

SASKATCHEWAN



Standards and Foundation Competencies

for the Practice of Registered Nurses

Effective December 1, 2013

ACKNOWLEDGMENTS

The SRNA would like to thank SRNA members who participated in the review and revision of this document. The SRNA also recognizes and thanks the Jurisdictional Competency Process committee for the foundational work on entry-level competencies.

Saskatchewan Registered Nurses' Association. (2013). *Standards and Foundation Competencies for the Practice of Registered Nurses*. Regina, SK: Author.

©2013 Saskatchewan Registered Nurses' Association
2066 Retallack Street
Regina, SK S4T 7X5

Phone: (306) 359-4200 (Regina)
Toll Free: 1-800-667-9945
Fax: (306) 359-0257

TABLE OF CONTENTS

Acknowledgments	2
Introduction	4
Why do standards and foundation competencies exist?	4
Why have the standards been revised?	5
What is a standard?	6
What is a foundation competency?	6
Guiding Principles	7
How to apply the standards and competencies to the domains of registered nurse practice?	8
Standard I – Professional Responsibility and Accountability	9
Standard II – Knowledge-based Practice	11
II.1 Specialized Body of Knowledge	11
II.2 Competent Application of Knowledge	12
Area i) Ongoing holistic assessment.	12
Area ii) Collaborates with clients and families to develop plans of care.	13
Area iii) Provides registered nursing care.	13
Area iv) Ongoing evaluation of client care.	14
Standard III – Ethical Practice	15
Standard IV – Service to the Public	16
Standard V – Self-Regulation	17
References	18
Appendix A Glossary	20

INTRODUCTION

The Saskatchewan Registered Nurses' Association (SRNA) is the professional regulatory body for the registered nursing profession in Saskatchewan. Through provincial legislation (*The Registered Nurses Act, 1988*), the SRNA is accountable for public protection by ensuring that registered nurses in Saskatchewan are safe, competent and ethical practitioners.

The SRNA fulfills its mandate to the public by establishing and maintaining standards and competencies for registered nurse (RN) practice. The council of the SRNA governs and regulates the affairs of the association (section 7 of *The Registered Nurses Act, 1988*). Section 15(2) of *The Registered Nurses Act, 1988* states:

- (2) Subject to this Act, bylaws made pursuant to section 14 may be made for the following purposes:
 - (a) prescribing the qualifications, standards and tests of competency and good character for the registration of persons as members and the issuing of licences;
 - (c) providing for a code of professional ethics;
 - (d) setting standards of professional conduct, competency and proficiency of nurses;
 - (e) setting standards regarding the manner and method of the practice of registered nursing;
 - (e.1) establishing and governing a program for the purpose of reviewing and improving the quality of nursing care provided by members and requiring the participation of members in the program;
 - (l) governing the approval of registered nursing education programs for purposes of registration pursuant to this Act and prescribing terms and conditions for initial or continued approval of those programs;
 - (m) governing examinations to be held for the purposes of section 19;

To view complete Section 15(2) refer to page 10 of *The Registered Nurses Act, 1988*.

This document contains registered nursing standards and foundation competencies. These standards and foundation competencies serve as the criteria against which all registered nurses, practising in all domains of nursing practice (direct care, education, administration, and research, and the evolving domain of policy) will be measured by clients, employers, colleagues and themselves.

Throughout this document, the term registered nurse refers to the graduate nurse, GN; registered nurse, RN; registered nurse (graduate nurse practitioner), RN(GNP); and registered nurse (nurse practitioner), RN(NP).

Why do standards and foundation competencies exist?

Standards and foundation competencies for nursing practice exist for:

- **Protection of the public:** The public, through government legislation, mandates the SRNA to promote and ensure competent, caring registered nursing for the people of Saskatchewan.
- **Practice reference:** Standards and foundation competencies are used as a reference or resource to assist registered nurses in resolving issues related to professional practice. Through maintaining foundation competencies, graduate nurses will be able to function in the role of the beginning registered nurse while maintaining nursing practice standards, and registered nurses and registered nurses (nurse practitioners) will maintain their competence throughout their registered nursing practice.

