

Ask a Practice Advisor

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Do graduate nurses (GNs) have the same scope of practice as RNs?

Even though GNs are active practising members of the SRNA, their scope of practice is different from a RN. Understanding that scope of practice and difference in roles is pivotal to patients receiving good, safe care.

The following detail is intended to help clarify some of the questions you may have.

To be granted a GN license, one must have graduated from an approved Saskatchewan basic registered nursing program or completed a registered nursing education program recognized as being equivalent to a Saskatchewan basic nursing education program. Although GNs have not yet met all of the registration requirements (e.g. passed the required national exam) they can start working in the registered nursing profession.

Graduate nurses can work in many health care settings, including home care, long term care and acute care, but we must acknowledge that for the first six months or so of employment they are learning the RN role. How well and accurately they learn and integrate this role depends upon what they observe in their RN colleagues who are role models for them.

Not yet having had sufficient exposure to gain the necessary depth of nursing knowledge related to clinical practice, safeguards must be put in place by the regulatory body and employers, to ensure that GNs practice competently and safely, and are able to adhere to the SRNA Standards and Foundation Competencies for RNs and other documents relevant to nursing practice.



SRNA Council places limits on GN practice in the areas of supervision and Transfer of Medical Function (TMF) activities:

Supervision: A RN must be at work and available to direct the work actions or performance of the GN in a collaborative practice. However, RPNs may also supervise the GN in long-term care facilities and mental health units. Collaborative practice is a process which involves the GN and RN working together in each other's presence as necessary. The RN on each shift must determine the degree of supervision (direct or indirect) needed by assessing the GN's competencies as it relates to the care to be provided in a particular situation/setting. GNs, like all RNs, are responsible to identify whether or not they possess the competencies to safely provide the nursing service to that client. If they do not, they must not accept the assignment. RNs determine their physical proximity to the GN based upon the GN's acquired knowledge, skill and judgment. Is physical presence required or can they be down the hall or on an adjacent unit? The RN retains the overall responsibility for the assignment of that client to the GN and as such must know the client, the GN and be able to provide the timely support, direction and advice that the GN may require.

TMF-GNs must not perform nursing procedures supported by the TMF process. Employers must not allow GNs to be certified for TMFs.

In addition, GNs must not be placed in the role of charge nurse. They cannot take on the responsibility of "coordinating care", as outlined in The RN Act, 1988. GNs cannot take on the sole responsibility for assignment of client care to other team members. Also, GNs must not be responsible for the delegation of nursing activities.

The SRNA document Guidelines for Graduate Nurse Practice (2012) provides further information, including how best to support GNs in becoming competent, confident RNs. http://www.srna.org/images/stories/pdfs/nurse_resources/guidelines_for_graduate_nurse_practice_2012_05_08.pdf

Sometimes gray areas exist regarding the scope of practice of GNs. If you have a question, please contact the SRNA Practice Advisors at practice_advice@srna.org or 1 800 667-9945 and we will be happy to assist you.

References

- Saskatchewan Registered Nurses' Association. (2012). *Guidelines for Graduate Nurse Practice*. Regina, SK: Author.
- Saskatchewan Registered Nurses' Association. (2011). *Interpretation of The Registered Nurses Act, 1988. Council Policy 3.17*.