



# **Standards & Competencies for RN Specialty Practices**

March 30, 2016

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The Saskatchewan Registered Nurses' Association (SRNA) is the professional regulatory body for the Registered Nurses (RN) and Registered Nurse (Nurse Practitioners) [RN(NP)]s. *The Registered Nurses Act, 1988* describes the SRNA's mandate to set standards, competencies and the scope of practice for the profession, and to license RNs to ensure competent, caring knowledge-based care for the people of Saskatchewan. The SRNA is responsible for continuing competence, professional conduct, standards of practice, a code of ethics and the approval of education programs.

## **Background**

To be responsive to the evolving health care needs in our environment, the SRNA is leading change through collaboration with other organizations including the College of Physicians and Surgeons of Saskatchewan, employers of registered nurses, and other stakeholders. As a component of leading this change, the SRNA has developed three new scope of practice processes for RNs in the general category, one of these being RN Specialty Practices. This document outlines the standards and competencies for RN Specialty Practices.

## **Introduction**

The scope of practice for RN Specialty Practices is within the general practice category consistent with the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*. In addition, the RN performing specialty practices must also adhere to the current SRNA *Standards and Competencies for RN Specialty Practices*.

RN Specialty Practices include only those activities which are considered within the RN scope of practice and are beyond RN entry-level competencies (knowledge, skill and judgment). The majority of RNs who work in specialized practice settings (e.g., ICU, emergency room, maternal/newborn, public health, outposts and nursing stations) will engage in RN Specialty Practices. RN Specialty Practices do not include RNs independently diagnosing a medical condition, disease or disorder; prescribing or dispensing medications; ordering tests and treatments; or any activity that requires physician delegation to an RN. It is important to note that RNs cannot assign RN Specialty Practices to non-RNs.

RN Specialty Practices will apply to

- clients in an established health program and/or service (e.g., diabetes clinic, cardiac rehabilitation);
- situations which are more complex and pose moderate to higher risk to the client (e.g., supra-pubic catheter change, pelvic examinations, suturing a simple laceration, the application of back slab cast);
- the management of some emergency-care situations.

To perform RN Specialty Practices, the RN must follow a defined process and meet established standards and competencies. Using a combination of education and clinical experience, the RN expands upon the foundation competencies contained within the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses* in performing specific RN Specialty Practices. The standards and competencies for RN Specialty Practices build upon the foundation competencies and outline the expectations for RNs to determine (a) if they have the authority; b) if it is appropriate; and (c) if they are competent to perform the RN Specialty Practice.

### **Requirements for RN Specialty Practices**

RN Specialty Practices are implemented only when it is in the best interest of the client, and when

- policies and procedures exist to support RN Specialty Practices in specific health care environments;
- an RN Procedure or RN Clinical Protocol exists for that particular RN Specialty Practice;
- the RN has the appropriate education and specialized competencies specific to the RN Specialty Practice(s); and
- the appropriate environment exists to support the RN performing the activity.

### **RN Procedures and RN Clinical Protocols**

RN Specialty Practices fall into two categories, both within the scope of practice of the RN: RN Procedures and RN Clinical Protocols. These differ from each other in that an RN Procedure is a series of detailed steps requiring RN competencies beyond entry-level education, used by RNs in performing a moderately complex skill or treatment. In the majority of RN Procedures a **client-specific order** is required. An RN Clinical Protocol addresses care which is more complex and of greater acuity compared to that of an RN Procedure. It provides the authority for the RN who has obtained the specialized competencies and proficiency to implement care independently:

- **Without a client-specific order**
  - a. for a client with a health condition in an emergency, or
  - b. in a health service/program with a medical directive.
- **With a client-specific order**
  - a. which is provided by a physician, RN(NP) or other authorized prescriber prior to implementing an Advanced RN Intervention.

### **Standards and Competencies for RN Specialty Practices**

A standard is a desired and achievable level of performance against which actual performance can be compared. Standards for RNs are outlined in the SRNA *Standards*

and *Foundation Competencies for the Practice of Registered Nurses*, and are the foundation for both RN practice and RN Specialty Practices.