- **Approval of nursing education programs:** The beginning or entry level registered nurse is prepared as a generalist through basic nursing education. Standards and foundation competencies are used by the SRNA in the evaluation of basic nursing education programs to ensure that the curriculum prepares graduates to achieve professional practice standards upon entry to the profession.
- **Registration and licensure requirements:** Standards and foundation competencies are used by the SRNA in the determination of registration and licensure decisions.
- **Administrative guidelines development:** Standards provide a basis for orientation, position descriptions, criteria for performance appraisal and quality improvement in agencies employing registered nurses.
- **Legal reference:** The legal definition of registered nursing practice included in *The Registered Nurses Act, 1988* establishes the basis for the scope of practice in which registered nurses may engage. The standards and foundation competencies for the practice of registered nurses are the minimum level of expected practice and are used as a reference when determining the standard of care of nurses. Nurses have a duty to conduct their practice in accordance with the conduct of a prudent and diligent nurse in the same circumstances.
- **Public information:** The *Standards and Foundation Competencies for the Practice of Registered Nurses* informs the public and other health care providers about registered nursing practice and helps to create accurate expectations of nursing practice and the profession.
- **Continuing competence:** In accordance with the SRNA Continuing Competence Program, these standards and foundation competencies are to be used by members in the annual self-assessment of their nursing practice and establishment of professional development goals.

Why have the standards been revised?

SRNA documents are routinely reviewed, and revised as needed, to reflect new directions and developments in health care and nursing. In 2007, the SRNA standards and foundation competencies were revised into a new format. The current revision:

- follows up the work done in 2007 and
- falls in alignment with the latest revision of a national entry-level competency document derived from the multi-jurisdictional work of the Jurisdictional Competency Process, thus aligning the SRNA with other Canadian registered nursing jurisdictions.

New competencies have been added and others revised to address the ongoing changes in health care, society, nursing knowledge and nursing practice in a variety of areas. Comprehensive consultation occurred with registered nurses from a variety of practice areas, key stakeholders and the public. Requests for feedback on the SRNA standards and foundation competencies were sought via online surveys and through focus group discussions.

The interrelationship among the standards of practice for the registered nurse is illustrated in Figure 1. The client is central to the standards and nursing practice; no one standard is more or less important than another and they are all related.

Figure 1: Conceptual Framework for Organizing Competencies



Adapted from *A Report of the 2011-2012 Jurisdictional Competency Process: Entry-level Registered Nurses, 2013*

What is a standard?

A standard is a desired and achievable level of performance against which actual performance can be compared. Standards for registered nursing practice reflect the philosophical values of the profession, clarify what the registered nursing profession expects of its member and informs the public of acceptable practice of registered nurses. These standards apply to every setting and provide a benchmark for the basic level of safe registered nursing practice across Saskatchewan. The standards state the minimum levels of expected performance.

What is a foundation competency?

A foundation competency is the knowledge, skill, and judgment, derived from nursing roles and functions, within a specified context, at the completion of an approved nursing education program leading to registration and licensure as a registered nurse. Foundation competencies are minimum levels of expected registered nurse performance.

The number of competencies under each standard and the order in which the standards or competencies are presented is not an indication of importance. A glossary (see Appendix A) is provided at the end of the document for clarification of terms.

GUIDING PRINCIPLES

This document provides standards and competency “action” statements, which frame the practice of registered nurses. These action statements are not merely tasks, as registered nurses practise utilizing a depth and breadth of knowledge, skill and judgment in registered nursing practice.

Standards and foundation competencies for the practice of registered nurses are based on the following guiding principles:

1. Registered nurses practise safely, competently and ethically:
 - in situations of health and illness
 - with people of all genders and across the lifespan
 - in a variety of settings and programs
 - with clients who are defined as: individuals, families, groups, communities and populations.
2. Registered nurse practice comprises different and interrelated domains of activity, including direct practice, education, administration, research and policy. The central focus of registered nurse practice is direct client care. Registered nurses in education, administration, research and policy positions provide support for registered nurses providing direct care to clients (CNA, 2007, p.20).
3. The SRNA emphasizes that no agency directive (policy, procedure or guideline) can relieve a registered nurse of the professional accountability for their own actions and decisions.
4. Competencies of the registered nurse are applicable across all practice settings. The registered nurse is accountable for assessing their practice in relation to their ability to meet the competencies. The registered nurse is responsible to obtain the necessary education in order to attain and maintain competence.
5. Registered nurses practise in a manner consistent with common law, provincial and federal legislation and the current Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses*.
6. Registered nurses engage in interprofessional collaborative practice essential for improvement in client health outcomes.
7. Registered nurses provide safe, competent and ethical care through collaboration, mentoring and support from other registered nurses, managers, the health care team and employers.

