, and/or incapacity or unfitness**, and complies with **duty to report**;
- 1.8 **advocates** for and contributes to the development and implementation of policies, programs, and practices that improve nursing practice and/or health care services;
- 1.9 engages in professional development opportunities, including compliance with continuing competence requirements.



Standard 2: Knowledge Based Practice

The registered nurse and nurse practitioner practises using evidence-informed knowledge, skill, and judgement.

The registered nurse and nurse practitioner:

- 2.1 uses **critical inquiry** to assess, plan, implement, and evaluate client care;
- 2.2 monitors the effectiveness of the plan of care and revises the plan as needed in **collaboration** with the client and the **health care team**;
- 2.3 recognizes and practices within their individual level of **competence** and seeks additional support when needed;
- 2.4 exercises **reasonable** judgement in the application of **evidence-informed practice**;
- 2.5 **assigns** and **delegates** nursing activities in accordance with client needs, the roles and competence of other providers, and the requirements of the practice setting;
- 2.6 supports clients, colleagues, and students by sharing nursing knowledge and expertise by acting as an effective role model, resource, **preceptor**, or **mentor**;
- 2.7 maintains accurate and **timely** documentation (including written and/or electronic);
- 2.8 contributes to, uses, and evaluates new knowledge and technology;
- 2.9 contributes to the advancement of evidence-informed practice through initiation and/or participation in research and **scholarly activities**.



Standard 3: Client Centred Practice

The registered nurse and nurse practitioner contributes to and promotes measures that optimize client health outcomes at the individual, employer, and system level.

The registered nurse and nurse practitioner:

- 3.1 demonstrates a **professional presence** and models professional behaviour;
- 3.2 applies a **client centred practice** approach;
- 3.3 communicates effectively and respectfully with clients to promote continuity and the delivery of safe, competent, compassionate, and ethical care;
- 3.4 initiates, maintains, and concludes the **therapeutic nurse-client relationship**;
- 3.5 upholds and protects clients' **privacy** and **confidentiality** in all forms of **communication** including, but not limited to, e-records, verbal, written, and social media;
- 3.6 supports the client in **self-management** of their health care by providing information and resources for the client to make informed decisions and access appropriate health care services;
- 3.7 engages in **intraprofessional, interprofessional** and **intersectoral collaboration** as appropriate to promote comprehensive client care;
- 3.8 advocates for, and respects the clients' dignity, right to informed decision-making, and informed consent;
- 3.9 respects diversity and promotes **cultural humility** and a **culturally safe environment** for clients and members of the health care team.



Standard 4: Professional Relationships and Leadership

The registered nurse and nurse practitioner establishes professional relationships and demonstrates leadership to deliver quality nursing and health care services.

The registered nurse and nurse practitioner:

- 4.1 provides nursing **leadership** in informal and formal roles;
- 4.2 coordinates, distributes, and utilizes resources within their control to provide effective and efficient care;
- 4.3 communicates effectively and respectfully with other team members to promote continuity and the delivery of safe, competent, compassionate, and ethical care;
- 4.4 advocates, individually and collectively, for healthy public policy and programs that are informed by the **determinants of health**;
- 4.5 contributes to and supports initiatives that improve the health system and **population health**;
- 4.6 participates in the advancement of the profession of nursing in the interest of the public;
- 4.7 practises both independently and in collaboration with members of the health care team while understanding and respecting other team members' **scope of practice** and contributions in the delivery of safe, competent, compassionate, and ethical care;
- 4.8 recognizes and addresses situations that place the registered nurse or nurse practitioner in a conflict of interest (actual, potential, or perceived), and takes actions to avoid such situations;
- 4.9 advocates for and contributes to **quality professional practice environments**.



Nurse Practitioner Practice

Nurse practitioners are registered nurses with advanced educational preparation and experience which enables them to autonomously diagnose, treat, and manage acute and chronic physical and mental illnesses. As advanced practice nurses, they use their in-depth nursing and clinical knowledge to analyze, synthesize, and apply evidence to make decisions about their client's health care. They apply theory and knowledge from nursing and other disciplines to provide a comprehensive range of essential health services grounded in professional, ethical, and legal standards within a holistic and integrated model of care (ARNNL, 2016).

