



**Nurses Association**  
OF NEW BRUNSWICK

PRACTICE GUIDELINE

# Managing Registered Nurses with Significant Practice Problems



## MANDATE

We regulate registered nurses and nurse practitioners in New Brunswick to ensure the provision of safe, competent, and ethical care in the interest of the public.

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## INTRODUCTION

The skillful and objective handling of situations in which a registered nurse<sup>1</sup> (RN) has ongoing practice problems is one of the greatest challenges facing nurse managers. Serious questions and concerns about an RN's practice in areas such as knowledge, skill, and judgement may create stress and tension between colleagues that can negatively affect morale, productivity, and relationships in the workplace and the delivery of safe, competent and ethical care.

Often, when RNs become aware of problems in their nursing practice, they can, with minimal guidance, take the necessary measures to improve their practice. However, RNs presenting significant practice problems or who behave in a non-professional manner require more attention, direction, and skilled assistance in order for them to demonstrate their ability to meet practice standards and employer expectations.

The purpose of this document is to support nurse managers working with RNs experiencing significant practice problems. This document should be used in conjunction with other resources such as relevant legislation, NANB's standards, the *Code of Ethics for Registered Nurses*, and employer policies.

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<sup>1</sup> For this document, the term registered nurse includes nurse practitioner



# PRINCIPLES

## **Recognizing and managing RNs with practice problems is a shared responsibility:**

- RNs practice in accordance with legislation, NANB's standards, the *Code of Ethics for Registered Nurses*, and employer policies.
- RNs are responsible for integrating and applying the knowledge, skills, and judgement required to practice safely, competently and ethically, and for making changes to their practice when needed.
- RNs have an obligation to use the available employer support resources.
- Nurse managers have the responsibility to articulate expectations to staff and take the appropriate steps to inform RN staff when NANB's standards or employer expectations are not being met.
- Nurse managers have the responsibility to utilize management strategies that promote safe, competent, and ethical care.
- Employers have an obligation to provide essential support systems including human and material resources so that the practice setting is one in which RNs are able to meet legislation, NANB's standards, and employer expectations.
- Ongoing practice evaluation and feedback are tied to legislation, NANB's standards, and employer expectations.

*Recognizing and managing RNs with practice problems is a shared responsibility.*



# A FIVE-STEP APPROACH INTERVENTION

## 1. Defining the Practice Problem

Defining the practice problem is critical to the success of any performance improvement program. Many practice problems result from a combination of unacceptable behaviours. The more specific and comprehensive one can be when describing the problem behaviours, the more successful the remedial approaches will be. Table 1 can serve as a guide in defining the practice problem.

**Table 1: Defining the practice problem**

1. When evaluating the practice of an RN who may have a significant practice problem, the following questions should be considered:
  - What is the problematic behaviour?
  - What workplace problems are created by the behaviour?
  - What is the actual or potential harm resulting from the behaviour? Is patient or staff safety an issue? If so, how?
  - What are the events or situational factors surrounding the behaviour that might be contributing to or reinforcing the behaviour?
  - What is the RN's level of awareness of the problem?
2. Identify trends and patterns by reviewing observations, verbal reports, complaints, and any other documentation related to the RN's practice.
3. Use resources such as relevant legislation, NANB standards, the *Code of Ethics for Registered Nurses*, and employer policies and job descriptions as a benchmark to describe the specific practice problem. As necessary, call upon experts within and outside the practice area who may be able to assist in developing strategies or actions.
4. Consider which aspects of nursing practice may be associated with the problem:
  - Knowledge (e.g., pathophysiology, current treatments, medication administration, resources, policies);
  - Skills (e.g., psychomotor skills, use of patient monitoring equipment, teaching patients and families, communication skills, doing mathematical calculations);
  - Attitudes (e.g., respect for colleagues and patients, awareness of own beliefs, sensitivity to feelings, personal values, teamwork, flexibility);
  - Judgement (e.g., recognizes when to refer, advocate for changes in physician orders, alter the plan of care, and prioritize work).
5. Review past practice management strategies and identify what progress the RN has made in relation to improving his or her practice.
  - What assistance, educational activities, or supports have been offered in the past?
  - Has the RN been given this assistance, completed these activities, or made use of the supports offered? If not, why not?
  - Have these activities and supports made a difference in the nurse's practice? If so, how is this demonstrated?