HOW TO APPLY THE STANDARDS AND COMPETENCIES TO THE DOMAINS OF REGISTERED NURSE PRACTICE?

This section has been added in response to feedback indicating the standards and foundation competencies can be difficult to apply to all domains of registered nursing practice. For registered nurses practicing in education, administration, research or policy, this section is intended to provide ideas for further interpretation of how the standards and foundation competencies apply. The suggestions below are not all inclusive and may not fit every practice context.

The Registered Nurse in Administration:

- focuses on organizational status
- supports registered nursing practice and client care
- makes administrative decisions
- plans, implements and evaluates organization strategies to address organization problems and strengths
- establishes and maintains documentation systems to manage clinical and other relevant information
- creates an environment in which cooperation, professional growth and mutual respect can flourish

The Registered Nurse in Education:

- focuses on students, registered nurses nursing education courses and programs
- plans, implements and evaluates education to address learning needs
- maintains appropriate educational records
- creates a professional learning environment

The Registered Nurse in Research:

- conducts or participates in relevant research to support knowledge development for registered nursing practice
- plans, implements and evaluates research in accordance with accepted research methods and procedures
- analyzes and interprets research findings and writes appropriate reports and articles for publication
- shares practice implications and policy relevance of research in a meaningful way with registered nurses and others

The Registered Nurse in Policy:

- focuses on integrating research into policy to facilitate evidence-informed practice in the health care system and to develop healthy public policy
- plans, implements and evaluates policy to address systemic health care needs and shape larger public policy outcomes
- promotes and initiates measures that encourage innovation and input into changes within the health care system to optimize client outcomes

Adapted from *CRNBC Professional Standards for Registered Nurses and Nurse Practitioners, 2012*.

STANDARD I – PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

The registered nurse consistently demonstrates professional conduct and competence while practicing in accordance with the 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.

Foundation Competencies

The registered nurse:

1. Is accountable and accepts responsibility for own actions and decisions.
2. Articulates and enacts the role and responsibilities of a registered nurse as a member of the health care team.
3. Recognizes the registered nurse scope of practice and individual competence limitations within the practice setting and seeks guidance as necessary.
4. Demonstrates professional presence and models professional behavior.
5. Consistently identifies self by first and last name and professional designation to clients and co-workers.
6. Displays initiative, confidence, self-awareness, and encourages collaborative interactions within the nursing and health care team, with the client as the centre of the health care team.
7. Advocates for clear and consistent roles and responsibilities within the health care team.
8. Demonstrates effective collaborative problem solving strategies, including conflict resolution.
9. Advocates and intervenes, as needed, to ensure client safety.
10. Demonstrates critical inquiry in relation to new knowledge and technologies that change, enhance or support registered nursing practice.
11. Promotes current evidence-informed best practices.
12. Demonstrates leadership in client care by promoting healthy and culturally safe practice environments.
13. Identifies actual and potentially abusive situations and takes action to protect client, self and others from harm.
14. Advocates and intervenes in the client's best interest.
15. Reports unsafe practice or professional misconduct of a health care worker to appropriate authorities.
16. Identifies, reports, and takes action on actual and potential unsafe practices or situations that have risk to clients, health care team members and/or others.

17. Challenges and takes action on unclear or questionable orders, decisions, or actions, made by other health care team members.
18. In accordance with agency policy and legislation, and in a timely manner; recognizes and reports near misses and errors (own and others), adverse events and critical incidents, and takes action to stop and minimize harm.
19. Utilizes a systems approach to patient safety, participates with others in the prevention of near misses, errors and adverse events.
20. Continuously integrates quality improvement principles and activities into registered nursing practice.
21. Exercises professional judgment when using agency policies and procedures, or when practicing in the absence of agency policies and procedures.
22. Participates in the analysis, development, implementation and evaluation of practice and policy that guide delivery of care.
23. Organizes workload and develops time-management skills for meeting responsibilities.
24. Fulfills the requirements of the SRNA Continuing Competence Program.
25. Demonstrates professional leadership by:
 - a. building relationships and trust;
 - b. creating an empowering environment;
 - c. supporting knowledge development and integration within the health care team;
 - d. leading and sustaining change; and
 - e. balancing competing values and priorities.

