

STANDARDS OF PRACTICE AND CONDUCT

FOR MANITOBA'S PRACTICAL NURSES

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College of Licensed Practical
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Contents

Introduction	3
The Regulatory Framework for Manitoba’s Practical Nurses.....	4
Legislation.....	4
Regulations	5
By-Laws.....	5
Standards of Practice and Conduct.....	5
Code of Ethics	5
Practice Directions	6
Competency Documents.....	6
Interpretive Documents.....	6
Employer Policies.....	6
Purpose of the Standards.....	6
Nurses	7
The Public.....	7
Employers.....	7
The CLPNM	7
Supporting the Standards	8
Nurses	8
Employers.....	8
The CLPNM	8
Principles Guiding the Standards	8
How to Read the Standards	9
Standards of Practice and Conduct	10
I. Professional Accountability	10
II. Competent Practice	11
III. Therapeutic Relationships	13
IV. Client-Centred Practice.....	14
V. Collaborative Care.....	15
VI. Client Records and Documentation.....	17
VII. Leadership.....	18
Glossary	19
References	24
Resources	26
APPENDIX A - Applying the Standards Outside of Clinical Practice	28

Introduction

The public has entrusted the College of Licensed Practical Nurses of Manitoba (CLPNM), via *The Licensed Practical Nurses Act* (LPN Act), to regulate the profession of practical nursing in Manitoba to serve and protect the public interest. The CLPNM carries out its duty to the public by:

- establishing standards of education and reviewing practical nursing education programs
- establishing entry-to-practice requirements
- establishing the mechanisms, conditions, and requirements for registration
- maintaining registers of those allowed to practise the profession
- promoting and monitoring continuing competence
- overseeing the practice and conduct of practical nurses, and intervening when necessary to protect the public
- developing resources, such as professional standards and codes, to guide members of the profession and to hold them accountable

This document describes the *Standards of Practice and Conduct for Licensed Practical Nurses, Revised 2021* (the Standards). It replaces the CLPNM Standards of Practice, 2004.

These Standards are authoritative statements that define professional expectations for practical nurses in Manitoba. The primary purpose of the Standards is to direct safe, ethical, and clinically competent practical nursing practice and professional conduct.

The Standards are applicable to all practical nurses in all settings in which they practise in Manitoba, including clinical practice, research, education, and administration.

The Standards apply to all CLPNM registrants, including Licensed Practical Nurses (LPNs), Graduate Practical Nurses (GPNs), and Student Practical Nurses (SPNs). SPNs are introduced to the Standards over the course of their entry-to-practice practical nursing programs. For ease of reference, CLPNM registrants are referred to collectively as *practical nurses* or simply *nurses* throughout this document.

The Standards provide the benchmark against which practical nurses are measured and they describe what members of the public can expect from practical nurses in our province. In this way, the Standards establish the foundation for a relationship of trust between the public and the members of the profession.

The Regulatory Framework for Manitoba's Practical Nurses

The Standards are one element of a larger regulatory framework that governs the profession.

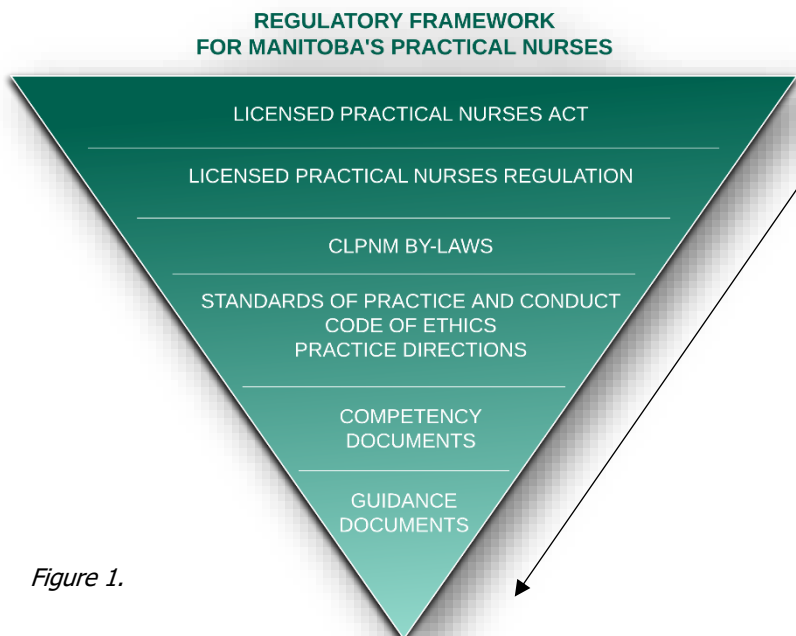


Figure 1.