Standard I – Professional Responsibility and Accountability

Standard II – Knowledge-based Practice

Standard III – Ethical Practice

Standard IV – Service to the Public

Standard V – Self-Regulation

A competency is the demonstration by an RN of the knowledge, skill and judgment derived from the nursing roles and functions, within a specific context. The RN performing specialty practices is accountable for possessing and practising according to foundation competencies of RN practice contained within the current *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses*. The standards and foundation competencies are the minimum levels of expected RN performance. The *SRNA Standards and Competencies for RN Specialty Practices* provides additional competencies required by RNs for RN Specialty Practices.

#### **STANDARD I - Professional Responsibility and Accountability**

“The registered nurse consistently demonstrates professional conduct and competence while practising in accordance with the current SRNA standards for registered nursing practice and CNA’s *Code of Ethics for Registered Nurses*. Further, the registered nurse demonstrates that the primary duty is to the client to ensure safe, competent, ethical registered nursing care” (Saskatchewan Registered Nurses’ Association, 2013, p. 9).

Making decisions about who has the authority to perform clinical procedures is a complex process that can have serious ramifications for the RN and the public. Before performing any procedure, it is important that the RN consider the registered nursing profession’s scope of practice and the level of personal competence; employ critical thinking and practise reflective decision-making; and ensure measures are in place for public safety during and following the performance of the activity.

<b>Competencies</b>
<b>The RN performing Specialty Practices:</b>
1. Determines the appropriateness and authority of the RN Specialty Practice by ensuring it
a. fits within the RN scope of practice and does not require physician to RN delegation;

<ul style="list-style-type: none"> <li>b. is beyond RN entry-level competence and requires specialized knowledge, skill and judgment; and</li> <li>c. is supported by an established organizational policy (e.g., RN Procedure or RN Clinical Protocol).</li> </ul>
<p>2. Determines the level of competence required by the RN Specialty Practice by identifying that an activity, intervention, or treatment is beyond entry-level practice, and is</p> <ul style="list-style-type: none"> <li>a. related to the management of clients referred to an established health program and/or service (e.g., diabetes clinic, cardiac rehabilitation); or</li> <li>b. an activity that while not complex, poses moderate risk to the client (e.g., supra-pubic catheter change); or</li> <li>c. related to emergency-care situations; or</li> <li>d. an Advanced RN Intervention, which poses a higher risk to the client.</li> </ul>
<p>3. Conducts a comprehensive assessment to identify the complexity of the client care needs, including a review of health history, presenting state of health and nursing diagnosis, and determines that the client care needs can be met with an RN Specialty Practice, in a safe, ethical and competent manner.</p>
<p>4. Implements the relevant RN Specialty Practice according to the employer policies for RN Procedures or RN Clinical Protocols.</p>
<p>5. Applies critical thinking and follows policies to determine if a client-specific order is required to perform the RN Specialty Practice, and obtains the order when required.</p>
<p>6. Obtains a client-specific order from a physician, or RN(NP) as appropriate, when</p> <ul style="list-style-type: none"> <li>a. the client's health condition is stabilized following an emergency situation where RN Specialty Practices have been applied;</li> <li>b. the RN Clinical Protocol identifies that a physician, or RN(NP) as appropriate, must be contacted;</li> <li>c. the client's health condition and presenting signs and symptoms do not fall within the RN Clinical Protocol;</li> <li>d. there is an acute change in the client's situation once the RN Clinical Protocol is initiated;</li> <li>e. the laboratory findings, client assessment, or other data is inconsistent with information in the RN Clinical Protocol; or</li> <li>f. other circumstances arise that put the client at risk.</li> </ul>

7. Determines the associated risks, contraindications, potential intended, unintended and negative outcomes associated with the specific client factors and circumstances, and has the knowledge, skill, judgment and resources to manage the client care needs and outcome.
8. Possesses the required knowledge, skill and judgment, and required education and experience as outlined in the RN Clinical Protocol, necessary to perform the activities competently, ethically and safely.
9. Ensures that appropriate resources are in place to support safe care (personnel, supplies, emergency equipment, etc.).
10. Declines performing the procedure if the procedure puts the client at further risk or does not support safe care.
11. Does not assign RN Specialty Practices to non-RNs.
12. Engages in an ongoing assessment and evaluation of the client.