STANDARD II – KNOWLEDGE-BASED PRACTICE

This standard has two sections: Specialized Body of Knowledge and Competent Application of Knowledge.

II.1 Specialized Body of Knowledge

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.

Foundation Competencies

The registered nurse:

26. Applies a knowledge base from nursing and other disciplines in the practice of registered nursing.
27. Demonstrates and utilizes nursing informatics and other information and communications technology in promoting and providing safe registered nursing care.
28. Proactively seeks new information and knowledge and utilizes best practice in the provision of registered nursing care.
29. Applies knowledge from nursing and other disciplines concerning current and emerging health care issues.
30. Contributes to a culture that supports involvement in nursing or health research through collaboration with others in conducting, participating in, and implementing research findings into practice (e.g., implementing best practice in daily activities; participating in workplace and professional association surveys).
31. Demonstrates knowledge of the role of primary health care in health delivery systems and its significance for population health.
32. Demonstrates knowledge of the health disparities and inequities in society, how these affect clients, and the way in which registered nursing practice can facilitate positive health outcomes.

II.2 Competent Application of Knowledge

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.

Area i) Ongoing holistic assessment.

The registered nurse incorporates critical inquiry and therapeutic interpersonal skills to conduct an organized and comprehensive assessment that emphasizes client input and the determinants of health.

Foundation Competencies

The registered nurse:

33. Uses appropriate assessment tools and techniques in consultation with clients and other health care team members.
34. Facilitates client engagement in identifying their health needs, strengths, capacities and goals.
35. In collaboration with the client, performs an assessment of physical, emotional, spiritual, cognitive, developmental, environmental, social, and learning needs, including the client's beliefs about health and wellness.
36. Collects information on client status using assessment skills such as observation, interview, history taking, interpretation of data, and in direct care environments, physical assessment including inspection, palpation, auscultation and percussion.
37. Collaborates with clients and other health care team members to identify actual and potential client health care needs, strengths, capacities and goals.
38. Analyzes and interprets data obtained in client assessments.
39. Documents assessment data in accordance with evidence-informed practice.
40. Uses existing health and nursing information systems to manage nursing and health care data during client care.

Area ii) Collaborates with clients and families to develop plans of care.

The registered nurse plans registered nursing care appropriate for clients which integrates knowledge from nursing, health sciences and other related disciplines as well as knowledge from practice experiences; clients' knowledge and preferences; and factors within the health care setting.

Foundation Competencies

The registered nurse:

41. Uses a critical inquiry process to support professional judgment and decision-making to develop plans of care.
42. Uses principles of primary health care and patient- and family-centered care in developing plans of care.
43. Facilitates involvement of patients and family in identifying their preferred health outcomes.
44. Negotiates priorities of care and desired outcomes with clients while demonstrating an awareness of cultural safety and the influence of existing positional power relationships.
45. Anticipates potential health problems or issues for clients and their consequences and initiates appropriate planning.
46. Collaborates with other health care team members to develop health care plans that promote continuity for clients as they receive conventional, complementary and alternative health care.
47. Coordinates the health care team to analyze and organize complex health challenges into manageable components for health care planning.
48. Collaborates with health care team members or health related sectors to assist clients to access resources.

Area iii) Provides registered nursing care.

The registered nurse provides holistic individualized registered nursing care for clients and families across the lifespan along the continuum of care.

Foundation Competencies

The registered nurse:

49. Provides registered nursing care that is based on evidence-informed practice relevant to primary health care, health and healing.
50. Establishes and maintains a caring environment in the provision of safe, competent, compassionate and culturally safe registered nursing care.
51. Supports clients through developmental and role transitions across the lifespan.

52. Coordinates and provides timely registered nursing care for clients with co-morbidities, complex and rapidly changing health status.
53. Applies principles of population health to implement strategies to promote health as well as prevent illness and injury.
54. Assists clients to understand how lifestyle factors impact health (e.g., physical activity and exercise, sleep, nutrition, stress management, personal and community hygiene practices, family planning, high risk behaviors).
55. Implements learning plans to meet identified client learning needs.
56. Works with clients and families to identify and access health and other relevant resources in their communities.
57. Implements preventive, therapeutic and safety strategies based on evidence-informed practice, to prevent injury and the development of complications.