This regulatory framework, represented by *Figure 1*, includes a range of documents that direct and guide the practice and conduct of Manitoba's practical nurses.

It describes the authority of these documents in descending order.

Legislation

The LPN Act establishes:

- practical nursing as a regulated profession
- the CLPNM as the regulating body
- criteria for registration
- processes for addressing any complaints about an LPN's practice
- the profession's scope of practice

Practical nursing is defined in the LPN Act as:

The provision of nursing services for the purpose of assessing and treating health conditions, promoting health, preventing illness, and assisting individuals, families, and groups to achieve an optimal state of health.

The LPN Act assists the public in recognizing that a practical nurse is a member of a regulated nursing profession and may use a protected title of licensed practical nurse or practical nurse, or any variation or abbreviation of those titles.

Title protection assures the public that any individual using a practical nursing designation in Manitoba has met the regulatory college's registration requirements, may practise as a nurse, and is accountable for meeting standards in their professional practice and conduct.

Regulations

The Licensed Practical Nurses Regulation (the Regulation) is law approved by the Lieutenant Governor in Council and Cabinet. The Regulation elaborates on the requirements introduced in the LPN Act by setting out more detailed requirements for practical nursing education, registration, and renewal. The CLPNM interprets, applies, and enforces the Act and Regulation in the public interest.

By-Laws

The LPN Act provides the Board of Directors of the CLPNM with the authority to make binding rules, referred to as by-laws, that pertain to specific topics. Most of the CLPNM by-laws describe how the organization and profession are governed; however, some by-laws establish the rights and obligations of applicants and members of the profession. Some by-laws only remain effective if members of the profession ratify them at the next annual general meeting of the CLPNM.

Standards of Practice and Conduct

The Standards of Practice and Conduct are the focus of this document. The Standards set out in this document describe general responsibilities for professional practice and conduct that apply to all CLPNM registrants in all settings.

Code of Ethics

The Code of Ethics of the profession provides a framework for ethical decision making and describes the ethical standards that are to be applied in each registrant's practice. These ethical standards reflect the values of the practical nursing profession, which are:

- respect and dignity of the person
- compassionate care
- trustworthy professional relationships
- informed decision-making
- safety and protection of the public
- privacy and confidentiality
- justice, equity, and fairness
- quality work environments

Practice Directions

Practice directions are used to enhance, explain, or expand on the professional responsibilities described in the professional standards. While the Standards of Practice and Conduct are general, practice directions provide detailed guidance on specific topics.

Competency Documents

Competency documents consist of statements that describe the expected performance that reflects the integration of knowledge, skills, judgment, and professional attributes required in a nursing role, situation, or practice setting. They are intended as resources for practical nurses, employers, and other stakeholders. The CLPNM maintains two types of competency documents:

- **Entry-Level Competencies**

These are the competencies required for entry into the practical nursing profession in Manitoba.

- **Nursing Competencies**

These describe the competencies that fall within the full scope of the practical profession in Manitoba, which are broader than those required at entry-level.

The competency documents are intended as a general reference to assist with interpreting the scope of practice of Manitoba's practical nursing profession.

Interpretive Documents

The CLPNM develops interpretive documents to clarify and promote the understanding of current legislation, regulations, by-laws, and professional standards. Their purpose is to contribute to proper understanding and application of professional requirements.

Employer Policies

Besides the regulatory framework, nurses adhere to employer policies and procedures developed to support nursing practice and guide client care. However, employer policies do not relieve nurses of accountability to meet the Standards of Practice and Conduct, the Code of Ethics, and practice directions of their profession. Self-employed nurses are responsible for ensuring they have policies and procedures in place to guide their practice that are consistent with the Standards of Practice and Conduct, the Code of Ethics, and the practice directions.

Purpose of the Standards

The primary purpose of the Standards is to direct and maintain safe, ethical, and competent nursing practice, along with professionalism in the nurse's conduct.