The *Registered Nurses Act, 2008* and the *Registered Nurses Regulations* authorize nurse practitioners to independently perform a range of health services that extend beyond those of registered nurses. The nurse practitioner provides comprehensive health assessments, identify health risks and health needs; and diagnose diseases, disorders, injuries, and conditions. The nurse practitioner discusses health assessment findings, diagnoses, prognoses and outcomes with clients and/or the health care team.

Under Section 14(1) of the *Registered Nurses Regulations*, nurse practitioners are authorized to:

- order the application of a form of energy permitted by the standards established by the Council
- order laboratory or other tests permitted by the standards established by the Council;
- prescribe a drug permitted by the standards established by the Council.

Note: Forms of energy include, but are not limited to, CT, MRI, PET, US, CXR, etc.

Nurse practitioners are expected to consult with other health care professionals when the client's condition requires care beyond the nurse practitioner's scope of practice or level of competence, or when the care may be enhanced by consultation, referral or transfer.

Categories of Nurse Practitioners

Under Section 14 (2) of the *Registered Nurse Regulations*, Council may prescribe categories of nurse practitioners. CRNNL currently licenses nurse practitioners in one or more of the three categories: adult, pediatric, and family/all ages. These terms are defined below:

Adult: nurse practitioners licensed in the adult category provide care for individuals 18 years of age and older in either a generalized adult practice where they see adults with a variety of medical conditions, and/or adults in a generalized or specialty practice setting. In some cases, care of older adolescents may also be provided by a nurse practitioner in the adult category when the adolescent's age and/or condition may more closely approximate that of an adult.

Pediatric: nurse practitioners licensed in the pediatric category provide care for individuals under the age of 18 in either a generalized practice where they see individuals with a variety of medical conditions, or individuals in a generalized or specialty practice setting. In some instances, nurse practitioners (pediatric) may provide care to young adults whose developmental age may closely approximate that of a child or adolescent rather than an adult, or a young adult who has been receiving care from the nurse practitioner (pediatric) for a chronic disease since childhood. Neonatal nurse practitioners are registered within the pediatric category and have specialized education relevant to neonatology.

Family/All Ages: nurse practitioners licensed in the Family/All Ages category provide care for clients across the lifespan, including newborns, children, adolescents, adults, pregnant and postpartum women, and



older adults in a generalized or a specialty practice setting.



Standard 5: Collaboration, Consultation, and Referral

The nurse practitioner collaborates and consults with the client and interprofessional team members in the provision of care to optimize client outcomes.

The nurse practitioner using their advanced knowledge, skills, judgement, and authority:

- 5.1 establishes collaborative relationships with health care providers, community-based services, and other sectors;
- 5.2 initiates timely and appropriate consultations and/or **referrals** with other health care professionals as required.
- 5.3 evaluates recommendations for treatment from other health care professionals and integrates these recommendations into the plan of care as appropriate;
- 5.4 provides consultation to and accepts referrals from other health care professionals when appropriate;
- 5.5 transfers care if the client's care needs are beyond the nurse practitioner's scope of practice;
- 5.6 documents consultation(s), referral requests, and the plan of care in the client's health record;
- 5.7 ensures closure of a practice or an extended period of leave will not interrupt continuity of care for clients;
- 5.8 discontinues the nurse practitioner therapeutic relationship only when they have a reasonable ground to end the relationship, have made a reasonable attempt to resolve the issue, have provided adequate notice to the client and facilitates continuity of care and the transfer of client records.



Standard 6: Assessment and Diagnosis

The nurse practitioner provides a relevant assessment, diagnoses health conditions/illnesses, and communicates the diagnosis, prognosis, treatment options, and expected outcomes to the client within the nurse practitioner's category of practice, scope of practice, and level of competence.

The nurse practitioner using their advanced knowledge, skills, judgement, and authority:

- 6.1 performs an assessment appropriate to the client's situation;
- 6.2 integrates knowledge from nursing and other disciplines to make a diagnosis and to develop, implement, and evaluate the plan of care;
- 6.3 formulates a differential diagnosis/diagnoses which includes potential implications, treatment options, and expected outcomes/prognoses;
- 6.4 collaborates with the client to develop their plan of care, including discussing the rationale, benefits, risks of investigations, interventions, management, follow up, and confirms the client's understanding of their plan of care;
- 6.5 orders diagnostic, laboratory, and other tests when indicated;
- 6.6 is accountable for the appropriate follow up and communication of test results, referrals and clinically significant results and the implications to the client and other health care professionals;
- 6.7 communicates health assessment findings, diagnosis, treatment options, expected outcomes, and overall prognosis with the client.