## 2. Preparing for the Meeting

The primary goal of the meeting is to convey concerns and practice expectations to the registered nurse in a way that is clear, fair, respectful, and supportive. Emotions can run high for all involved in meetings where an RN's practice is questioned. Preparation is essential to managing the meeting skillfully and keeping the discussion focused and on track. Being a listener is also key to the success of the meeting. The RN may not always recognize and agree that there is a problem. Listen to the RN's perspective and allow time to discuss that perspective. Build on the RN's strengths and be clear on what behaviours need to change.

### Activities to consider as you prepare for the meeting:

- Establish a clear purpose for the meeting and confirm with the RN (e.g., is the purpose to gather more information, to follow up on complaints, to begin the disciplinary process, to have a general discussion of the issues, to describe problems, to clarify practice expectations, to develop a learning plan, to follow-up on the plan, or to evaluate progress).
- Meet with human resource staff or other relevant persons designated by the agency to discuss the process to be followed. This will help identify who should attend the meeting based on the purpose. If a collective agreement is in place, it may determine who must be included, notice periods, and timing for the meeting.
- Prepare an agenda for the meeting. Be clear about the RN's strengths and how to talk about them in the meeting.
- Gather the documents that may be needed at the meeting (e.g., notes, job description, past performance appraisals) and have specific examples to describe the concerns with the RN's nursing practice.
- Write down introductory remarks and the key points to be covered, and take time to focus your thoughts and review the introductory remarks.
- Hold the meeting in a location that will meet the needs of both you and the RN. Choose a place that is private and comfortable.
- Minimize distractions and interruptions during the meeting (e.g., put pager/phone on silence, forward phone calls, put a do-not-disturb sign on the door).



### 3. Meeting with the Registered Nurse

The manager organizes a meeting with the RN and other appropriate personnel such as a union representative and a human resources representative to discuss the concerns regarding the RN's practice. In non-unionized settings, the RN may ask another employee to serve as a witness to the meeting.

Accurate and complete documentation is important. Determine in advance who will be the recorder for the meeting. Documentation serves as a record of who attended, what was discussed, what actions and follow-up were agreed to, the time lines for improvement, and a date for the next meeting. A copy of the documentation is to be given to the nurse. Both copies of the documentation or notes from the meeting should have the signatures of the nurse manager and the member and should also be dated. This demonstrates that the documents have been received. This can be in the form of a memo, letter of expectation, or minutes. Where a collective agreement is in place, it may determine which documents go into the employee's record.

Before starting the meeting, it is important to state the confidential nature of the meeting, to outline the purpose, goals, and time lines. Those in attendance introduce themselves and state their role in the meeting.

#### During the meeting:

- Describe the facts related to the practice problem in question.
- State the consequences of the inappropriate behaviour and its impact on quality patient care.
- Get a commitment from the RN to listen before responding.
- Outline the documented deterioration in performance clearly citing how poor practice impacts quality nursing care.
- Establish a time-frame for change in behaviour.
- Give the RN an opportunity to provide additional comments at the end of the meeting.
- At the end the meeting, set a date and time for a follow-up meeting.

**Note: Appendix A provides sample conversations which may guide discussions during the meeting**

#### **4. Reaching an Agreement and Developing a Remediation Plan**

Successful remediation and improved nursing practice is a reasonable and achievable goal in all but a very few situations (e.g., patient abuse). It is important for the RN to be given an opportunity to improve practice once problems have been identified. Remediation plans need to be developed on an individual basis.

During the meeting, the nurse manager and the RN need to discuss and come to an agreement on the best approach to follow to correct the practice problem. It must be made very clear what kind of assistance will be offered and what the RN is expected to do (e.g., work with the resource person, participate in education programs). Expectations must be stated in terms of nursing standards and employer expectations. It must be emphasized that the RN's current practice is below the acceptable standard.

Designing and developing a remediation plan is best done using a collaborative process which actively involves the RN. RN involvement in identifying the reasons for the practice problem and in developing the remedial plan contributes to a greater likelihood of success. Because the goal or outcome of the remedial process is behaviour change, a learning-based approach is recommended. If relevant, explore communication strategies with the RN that you or the RN will use to explain to colleagues why there may be shift/work schedule changes, a buddy system, or shorter work days. See Appendix B for examples of remedial plans.