Area iv) Ongoing evaluation of client care.

The registered nurse collaborates with clients, families and members of the health care team while conducting an ongoing comprehensive evaluation to inform current and future care planning.

Foundation Competencies

The registered nurse:

58. Employs a critical inquiry process to monitor the effectiveness of client care.
59. Utilizes the results of outcome evaluation to modify and individualize client care.
60. Reports and documents client care and its ongoing evaluation clearly, concisely and accurately.
61. Advocates for change where optimum client care is impeded.

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.

Foundation Competencies

The registered nurse:

62. Practises in accordance with the current CNA *Code of Ethics for Registered Nurses* and the accompanying responsibility statements.
63. Identifies the effect of own values, beliefs and experiences in relationships with clients, recognizes potential conflicts and ensures culturally safe client care.
64. Establishes and maintains appropriate professional boundaries with clients and other health care team members, including the distinction between social interaction and therapeutic relationships.
65. Provides care for clients respectful of their health/illness status, diagnoses, life experiences, beliefs, health choices and practices.
66. Demonstrates knowledge of the difference between ethical and legal considerations and their relevance when providing registered nursing care.
67. Ensures that informed consent is provided as it applies to multiple contexts (e.g., consent for care; refusal of treatment; release of health information; and consent for participation in research).
68. Supports clients in making informed decisions about their health care.
69. Advocates for clients or their representatives, especially when they are unable to advocate for themselves.
70. Uses an ethical and reasoned decision-making process to address situations of ethical distress and dilemmas.
71. Demonstrates ethical and legal responsibilities related to maintaining client privacy and confidentiality in all forms of communication.

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.

Foundation Competencies

The registered nurse:

72. Articulates the authority and scope of practice of the registered nurse.
73. Utilizes knowledge of the health care system to improve health care services (practice setting or program level; agency level; regional/municipal level; provincial/territorial level; and national/international level).
74. Recognizes the impact of organizational culture on the provision of health care and acts to enhance the quality of a professional and safe practice environment.
75. Demonstrates leadership in the coordination of health care by:
 - a. assigning client care;
 - b. delegating and monitoring the performance of delegated registered nursing activities by selected health care team members; and
 - c. evaluating staff skill mix.
76. Participates and contributes to registered nursing and health care team development by:
 - a. promoting interprofessional collaboration through application of principles of decision-making, problem solving and conflict resolution;
 - b. building partnerships based on respect for the unique and shared competencies of each team member;
 - c. recognizing that one's values, assumptions and positional power affects team interactions, and uses this self-awareness to facilitate team interactions;
 - d. contributing registered nursing perspectives on issues being addressed by the health care team;
 - e. knowing the scope of practice of team members;
 - f. using appropriate channels of communication;
 - g. providing and encouraging constructive feedback ; and
 - h. demonstrating respect for diversity.
77. Collaborates with health care team members to proactively respond to changes in the health care system.
78. Uses established communication policies and protocols within and across health care agencies, and with other service sectors.

79. Advocates for public participation in defining health care needs at all applicable levels of health care delivery to ensure effective policies and actions.
80. Manages resources to provide effective and efficient care.
81. Supports professional efforts in registered nursing to achieve a healthier society (e.g., lobbying, conducting health fairs and promoting principles of the *Canada Health Act*).
82. Advocates for and promotes healthy public policy and social justice.
83. Advocates for and participates in emergency preparedness planning and works collaboratively with others to develop and implement plans to facilitate protection of the public.

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.

Foundation Competencies

The registered nurse:

84. Demonstrates knowledge of the registered nursing profession as self-regulating, autonomous, and mandated by provincial legislation.
85. Practises within the scope of registered nursing practice as defined in *The Registered Nurses Act, 1988*.
86. Articulates and differentiates between the mandates of regulatory bodies, professional associations and unions.
87. Acts as a mentor (formally and informally) to registered nurses, nursing students and colleagues to enhance and support professional growth.