Standard 7: Client Care Management

The nurse practitioner, in the management of client care, selects from a range of interventions which may include, but not limited to: procedures (invasive/non-invasive), pharmacologicals including controlled drugs and substances, non-pharmacologicals, blood and blood products, medical gases, complementary and/or alternative therapies, medical/health equipment and supplies, as well as relevant programs and services.

The nurse practitioner using their advanced knowledge, skills, judgement, and authority:

- 7.1 obtains and documents informed consent from the client or substitute decision maker;
- 7.2 selects interventions using relevant evidence-informed knowledge and client preference, within a holistic model of care;
- 7.3 provides client education and **counselling** regarding the interventions selected;
- 7.4 applies the principles of pharmacoeconomics, pharmacokinetics, and pharmacodynamics when managing the client's pharmacological intervention;
- 7.5 ensures that prescriptions/orders are accurate, complete, and legible;
- 7.6 provides appropriate and relevant prescriptions/orders for client care to be implemented by other health care professionals; including as appropriate verbal and telephone orders in urgent and emergent situations;
- 7.7 monitors a client's response to interventions and continues, adjusts, or discontinues an intervention, based upon the client's response;
- 7.8 participates in mandatory drug and/or intervention **monitoring and reporting programs**;
- 7.9 uses available drug information systems to verify history of clients' prescribed medications, including controlled drugs and substances, when initiating, changing, or discontinuing medications;
- 7.10 manages client care and provides interventions at the advanced competency level for self, family members, and others close to them (e.g., **personal relationship**) only when urgent or emergent care is required, and another appropriate health professional is unavailable. Interventions are only provided until the earliest opportunity for consultation and transfer of care;
- 7.11 in non urgent situations, when no other health care professional is available, provides interventions at the advanced competency level for self, family members, and others close to them (e.g., **personal relationship**) are only provided until the earliest opportunity for consultation and transfer of care;
- 7.12 practises in accordance with relevant federal and provincial regulations related to the ordering of controlled drugs and substances;



- 7.13 incorporates evidence - informed strategies for assessing, managing, and monitoring the risk for medication misuse, addiction, and diversion when prescribing controlled drugs and substances;
- 7.14 informs the client of the risks associated with medication misuse, addiction, and diversion and provides education and strategies for mitigating risk when prescribing controlled drugs and substances;
- 7.15 conforms to applicable safety measures when prescribing controlled drugs and substances; which include, but are not limited to, access, safe storage, transportation, monitoring, waste management, and disposal;
- 7.16 engages in continuous learning and professional development opportunities to maintain competence in prescribing controlled drugs and substances;
- 7.17 documents the plan of care, prescribed or discontinued interventions, and, if applicable, a **treatment agreement**.



Glossary

Advocate: actively supporting protecting and safeguarding clients' rights and interest. It is an integral component of nursing and contributes to the foundation of trust inherent in nurse-client relationships (CRNNS, 2017).

Assign: the determination of which health care provider should perform a competency to achieve optimal client care. Assignment occurs when the competency to be performed is within the scope of practice of the person taking the assignment (ARNNL, 2006).

Client(s): the person, patient, or resident who benefits from nursing care. A client may be an individual, a family, group, community, or population (CNA, 2015).

Client centred practice: an approach in which clients are viewed as whole persons; it is not merely about delivering services where the client is located. Client centred care involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination, and participation in decision-making (RNAO, 2006).

Client Safety: the reduction and mitigation of unsafe acts within the health care system, as well as through the use of best practices shown to lead to optimal client outcomes. It is meant to be inclusive of psychosocial, physical, cultural, and spiritual wellbeing (CRNNS, 2017).

Collaboration: working together with one or more members of the health care team, each of whom makes a contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurse collaborate with clients, other nurses, and other members of the health care team in the interest of client care (Registered Nurses' Association of Ontario, 2016).