Whether the RN's practice problems are the result of knowledge or skill deficits, unprofessional attitudes, poor communication skills, unethical behaviours, or a combination of these, the key elements for all remedial plans are similar and should include clear statements of the following:

1. Practice problems;
2. Expected practice changes/outcomes;
3. Who will be involved in the process;
4. How the changes/outcomes will be measured;
5. Learning activities the RN is expected to undertake;
6. Resources to be provided by the employer;
7. Time lines for feedback and completion of learning activities.

**NOTE: Appendix C provides samples statements for the remedial plan**

#### **5. Following Up**

Follow-up is an important but often overlooked step in the remedial process. Identify who will be monitoring and documenting the progress of the registered nurse (e.g. nurse manager, nurse mentor, resource nurse) to ensure acceptable progress or to reassess set outcomes.

## REPORTING TO THE REGULATORY BODY

In most situations, the RN's practice will improve, and the nurse manager's role will then be to continue to support the RN and provide feedback through a regular performance appraisal process. If the practice does not improve, the nurse manager will need to consider reporting to NANB.

Lodging a complaint with NANB is a measure of last resort once all other appropriate avenues have been exhausted. In general, every attempt is made to deal with the problem at the organizational or agency level prior to lodging a complaint. There are, however, instances where the *Nurses Act* requires that a complaint must be lodged with NANB including:

- **when an RN's employment is terminated for reasons of incompetence or incapacity;**
- **when an RN resigns while being investigated for incompetence or incapacity; or**
- **in instances of allegations of sexual abuse of a patient.**

Detailed information around mandatory reporting is available in NANB's *Professional Conduct Review: Complaints and Discipline Process* document.

<http://www.nanb.nb.ca/media/resource/NANB-PCR-ComplaintsDisciplineProcess-E.pdf>

## REFERENCES

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## APPENDIX A: Sample Conversations

### Sample 1

“Thank you for coming in and meeting with me. Based on what I know, it seems that there are some problems with your nursing care. I want to go over the concerns about your practice. Please listen, and then I want to hear your perspective . . .”

### Sample 2

“Now that we are all here, let’s get started. As I indicated on the phone, there are three patient complaints that we are going to go over . . .”

### Sample 3

“ . . . I see that you are upset and nervous, and I realize that this is difficult. I do have some concerns about your practice that we need to talk about. There are many things you do well, and there are some things you don’t do so well. I’d like to talk about both and explore how we can proceed from here to address the problem areas and build on your strengths. But first, we need to go over the practice concerns . . .”

### Sample 4

“I sense that you are feeling very upset. You obviously feel very strongly about this. I want to understand your perspective, and I would also like to understand what has happened to your practice . . .”

### Sample 5

“ . . . As you know, since you started work at this unit you’ve been struggling with certain practice issues. Over time and with experience, I would have expected that these would have improved. Now, after some time in this position, the problems are still present. This really concerns me . . .”

### Sample 6

“ . . . As you know, some RNs have voiced concerns to me about what they perceive as your argumentative nature. You have also expressed concern about certain aspects of your work and your role on the unit. These concerns relate to your relationships with other RNs and the frequent arguments and disagreements you have. Overall the care you give patients is satisfactory. My concern is that if these conflicts between you and other RNs do not decrease, it will have a negative effect on patient care.”

### Sample 7

“ . . . We have talked on at least three occasions about my specific concerns about your practice. There are a number of things you do well. There are, however, things that you do poorly. My concern is that these practice problems are significant and they are not improving. I’m concerned because these problems are now having a negative impact on patient care . . .”

### Sample 8

“ . . . I agree this can be a stressful place to work. My concern is that in the course of a normal working day, you are not able to complete your work or work collaboratively with others to do so..”

## APPENDIX B: Examples of Remedial Plans

### **Example 1: Failure to follow medication administration standards, policies and procedures**

#### **Practice Problem:**

- Medications have been left at patients' bedside.
- Late documentation of analgesics administration.
- Incomplete and late reordering of medications from the pharmacy.

#### **Expected Practice Change/Outcome:**

Will consistently follow unit medication policies and procedures including preparing, giving, charting, reordering medications, and signing for analgesics.

#### **People Involved in the Plan:**

- Staff educator
- Manager
- Staff RNs

#### **Criteria to Measure Changes/Outcome:**

- Patients will receive medications according to NANB standards, unit policies and procedures.
- Chart audits will demonstrate that medication administration standards and policies are followed.
- Charting of analgesics will be done immediately following administration.
- Reordering medications at the appropriate time will result in medications arriving from the pharmacy when needed.