REFERENCES

- Aboriginal Nurses Association of Canada. (2009). *Cultural competence and cultural safety in Nursing Education*. Ottawa, ON: Author.
- Baker, G. R., & Norton, P. G. (2004). *Patient safety and healthcare error in the Canadian healthcare system: A systematic review and analysis of leading practices in Canada with reference to key initiatives elsewhere*. Retrieved from http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2001-patient-securit-rev-exam/2001-patient-securit-rev-exam_e.pdf
- Browne, A., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J., & Wong, S. (2009). Cultural safety and the challenges of translating critically oriented knowledge in practice. *Nursing Philosophy*, 10, 167-179.
- Brunt, B. A. (2005). Critical thinking in nursing: An integrated review. *The Journal of Continuing Education in Nursing*, 36(2), 60-67.
- Canadian Association of Schools of Nursing. (2012). *Nursing informatics: Entry-to-practice competencies for registered nurses*. Ottawa, ON: Author.
- Canadian Interprofessional Health Collaborative. (2010). *A national interprofessional competency framework*. Retrieved from http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf.
- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa, ON: Author.
- Canadian Nurses Association. (2009). *Blueprint for the Canadian registered nurse Examination, June 2012 – May 2015*. Ottawa, ON: Author.
- Canadian Nurses Association. (2010). *Position statement: Evidence-informed decision making and nursing practice*. Ottawa, ON: Author.
- Canadian Patient Safety Institute. (2008/2009). *The safety competencies: Enhancing patient safety across the health professions*. Ottawa: ON: Author.
- College and Association of Registered Nurses of Alberta. (2011). *Complementary and/or alternative therapy and natural health products: Standards for registered nurses*. Edmonton, AB: Author.
- College of Registered Nurses of British Columbia. (2011). *Professional standards for registered nurses and nurse practitioners*. Vancouver, BC: Author.
- College of Registered Nurses of Nova Scotia. (2012). *Standards of practice for registered nurses*. Halifax, NS: Author.
- Doane, G. H. and Varcoe, C. (2007). Relational practice and nursing obligations. *Advances in Nursing Science*, 30(3), 192-205.
- Government of Saskatchewan. (1988). *The Registered Nurses Act*. Regina, SK: Author.
- Government of Saskatchewan. (2004). *Saskatchewan critical incident reporting guideline, 2004*. Regina, SK: Author.
- Government of Saskatchewan. (2011). *Patient- and family-centered care in Saskatchewan: A framework for putting patients and families first*. Regina, SK: Author.
- Government of Saskatchewan. (2012). *Patient centered, community designed, team delivered: A framework for achieving a high performing primary health care system in Saskatchewan*. Regina, SK: Author.
- Indigenous Physicians Association of Canada and The Association of Faculties of Medicine of Canada. (2008). *First Nations, Inuit, Metis health core competencies: A curriculum framework for undergraduate medical education*. Winnipeg, MB: Author.

- Jurisdictional Competency Process. (2013). *Competencies in the context of entry-level registered nurse practice: A report of the 2011 – 2012 jurisdictional competency process: entry-level registered nurses*. Unpublished report.
- Ponte, P. R., Glazer, G., Dann, E., McCollum, K., Gross, A., Tyrrell, R., Branowicki, P., Noga, P., Winfrey, M., Cooley, M., Saint-Eloi, S., Hayes, C., Nicolas, P. K., and Washington, D. (2007). The power of professional nursing practice – An essential element of patient and family centered care. *The Online Journal of Issues in Nursing*, 12(1). Retrieved from http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No1Jan07/tpc32_316092.html
- Public Health Agency of Canada. (2012). *What determines health?* Retrieved from <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants>
- Registered Nurses Association of Ontario (2002/2006). *Establishing therapeutic relationships*. Toronto: ON: Author.
- Registered Nurses Association of Ontario (2006a). *Collaborative practice among nursing Teams*. Toronto, ON: Author.
- Registered Nurses Association of Ontario (2006b). *Developing and sustaining leadership*. Toronto: ON: Author.
- Saskatchewan Registered Nurses' Association. (2007). *Standards and foundation competencies for the practice of registered nurses*. Regina, SK: Author.

APPENDIX A GLOSSARY

Accountable/Accountability: An obligation to accept responsibility or to answer for (explain) one's actions to achieve desired outcomes. Accountability resides in a role and can never be delegated away.

Adverse event: An event that results in unintended harm to the patient, and is related to the care and/or services provided to the patient rather than to the patient's underlying medical condition (CPSI, 2008/2009).

