



Nurses Association
OF NEW BRUNSWICK

Examining Requests for Post Entry-Level Procedures



MISSION

The Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice, and by promoting healthy public policy.

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PREAMBLE

Nursing is a self-regulated profession wherein registered nurses (RNs) are responsible and accountable for their own practice, at all times. RNs are responsible for practising safely, competently and ethically and are accountable to the client, employer, profession and the public. In New Brunswick, RNs are expected to practise in a manner consistent with the *Nurses Act*, the Nurses Association of New Brunswick's (NANB) standards, the *Code of Ethics for Registered Nurses*, legislation and employer policies relevant to the nursing profession. NANB supports RNs in meeting their professional obligations by developing tools, such as this decision-making document, to inform nursing practice.

This document is a revision of the 2008 NANB document titled *Decision-Making: Examining Request for New Nursing Procedures*.

INTRODUCTION

Registered nurses in New Brunswick are educated as generalists¹. Through a combination of formal education, experiential learning and mentoring, they have acquired the nursing knowledge, skill and judgement expected of entry-level registered nurses. However, because of ongoing advances in research and technology, and changes in health care delivery systems, the practice of registered nurses needs to evolve to respond to clients' care needs. Therefore, the dynamic nature of nursing practice requires that RNs provide care and acquire knowledge and skills at a level beyond the entry level.

This document outlines a collaborative decision-making process for RNs and employers to use when evaluating requests to introduce a new post entry-level procedure into the practice of registered nurses. This decision-making process is designed to ensure public safety and competent and ethical nursing practice by seeking input from all relevant professionals, that contextual issues are thoroughly explored, and that the necessary safeguards, including nursing resources, and institutional supports and policy, are established.

¹ Generalist: A registered nurse prepared to practise safely and effectively along the continuum of care in situations of health and illness across the person's life cycle. (NANB, 2009)



POST ENTRY-LEVEL PROCEDURES

The clients' best interest is the primary consideration in deciding if a new post-entry level procedure should be introduced into nursing practice.

In a client-centered approach, clients² are the central focus of RN practice and lead the process of decision making related to care. Because of the dynamic nature of the health care environment and advances within the nursing profession, and in order to respond to clients' needs, RNs must not only maintain but also enhance their knowledge and skills.

Post entry-level procedures (PELP) are those nursing procedures that are not part of basic nursing education, are not currently part of RNs work expectations and are being introduced into nursing practice, in specific practice settings. The safe execution of PELPs encompasses the determination of when to perform the procedure, the planning and implementation of care and the evaluation and management of the outcomes of the procedure. When considering a request to introduce a post entry-level procedure into the practice of RNs, consideration must be given to the necessity for RNs to acquire not only the skill in performing the procedure but also the need to attain competence. Competence involves the knowledge, skill and judgement to ensure safe, competent and ethical care. Employers and different work settings often refer to these post entry-level procedures as *advanced nursing tasks, added competencies, contextual competencies, delegated medical functions and specialized skills*.

Post entry-level procedures should not be confused with delegated tasks³. PELPs, once acquired and maintained, become part of the individual RN's scope of practice, for which he/she is responsible and accountable. In specific situations and in order to meet client care needs, other health professionals may delegate a task to an RN. Delegated tasks are those tasks that are normally performed by other health professionals. A delegated task is always client and time specific (one client and one time only) and cannot be applied to other clients. The delegated task does **NOT** become part of the scope of practice of RNs. The health professional who delegates a task remains responsible for the delegation and the outcome of the task.

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² Client: Individuals, families, groups, populations or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.

³ Task: An action that is part of a client's care. A task has clearly defined limits.



The decision to introduce post entry-level procedures into nursing practice is made in collaboration with RNs and the employer.

The decision to add a post entry-level procedure into nursing practice is made in collaboration with the RN and the employer, however, the employer is ultimately responsible for making the decision to accept the request, for setting policies and for creating a practice environment that supports the RN's acquisition of additional knowledge and skills for the safe and competent delivery of PELPs. RNs who are self-employed must seek an evaluation for assessment of nursing practice with NANB if considering introducing new post entry-level procedures into their practice.

Public interest and safety are best served when RNs continually enhance knowledge, skill and judgement.

RNs are responsible for their own level of competence. When performing post entry-level procedures, the RN remains responsible for the knowledge, skill and judgement required to perform the activity safely and ethically. For the safety of the clients, RNs should not perform any PELP before receiving education and having demonstrated competence.

TWO-STEP PROCESS FOR DECISION-MAKING

The two-step decision-making process outlined in this document is recommended for making the decision to introduce post entry-level procedures into the practice of nursing.

STEP 1 - COLLABORATIVE DECISION-MAKING

Employers and RNs must determine:

- If the PELP being considered is reasonable, appropriate and evidence-informed⁴;
- The risks and benefits to the client of having the RN perform the PELP, and the consequences of not performing it;
- The level of underlying knowledge required and if there is an opportunity to acquire the knowledge and skill to safely perform the PELP;
- The need for clinical support to intervene and manage potential complications to the client (includes human, technical and other resources);

⁴ Evidence-informed practice: A 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.



- The frequency with which the PELP will be required in the practice setting (constant, sporadic, seldom) and the opportunity to maintain competence.