Communication: the transmission of verbal and/or non-verbal messages between a sender and a receiver for the purpose of exchanging or disseminating meaningful, accurate, clear, concise, complete, and timely information (includes the transmission using technology) (CRNNS, 2017).

Compassionate: the ability to recognize and be aware of the suffering and vulnerability of another, coupled with a commitment to respond with competence, knowledge, and skill (CNA, 2017).

Competence: the ability of a registered nurse or a nurse practitioner to integrate and apply the knowledge, skills, judgments, and personal attributes to practice safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values, and beliefs (CNA, 2015).

Conduct unbecoming: conduct outside the practice of a registered nurse or a nurse practitioner that would be reasonably regarded by registered nurses and nurse practitioners as disgraceful, dishonorable, or harmful to the standing or reputation of the nursing profession. Conduct unbecoming a registered nurse or a nurse practitioner may arise from one incident or a pattern of conduct and does not require that the conduct be relevant to the practice of nursing. Refer to Bylaws (2019) for specific examples (ARNNL, 2019a).

Confidentiality: the ethical obligation to keep someone's personal and private information secret or private (CNA, 2017).



Consultation: to seek advice or information or provide advice or information to/from physician or other interprofessional team member for the purpose of obtaining/providing an opinion, recommendation, or concurrence in the care of clients, usually on a more immediate or urgent basis (CNA, 2010).

Continuing competence: the ongoing ability to assess one's own practice, identify learning needs, and obtain, integrate, and apply the knowledge, skills, and judgement required to practice safely and ethically. It is a necessary component of practice and public interest is best served when registered nurses and nurse practitioners constantly improve their application of knowledge, skill, and judgment. Reflective practice, or the process of continually assessing one's own practice to identify learning needs and opportunities for growth, is the key to continuing competence (CNA, 2004).

Coordinate: the act of organizing and/or supporting different people or systems to work together for a common goal.

Counselling: counsels clients on pharmacological therapies (including controlled drugs and substances) including indications for use, expected therapeutic effect, management of potential side/adverse effects/withdrawal symptoms, interactions with other medications or substances, precautions specific to the drug or the client, adherence to prescribed regimen, safe handling and storage, and required follow-up (CNO, 2019).

Critical inquiry: a purposeful, disciplined, and systematic process of continual questioning, logical reasoning, and reflecting using interpretation, inference, analysis, synthesis, and evaluation to achieve a desired outcome (CRNNS, 2017).

Cultural humility: is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience (First Nations Health Authority, 2019).

Culturally safe environment: an environment, which is safe for people, where there is no assault, challenge, or denial of their identity of who they are and what they need. It is about shared respect, shared meaning, shared knowledge, and experience, of learning together with dignity (CRNNS, 2017).

Delegation: is transferring the responsibility to perform a function or intervention to a care provider (delegatee) who would not otherwise have the authority to perform it (i.e., the function or intervention is not within the scope of practice or scope of employment of the care provider to whom it is being delegated). Delegation does not involve transferring accountability for the outcome of the function or intervention although the delegatee is responsible to successfully perform the intervention or tasks (NANB, 2018b).

Determinants of health: the health of individuals is determined by a person's social and economic factors, the physical environment, and the person's individual characteristics and behavior. The determinants are income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture (Public Health Agency of Canada, 2018).



Domains: five domains or areas of practice are identified within the profession of nursing: practice, education, administration, policy and research. The practice domain is fundamental to nursing, and all other domains ultimately exist to maintain and support practice. Registered nurses and nurse practitioners may practise in more than one domain within the context of their role (CNA, 2015).

Duty to report: a legislated requirement outlining that a registered nurse or a nurse practitioner who has knowledge, from direct observation or objective evidence, of conduct deserving of sanction of another registered nurse or nurse practitioner shall report the known facts to the Director of Professional Conduct Review (RN Act, 2008)

Evidence-informed practice: practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data (CRNNS, 2017).

Fitness to practice: all the qualities and capabilities of an individual relevant to his or her capacity to practise as a registered nurse or a nurse practitioner, including, but not limited to, freedom from any cognitive, physical, psychological, or emotional condition and dependence on alcohol or drugs, that impairs his or her ability to practise nursing (CNA, 2017).