Assignment: Is the allocation of clients or client care activities consistent with an individual provider's scope of practice, scope of employment and agency policies and procedures. Assignment is a dynamic process in which decisions are evaluated and adjusted as registered nurses work together to meet the changing needs of clients (Adapted from CRNBC, 2011).

Boundary: Professional boundaries are the defining lines which separate the therapeutic behaviour of a registered nurse from any behaviour which, well-intentioned or not, could reduce the benefit of nursing care to patients, clients, families and communities.

Client: A person with whom the registered nurse 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).

Collaboration: The process of working together to build consensus on common goals, approaches and outcomes. It requires an understanding of own and others' roles, mutual respect among participants, commitment to common goals, shared decision-making, effective communication relationships and accountability for both the goals and team members. (Graham & Barter as cited in RNAO, 2006a).

Competence: The overall display by a registered nurse, in the professional care of a client(s), the knowledge, skill and judgment required in the practice situation. The nurse functions with care and regard for the welfare of the client and in the best interests of the public, nurses and nursing profession.

Competency: The demonstration, by a registered nurse of knowledge, skill and judgment derived from the nursing roles and functions, within a specified context.

Complementary and alternative therapy: Complementary therapies are used together with conventional medical treatments, while alternative therapies are used instead of conventional medical treatments (Adapted from CARNA, 2011).

Conflict Resolution: The various ways in which individuals or institutions address conflict (e.g., interpersonal, work) in order to move toward positive change and growth. Effective conflict resolution requires critical reflection, diplomacy, and respect for diverse perspectives, interests, skills and abilities (CRNNS, 2012).

Continuing competence: The ongoing ability of a registered nurse to integrate and apply the knowledge, skills, judgment and personal attributes required to practice safely and ethically in a designated role and setting. Continuing competence involves a process linking the code of ethics, standards of practice and life-long learning. The registered nurse reflects on one's own practice on an ongoing basis and takes action to continually improve that practice.

Critical incident: A serious adverse event including, but not limited to, the actual or potential loss of life, limb or function related to a health service provide by, or a program operated by, a regional health authority (RHA) or health care organization (HCO) (Government of Saskatchewan, 2004).

Critical inquiry: Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards. This term expands on the meaning of critical thinking to encompass critical reflection on actions (Brunt, 2005).

Cultural Safety: Addresses power differences inherent in health service delivery and affirms, respects and fosters the cultural expression of clients. This requires nurses to reflect critically on issues of racialization, institutionalized discrimination, culturalism, and health and health care inequities and practise in a way that affirms the culture of clients and nurses (ANAC, 2009; Browne et al., 2009; IPAC-AFMC, 2008).

Culture: A dynamic lived process inclusive of beliefs, practices, and values, and comprising multiple variables which are inseparable from historical, economic, political, gender, religious, psychological, and biological conditions (ANAC, 2009).

Determinants of health: Health of individuals is determined by a person's social and economic factors, the physical environment, and the person's individual characteristics and behaviour. 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, 2012).

Evidence-informed practice: The ongoing process that incorporates evidence from research, clinical expertise, client preferences and other available resources to make nursing decisions about clients (CNA, 2010).

Generalist: A registered nurse prepared to practice safely and effectively along the continuum of care in situations of health and illness throughout a client's lifespan (CNA, 2009).

Global health: The optimal well-being of all humans from the individual and the collective perspective and is considered a fundamental human right, which should be accessible to all (CNA, 2009).

Health care team: A number of health care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with individuals, families, groups, populations or communities (CNA, 2008).

Information and communication technologies (ICT): Encompasses all those digital and analogue technologies that facilitate the capturing, processing, storage, and exchange of information via electronic communication (CASN, 2012).

Interprofessional collaboration: A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues (Orchard, Curran, & Kabene, as cited in the Canadian Interprofessional Health Collaborative, 2010).

Leadership: A relational process in which an individual seeks to influence others towards a mutually desirable goal. (RNAO, 2006b).

Near miss (also called close call): An event with the potential for harm that did not result in harm because it did not reach the patient due to timely intervention or good fortune. The term “good catch” is a common colloquialism to indicate the just-in-time detection of a potential adverse event (CPSI, 2008/2009).