#### **Learning Activities:**

- Review all medication administration standards, policies and procedures.
- Arrange time to discuss questions and safety issues with the staff educator.
- Buddy with the staff educator for 1-2 days to demonstrate improvement in following medication administration policies.



### **Resources:**

- Manager will provide the policies.
- Sessions with the staff educator will be during work time.
- Feedback sessions with the staff educator will occur following review of patient charts.
- NANB practice consultation service.

### **Timelines for Feedback:**

- Within three weeks, schedule a first session with the staff educator to discuss the RN's review of NANB medication standards, unit policies and procedures;
- Within six weeks, receive feedback from the staff educator regarding the review of patient charts, observations of the RN's medication administration and reordering procedures.
- Schedule a meeting every two month over six months with the manager to review progress.

### **Example 2: Blogging about work.**

#### **Practice Problem:**

- Disrespectable comments about the workplace in personal blog.

#### **Expected Practice Change/Outcome:**

- Will no longer use personal information sharing technologies to address workplace issues.

#### **People Involved in the Plan:**

- Manager
- Human resources
- Employer privacy officer

#### **Criteria to Measure Changes/Outcome:**

- Employee will follow policies and refrain from using personal social media tools to share comments relating to work.

### **Learning Activities:**

- Review employer policies.
- Review NANB's Guideline on appropriate use of social media.

### **Resources:**

- Manager will provide the policies.
- NANB practice consultation service.



## APPENDIX C-Sample Statements for Remedial Plans

| DESCRIPTION OF THE PRACTICE PROBLEM IN RELATION TO STANDARDS   | DESCRIPTION OF THE EXPECTATIONS   |
|--|---|
| <p><b>STANDARD 1-RESPONSIBILITY AND ACCOUNTABILITY</b></p> <ul style="list-style-type: none"> <li>• Using work time for personal life activities (e.g., makes several personal calls during work).</li> <li>• Made three medication errors within the last two weeks and has not filed the required incident reports.</li> </ul>   | <p><b>STANDARD 1-RESPONSIBILITY AND ACCOUNTABILITY</b></p> <ul style="list-style-type: none"> <li>• Will not use work time for personal reasons.</li> <li>• Will administer medication according to standards and employer policies and will immediately inform appropriate person(s) of any medication errors as per employer policy.</li> </ul>   |
| <p><b>STANDARD 2-KNOWLEDGE-BASED PRACTICE</b></p> <ul style="list-style-type: none"> <li>• Difficulty maintaining nurse-patient therapeutic relationship (e.g., accepted gift from patients on three occasions and has been spending some personal time with a patient's spouse).</li> <li>• Constantly demonstrates difficulties in organizing care (e.g., pre-op patients not ready in time for O.R., medications administered late, stays after work to complete documentation).</li> </ul> | <p><b>STANDARD 2-KNOWLEDGE-BASED PRACTICE</b></p> <ul style="list-style-type: none"> <li>• Will keep her interactions with patients and family members at a professional level at all time.</li> <li>• Will organize and deliver safe nursing care within appropriate timeframe.</li> </ul>   |
| <p><b>STANDARD 3-PATIENT-CENTERED PRACTICE</b></p> <ul style="list-style-type: none"> <li>• Often has long discussions about personal life issues with co-workers.</li> <li>• On two occasions has assigned nursing care to inappropriate providers (e.g., assigned wound assessment to a UCP).</li> </ul>   | <p><b>STANDARD 3-PATIENT-CENTERED PRACTICE</b></p> <ul style="list-style-type: none"> <li>• Will keep discussions with colleagues during work time at a professional level.</li> <li>• Will become familiar with colleague's scope of practice and will assign accordingly.</li> </ul>  |
| <p><b>STANDARD 4-PUBLIC TRUST</b></p> <ul style="list-style-type: none"> <li>• On two occasions during the last month, was heard talking about her patients to staff from another department in the cafeteria during diner time.</li> <li>• Using her personal cell phone in front of patients while providing education on insulin dosage.</li> </ul>   | <p><b>STANDARD 4-PUBLIC TRUST</b></p> <ul style="list-style-type: none"> <li>• Will review legislation and policies regarding confidentiality and will maintain her patients' health information confidential.</li> <li>• Will review employer policies regarding usage of personal device at work and will abstain from using cell phone during work time/in front of patients.</li> </ul> |





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