Health care team: providers from different disciplines, often including both regulated health professionals and unregulated workers, working together to provide care for and with individuals, families, groups, populations, or communities. The team includes the client (CNA, 2017).

Incapacity or unfitness: a registered nurse's or a nurse practitioner's physical or mental condition is such that it makes it desirable in the interest of the public that the registered nurse or nurse practitioner no longer be permitted to practise or that his or her practice should be restricted. Refer to Bylaws (2019) for specific examples (ARNNL, 2019a).

Interim licence: An interim licence for a registered nurse is a licence issued to practise nursing in Newfoundland and Labrador as a graduate nurse for a limited time period while finalizing the registration process. An interim licence for a nurse practitioner is a licence issued to a registered nurse in Newfoundland and Labrador to practice within the scope of a nurse practitioner, with limitations, for a limited time period while finalizing the nurse practitioner licensure process (ARNNL, 2019d).

Interprofessional: Members of different healthcare disciplines working together towards common goals to meet the health care needs of the client. Work within the team is divided based on the scope of practice of each discipline included in the team. Team members share information to support one another's work and to coordinate the plan of care. Advanced or mature interprofessional teams include the client and family as key team members (Canadian Health Services Research Foundation, 2012).

Interprofessional collaboration: the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients, families, and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships (Canadian Interprofessional Health Collaborative, 2010).

Intersectoral collaboration: the joint action taken by health and other government sectors, as well as representatives from private, voluntary, and non-profit groups, to improve the health of populations (Public Health Agency of Canada, 2016).



Intraprofessional collaboration: the provision of comprehensive health care services to clients by multiple members of the same profession who work collaboratively to deliver quality care within and across settings (College of Nurses of Ontario, 2018).

Leadership: a relational process in which an individual seeks to influence others towards a mutually desirable goal. It not limited to formal leadership roles (CRNNS, 2017).

Mentor: a registered nurse or nurse practitioner who guides, counsels, and/or teaches nurse learners (mentees) in their adjustment to new environments, roles, and/or responsibilities (CRNNS, 2017).

Monitoring programs: this could include, but not limited to, the Canadian Adverse Drug Reaction Reporting Program, Prescription Monitoring Program, Tamper Resistant Drug Pad Program (TRPP), etc. It may include addressing the increased risks associated with prescribing controlled drugs and substances including, but not limited to, prescription fraud, drug abuse/misuse, diversion, loss, or theft.

Non-Pharmacological Therapy: orthotic aids, medical devices, medical supplies, and/or other therapies (behavioral).

Nurse Practitioner(s): are health professionals with education in advanced nursing practice and theory. As advanced practice nurses, nurse practitioners draw on their education, experience, and in-depth knowledge of the biological and psychosocial aspects of health and disease. Nurse practitioners are members of collaborative teams and provide care to individuals, families, and communities that include health promotion, illness prevention, supportive, curative, and rehabilitative care. Nurse practitioners also work collaboratively to establish measurable goals and identify and advocate to close gaps in health outcomes. Nurse practitioner practice is diverse and contingent upon the needs of the client population served. Core competencies of advanced practice nursing (nurse practitioners) include: direct comprehensive care; optimizing health system; educational; research; leadership; and consultation and collaboration competencies (CNA, 2016).

Personal Relationship - Treatment of self, family members or others close to them: while practitioners may have a genuine desire to deliver the best possible care when providing interventions for themselves, family members, or other close to them, the literature indicates that a practitioner's ability to maintain the necessary amount of emotional and clinical objectivity may be compromised. Practitioners may then have difficulty meeting the standard of care. Consequently, the individual may not receive the best quality intervention/treatment, despite the practitioner's best intentions (CPSO, 2016, & CPSNL, 2017).

Population health: an approach to health that aims to improve the health of the entire population (all people) and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health (Public Health Agency of Canada, 2012).

Preceptor: a nurse who teaches, counsels, and serves as a role model and supports the growth and development of a nurse in a particular discipline for a limited time, with the specific purpose of socializing the novice nurse in a new role. Preceptors fill the same role as mentors but for a more limited time frame (CRNNS, 2017).