Nursing informatics: A science and practice which integrates nursing, its information and knowledge, and their management, with information and communication technologies to promote the health of people, families and communities worldwide (CASN, 2012).

Patient- and family-centered care: Patient- and family-centered care (PFCC) is about providing respectful, compassionate, culturally safe and competent care that is responsive to the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members by working collaboratively with them. In the PFCC approach, patients and families are actively engaged not only in their own care, but also in the planning, delivery and evaluation of healthcare services and programs. Patients and families are no longer viewed as clinical objects or visitors, but viewed as essential allies and treated as true partners. PFCC is grounded in mutually beneficial partnerships among patients, families and healthcare providers. (Government of Saskatchewan, 2011).

Patient safety: The pursuit of the reduction and mitigation of unsafe acts within the health care system, as well as the use of best practices shown to lead to optimal patient outcomes (CPSI, 2008/2009).

Population health: Is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. Action is directed at the health of an entire population, or sub-population, rather than individuals (Public Health Agency of Canada, 2012).

Primary health care: The “everyday care” that a person needs to protect, maintain, or restore health. It is often a person’s first point of contact with the health system. This may come in the form of a visit with a family physician or nurse practitioner, advice from a pharmacist, information on managing a chronic disease, or numerous other interactions between patients, families and providers (Government of Saskatchewan, 2012).

Professional presence: The professional comportment of registered nurses, how they carry themselves and their verbal and non-verbal behaviors; respect, transparency, authenticity, honesty, empathy, integrity and confidence are some of the characteristics that demonstrate professional presence. In addition it is demonstrated by the way registered nurses use language, particularly how they refer to their own professional status and that of others by using full name and title in their communications (adapted from Ponte, P. et al., 2007).

Relational practice: An inquiry that is guided by conscious participation with clients using a number of relational skills including listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection and a sensitivity to emotional contexts. Relational practice encompasses therapeutic nurse client relationships and relationships among health care providers (Doane & Varcoe, 2007).

Safety: Freedom from the occurrence or risk of injury, danger, or loss. (CPSI, 2008/2009).

Scope of practice: Roles, functions and accountabilities which registered nurses are legislated, educated and authorized to perform, as defined in Section 2(k) of *The Registered Nurses Act, 1988*:

“practice of registered nursing: means the performance or co-ordination of health care services including but not limited to:

- (i) observing and assessing the health status of clients and planning, implementing and evaluating nursing care; and
- (ii) the counseling, teaching, supervision, administration and research that is required to implement or complement health care services;

for the purpose of promoting, maintaining or restoring health, preventing illness and alleviating suffering where the performance or co-ordination of those services requires:

- (iii) the knowledge, skill or judgment of a person who qualifies for registration pursuant to section 19 or 20;
- (iv) specialized knowledge of nursing theory other than that mentioned in subclause (iii);
- (v) skill or judgment acquired through nursing practice other than that mentioned in subclause (iii);
or
- (vi) other knowledge of biological, physical, behavioural, psychological and sociological sciences that is relevant to the knowledge, skill or judgment described in subclause (iii), (iv) or (v);

Social justice: The fair distribution of society’s benefits and responsibilities and their consequences. It focuses on the relative position of one social group in relation to others in society as well as the root causes of disparities and what can be done to eliminate them (CNA, 2008).

Systems approach: Using prompt, intensive investigation followed by multidisciplinary systems analysis... to [uncover] both proximal and systemic causes of errors. It is based on the concept that although individuals make errors, characteristics of the systems within which they work can make errors more likely and also more difficult to detect and correct. Further, it takes the position that while individuals must be responsible for the quality of their work, more errors will be eliminated by focusing on systems than on individuals. It substitutes inquiry for blame and focuses on circumstances rather than on character (Baker & Norton, 2004).

Therapeutic relationship: A purposeful, goal directed relationship that is directed at advancing the best interest and outcome of the client(s). The therapeutic relationship is grounded in an interpersonal process that occurs between the registered nurse and the client(s) (RNAO, 2002/2006).

SASKATCHEWAN



2013 Saskatchewan Registered Nurses' Association

2066 Retallack Street, Regina, SK S4T 7X5

Phone: (306) 359-4200 (Regina)

Toll Free: 1-800-667-9945

Fax: (306) 359-0257

Email: info@srna.org