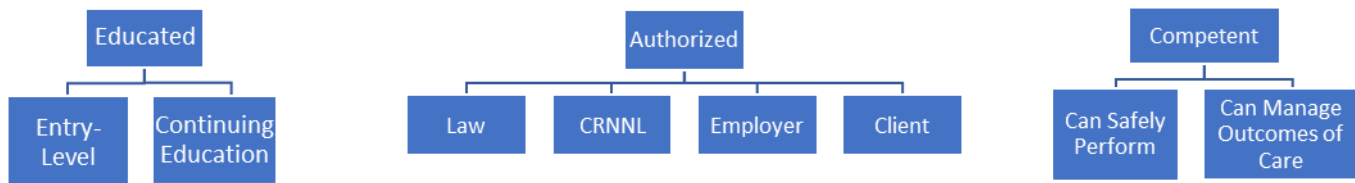


## Am I allowed to do that?



Registered nurses (RNs)/nurse practitioners (NPs) determine their individual scope of practice<sup>1</sup> within their practice setting by reflecting on three key elements: Education, Authorization, and Competence.

Before a RN/NP proceeds to perform a competency/intervention, RNs/NPs must first determine:

- whether they have the necessary education to perform a competency,
- whether they have the necessary authorization to perform a competency,
- whether they have the individual competence-necessary knowledge, skills, judgement(s), and attributes- to competently perform the competency for their client, and
- whether they can appropriately manage the outcomes of care in their practice setting.

### Am I Educated?

Each individual RN/NP is responsible and accountable for knowing what they are educated to perform and must ensure they have obtained the education necessary to carry out their nursing service in a safe, competent, and ethical manner.

Education:

- is acquired through an entry to practice nursing education program and through continuing education,
- may be formal or informal,
- consists of both theory and practice, and
- has a method to validate competence, which is most often determined by the employer.

### Am I Authorized?

The individual RN/NP must also determine if they have the appropriate authority to carry out activities

<sup>1</sup>For further information on scope of practice and the bibliography, refer to the most current version of the College's Scope of Practice Framework.



within the practice setting. There are four categories of authorization, and all must be in place for a RN/NP to perform a nursing competency:

- Legislation: activities must be in accordance with the various federal and/or provincial laws that govern or direct nursing practice.
- CRNNL: activities must be recognized by the College to be practice as an RN or NP in NL. The College may, on occasion, set education and practice requirements for new or high-risk nursing competencies prior to performance (e.g., authority to prescribe buprenorphine/naloxone (Suboxone) and methadone. This list is not all inclusive, nor static).
- Employer: activities must be authorized by the employer as approved nursing practice in the specific employment setting. Employer authorizations are often articulated in role/job descriptions, employer policies, and/or care (medical) directives, etc.
- Client: activities must be authorized, via informed consent (implied, verbal, and/or written as required), by the client.

### Am I Competent and Can I Manage the Outcomes of Care?

RNs/NPs must determine whether they have the individual competence to perform a competency. They must determine whether they have the necessary knowledge, skills, judgement, and personal attributes (e.g., attitudes, abilities, behaviors, beliefs, and values) to safely perform the competency for their client and whether they can appropriately manage the outcomes of care in their practice setting.

- The RN/NP must consider if it is appropriate to perform that competency in that practice setting and whether that RN/NP can effectively manage if there is an adverse outcome of care.
- There may be practice settings where it may not be appropriate to perform the nursing competency (e.g., outside of an hospital or clinic setting in a client's home).
- Consideration must be given to ensuring unintended consequences of care can be managed effectively (e.g., access to emergency services and/or equipment).

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