Primary health care: a philosophy and approach that is integral to improving the health of all people living in Canada and the effectiveness of health service delivery in all care settings. PHC focuses on the way



services are delivered and puts the people who receive those services at the center of care. [Essential principles include] accessibility; active public participation; health promotion and chronic disease prevention and management; use of appropriate technology and innovation; and intersectoral cooperation and collaboration (CNA, 2017).

Privacy: (1) physical privacy is the right or interest in controlling or limiting the access of others to oneself; (2) informational privacy is the right of individuals to determine how, when, with whom and for what purposes any of their personal information will be shared. A person has a reasonable expectation of privacy in the health-care system so that health-care providers who need their information will share it only with those who require specific information (CNA, 2017).

Professional incompetence: the demonstration by a registered nurse's or a nurse practitioner's care of one or more clients that he or she lacks reasonable knowledge, skill, judgment, and/or lack of concern for the client's welfare to the extent that client safety was placed in jeopardy, or to an extent that the registered nurse or nurse practitioner is unfit to continue to practise, or that his or her practice should be restricted, or that the registered nurse or nurse practitioner should comply with one or more of remedial measures. Professional incompetence may arise from one incident or a pattern of careless conduct. Refer to Bylaws (2019) for specific examples (ARNNL, 2019a).

Professional misconduct: conduct of a registered nurse or nurse practitioner while directly engaged in the practice of nursing or relevant to the practice of nursing that does not adhere to the Standards of Practice, Code of Ethics and other standards of the profession, or which contravenes the Act, Regulations or Bylaws of the Association or other statutes applicable to the practice of nursing. Professional misconduct may arise from one incident or a pattern of conduct. Refer to Bylaws (2019) for specific examples (ARNNL, 2019a).

Professional practice issues: any issue or situation that either compromises client care/service by placing a client at risk and/or affects a nurse's ability to provide care/service consistent with their Standards of Practice, Code of Ethics, legislation, other standards and guidelines, or employer policies or procedures (ARNNL, 2019b).

Professional presence: demonstration of respect, confidence, integrity, optimism, and empathy in accordance with professional standards, guidelines, and codes of ethics. It includes a registered nurse's or a nurse practitioner's verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of full name and title. The demonstration of professional presence leads to trusting relationships with clients, families, communities, and other health care team member (CRNNS, 2017).

Quality professional practice environment: a practice environment that has the organizational and human support allocations necessary for safe, competent, and ethical nursing care (CNA, 2017).

Reasonable: as compared to registered nurses or nurse practitioners with similar education and experience and in similar circumstances (ARNNL, 2019b).

Referral(s): to request the services of another health professional to treat/care for a client (CNA, 2010).

Scholarly Activity(s): an oral or written presentation for peers, students or the public that reflects a thorough and critical collection of knowledge in an area of practice (AAFP, 2003).



Scope of practice: the roles, functions and accountabilities which members of a profession are legislated, educated and authorized to perform (CRNNS, 2017).

Self-management: relates to tasks and skills that an individual must undertake to live well and include gaining confidence to deal with medical management as well as role and emotional management by the individual (BC Ministry of Health, 2011).

Therapeutic nurse-client relationship: a planned, time-limited, and goal-directed connection between a registered nurse or a nurse practitioner and a client and his significant others, for the purpose of meeting the client's health care needs. Regardless of the context or length of the interaction, the therapeutic nurse-client relationship protects the patient's dignity, autonomy, and privacy and allows for the development of trust and respect (National Council of State Boards of Nursing, 2014).

Timely: ensuring that a response or action occurs within a timeframe required to achieve safe, effective, and positive client outcomes (CRNNS, 2017).

Treatment Agreement: a formal contract or plan established by a health care provider and a patient, specifying the manner in which certain forms of care will be delivered. Written treatment agreements are used most often in managing prescriptions for chronic pain.

- A written contract between the client and provider(s) designated as primary prescribers of controlled drugs and substances for the client which acknowledges the responsibilities and outlines the commitment of both parties to the plan of care. The agreement may include terms of agreement (appointments refill limits, designated providers, prohibited behaviors, and reasons for termination of the contract (e.g., misuse or diversion activities, missed appointments, violation of the terms of the agreement, or other inappropriate behavior) (NPC, 2017).



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