## **STANDARD II - Knowledge-based Practice**

“Specialized Body of Knowledge: The registered nurse draws on diverse sources of knowledge and ways of knowing, which includes the integration of nursing knowledge from the sciences, humanities, research, ethics, spirituality, relational practice, critical inquiry and the principles of primary health care” (SRNA, 2013, p. 11).

“Competent Application of Knowledge: The registered nurse demonstrates competence in the provision of registered nursing care. The competency statements in this section apply to the four components of registered nursing care; Assessment, Health Care Planning, Providing Care, and Evaluation. The provision of registered nursing care is an iterative process of critical inquiry and is not linear in nature” (SRNA, 2013, p. 12).

RNs are accountable to ensure they are competent by demonstrating the required knowledge, skill and judgment needed to perform the RN Specialty Practice, specific to the practice areas. RNs performing RN Specialty Practices take a proactive approach by advocating for and obtaining the required continuing education specified in policy to meet the client care needs specific to the area of practice.

**Competencies****The RN performing Specialty Practices:**

13. Prior to engaging in RN Specialty Practices, completes the required education as outlined in SRNA documents, any legislation, regulations and/or practice setting policy.

14. Ensures the education for RN Specialty Practices is delivered by a qualified educator [e.g., RN, RN(NP), physician, pharmacists] who has the foundation competence to perform RN Specialty Practices, and has acquired the appropriate credentials through formal education or certification from an expert health care organization.

15. Demonstrates the RN Specialty Practices competencies including cognitive and technical skills.

16. Demonstrates knowledge of the following:

- a. Purpose and benefit of performing the practice(s).
- b. Risks to the client.
- c. Alternatives to performing the practice(s).
- d. Expected outcomes.
- e. Actions to take if a complication arises.
- f. Required supplies, equipment and tools.
- g. Appropriate referral processes.

17. Engages in continuing education and/or professional development activities to maintain the knowledge, skill and judgment to perform RN Specialty Practices in a safe and competent manner.

18. Declines performing RN Specialty Practices

- a. for which competencies are not achieved;
- b. that are unable to be managed appropriately; or
- c. where the resources to manage the potential adverse events and/or negative outcomes are not available.

19. Uses critical thinking and clinical reasoning to determine the appropriate RN Specialty Practice to implement.

20. Seeks consultation and/or refers the client to an appropriate professional when the client care needs are beyond the scope of practice of the RN, the condition

is not resolved, or there is a need to deviate from the RN Procedure or RN Clinical Protocol.
21. Reflects on the situation and identifies any potential new learning opportunities to improve future RN Specialty Practice.
22. Follows the informed-consent process according to employer policy.
23. Documents clinical data, assessment findings, the need for the RN Specialty Practice, the care that was provided and client’s response, any client-specific orders received and other information as appropriate, accurately, comprehensively and according to employer policy.
24. Provides competent, direct supervision to graduate nurses (GNs) in the performance of RN Specialty Practices once the appropriate employer education has been successfully completed.

**STANDARD III - Ethical Practice**

“The registered nurse demonstrates competence in professional judgment and practice decisions by applying the principles in the current CNA *Code of Ethics for Registered Nurses*. The registered nurse engages in critical inquiry to inform clinical decision-making, establishes therapeutic, caring, and culturally safe relationships with clients and the health care team” (SRNA, 2013, p.15).

RNs engaged in RN Specialty Practices have an obligation to ensure safe and ethical care is provided. This is accomplished by transparent communications; collaboration with clients and other members of the health care team.

Collaboration and transparent communication includes ensuring the client or the client's substitute decision-maker (SDM) has the information needed to make an informed decision about their health care.

<b>Competencies</b> <b>The RN performing Specialty Practices:</b>
25. Practises in accordance with the current CNA <i>Code of Ethics for Registered Nurses</i> .
26. Assesses the client's capacity and level of maturity to make an informed decision specific to the proposed specialty practice, taking into account

relevant legislation and organizational policy.
27. Provides information specific to the nature, benefits, material risks and possible side effects of the proposed RN Specialty Practice, alternative course of action and the likely consequences of not engaging in the proposed activity, treatment, and/or plan of care.
28. Obtains informed consent for an RN Specialty Practice, where applicable, by <ol style="list-style-type: none"> <li>a. confirming the client or SDM fully understands the RN role and scope of practice;</li> <li>b. providing an opportunity for the client or SDM to ask questions and provides a response in a manner that is easily understood; and</li> <li>c. informing the client or SDM of the right to refuse consent, and that consent can be withdrawn at any time.</li> </ol>

**STANDARD IV - Service to the Public**

“The registered nurse protects the public by providing and improving health care services in collaboration with clients, other members of the health care team, stakeholders, and policy makers” (SRNA, 2013, p. 16).