STEP 2 - IMPLEMENTATION OF DECISION

Criteria for implementation:

- There must be a written employer policy identifying the post entry-level procedure including conditions and restrictions on implementation;
- There must be an educational program of theory and clinical practice to allow the RN to become competent in performing the PELP which includes an assessment of competence;
- Employers must determine what process must be in place to ensure continuing competence to perform the post entry-level procedure;
- Employers must provide a quality practice environment in order to support the RN during implementation.

CONCLUSION

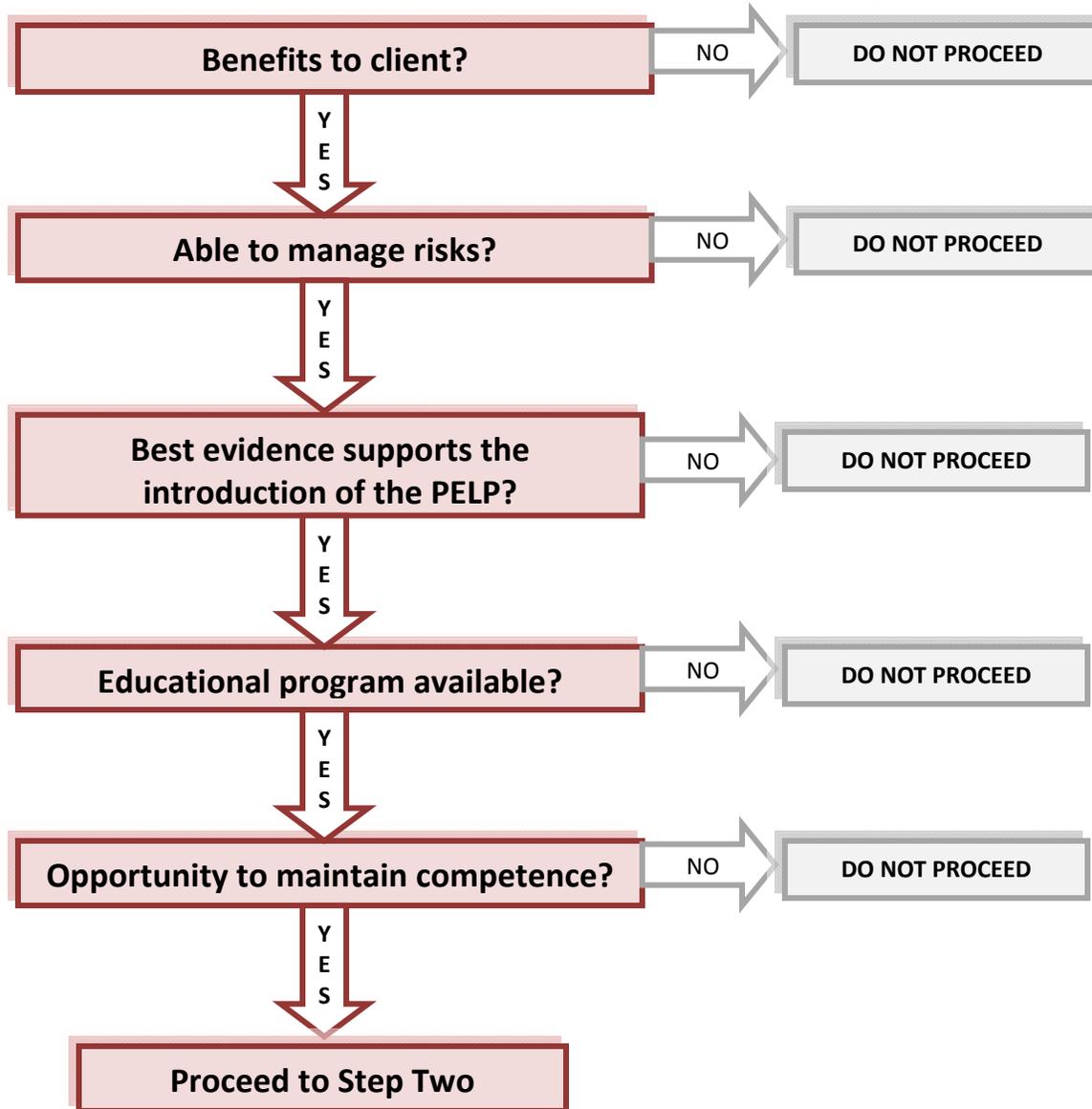
Registered nurses are responsible to practise safely, competently and ethically. This requires that RNs recognize and practise within their own level of competence and seek additional knowledge and assistance when needed. The determination of the most appropriate health care worker to provide a specific service or to perform a certain activity will depend greatly on the context of practice; therefore, when examining request for post entry-level procedures, a decision-making process which is client-centered and employer or setting-specific must be used.



APPENDIX 1-DECISION -MAKING TREE

Step One: Collaborative decision-making

Is the request to introduce a post entry-level procedure into nursing practice reasonable, appropriate and consistent with the current literature and professional practice of nursing?



Step Two: Implementation of decision

- Ensure that appropriate resources are available to support implementation
- Write employer policy
- Develop and offer educational program of theory, clinical practice
- Determine mechanisms for reviewing and maintaining competence



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