<b>Competencies</b>
<b>The RN performing Specialty Practices:</b>
29. Articulates the authority and scope of practice of the RN in RN Specialty Practices.
30. Collaborates with the client or SDM to identify and mitigate risks, promote understanding of services provided and support positive outcomes.
31. Collaborates with the members of health care team to provide and promote inter-professional client-centred care in all aspects of RN Specialty Practices.
32. Advocates for the appropriate resources (e.g., equipment, medications, referral source) to manage the RN Specialty Practices.
33. Ensures and/or advocates for current RN Specialty Practice policies (RN Procedures and RN Clinical Protocols) and maintains newly approved policies in the nursing policy and procedure manual or service-specific procedure manual.

## **STANDARD V - Self-Regulation**

“The registered nurse demonstrates an understanding of professional self-regulation by advocating in the public interest, developing and enhancing own competence, and ensuring safe practice” (SRNA, 2013, p. 17).

The RN demonstrates an understanding of professional self-regulation by practising within the scope of registered nursing practice as defined in *The Registered Nurses Act, 1988*.

<b>Competencies</b>
<b>The RN performing Specialty Practices:</b>
34. Practises within the established legislation, regulations, SRNA standards and guidelines and the organizational policies.

## Glossary

<b>Advanced RN Intervention</b>	Complex technical skills or minor invasive actions, contained within an RN Clinical Protocol that have increased potential for the occurrence of an unintended outcomes.
<b>Client</b>	Person with whom the RN is engaged in a therapeutic relationship. In most circumstances, the client is an individual but may also include family members and/or substitute decision makers. The client can also be a group (e.g., therapy), a community (e.g., public health) or a population (e.g., children with diabetes).
<b>Client-specific order</b>	Direct order that is specific to a client and is considered to be valid if documented, dated and signed, either on a prescription form or in a client's individual clinical record.
<b>Competence</b>	Overall display by an RN, in the professional care of a client(s), of the knowledge, skill and judgment required in the practice situation. The RN functions with care and regard for the welfare of the client; and in the best interests of the public, nurses and nursing profession.
<b>Competencies</b>	Specific knowledge, skill and judgment, and personal attributes required for an RN to practice safely and ethically in a designated role and setting.
<b>Emergency-care situations</b>	Sudden, unexpected and unpredictable incidents where the client is critically ill with significant care needs, and where the RN identifies a health condition and implements an RN Clinical Protocol to prevent serious health deterioration and/or complications for the client.
<b>Health Condition</b>	Distinct signs and symptoms of an underlying medical disease or disorder that, with an RN's intervention, can be improved or resolved until the client is managed by a physician, RN(NP) or other authorized prescribers. An RN is professionally accountable for the outcomes achieved through the intervention.
<b>Health Service/Program</b>	Public screening/prevention programs and/or other client care programs targeting a specific client population.

<b>Medical Directive</b>	Client care order that is written in advance by a physician or RN(NP) as appropriate, that can be implemented by an RN for a client population.
<b>RN Clinical Protocol</b>	Series of registered nursing activities that are implemented in pre-determined situations to provide highly specialized client care.
<b>RN Procedure</b>	Series of detailed steps requiring RN competencies beyond entry-level education, used by RNs in performing a moderately complex skill or treatment.
<b>Scope of Practice</b>	The range of services or activities that RNs are authorized and educated to perform as set out in legislation, bylaws, standards, practice documents, and policy positions of the SRNA.
<b>Transparency</b>	The quality or state of being seen, heard, understood, and/or recognized without barriers or other means of blocking disclosure.

## References

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The Registered Nurses Act, 1988, Ch R-12, SS 1988-89

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