These standards apply to a nurse's conduct while practising, and to the nurse's conduct during off-hours, if that conduct may affect the public's trust and confidence in the profession or call into question the nurse's suitability to practise in a position of trust with vulnerable clients.

The Standards are used by individual nurses, the CLPNM, the public, and employers. For example:

Nurses

Nurses use the Standards to:

- better understand their professional obligations
- support their own continuing competence and professional development
- explain what nursing is and what nurses do
- advocate for changes to policies and practices
- define and resolve professional practice problems
- design and deliver nursing education

The Public

The public can use the Standards to understand expectations for nursing practice and conduct. Clients can use the Standards to understand how a nurse is expected to engage with them, collaborate with others to support their care, and advocate for their health.

Employers

Employers can use the Standards to develop systems that support nurses to meet their professional obligations. Examples include:

- developing job descriptions that identify expectations for practice
- developing orientation programs
- creating performance appraisal tools
- identifying when a nurse may benefit from remediation or to determine if a complaint to the CLPNM is warranted

The CLPNM

The CLPNM uses the Standards to meet its legal responsibility to protect the public by regulating nurses' practice and conduct. Examples include:

- clarifying for the public and other health care professionals what the profession expects of individual nurses
- providing guidance to nurses regarding their professional obligations
- making decisions when the CLPNM receives complaints regarding the practice or conduct of a nurse

Supporting the Standards

Nurses, employers, and the CLPNM all play an important role in ensuring the Standards are met.

Nurses

As regulated professionals, nurses act professionally and are accountable for their practice and conduct. Every nurse must understand the Standards and apply them to their practice and conduct, regardless of their setting, role, or practice area. The policies and practices of employing organizations do not relieve nurses of accountability to meet the Standards. Nurses who have questions about the Standards are responsible for contacting the CLPNM for support.

Employers

Employers can assist nurses in meeting the Standards by providing essential support systems, including human and material resources, safe practice environments, and access to orientation, training and continuing education opportunities.

The CLPNM

The CLPNM ensures the profession carries out its commitment to the public. This is achieved in part by setting, monitoring, and enforcing the Standards, and by providing resources to help nurses understand and apply the Standards.

Principles Guiding the Standards

The following six principles provide the foundation for these Standards.

- Practical nurses are accountable for providing safe, competent, compassionate, and ethical care within the legal and ethical framework of nursing regulation. ⁶
- Practical nurses work collaboratively with colleagues in health care to assess, plan and deliver quality nursing services. ⁶
- The Standards provide the foundation for the development of practice directions for various contexts of practice. ⁵
- The Standards are a reference for reasonable and prudent nursing practice and conduct.
- The Standards guide decision making for practice and when addressing professional practice issues. ⁵ The principles of client-centred practice in clinical practice settings also apply when engaging in practical nursing in other domains, such as education, administration, and research. ³

How to Read the Standards

In the Standards, the term “nurse” refers to registrants of the CLPNM, including:

- licensed practical nurses
- graduate practical nurses
- student practical nurses

Words or phrases with an asterisk* are found in the glossary. They are shown with an asterisk only on first appearance.

There are 66 Standards set out in this document. They are organized into the following seven categories:

- I. Professional Accountability
- II. Competent Practice
- III. Therapeutic Relationships
- IV. Client-Centred Practice
- V. Collaborative Care
- VI. Client Records and Documentation
- VII. Leadership

Each Standard describes an expectation for nursing practice and conduct. Neither the Standards, nor the categories, are in any order of priority.

The Standards:

- Provide specific criteria against which actual performance is measured
- Are interrelated and should be understood in context with one another
- Reflect the actions and decisions expected of a reasonable and prudent nurse. When assessing whether a nurse has met a Standard, the CLPNM will also consider the specific context and the situation. The CLPNM may also further elaborate on the Standards through practice directions
- Apply to all CLPNM registrants, including student practical nurses, graduate practical nurses, and licensed practical nurses in all practice domains, including direct client care, administration, education, and research

Should there be any conflict between these Standards and the governing legislation, legislation will apply.

Standards of Practice and Conduct

I. Professional Accountability

Licensed practical nurses conduct themselves as professionals and make decisions that are in the interest of their clients and the public. Licensed practical nurses accept accountability for their practice and their conduct.

As an LPN, you must:

1. Accept accountability* for your nursing practice including the care you provide based on your own assessments and determinations, the care you provide that is initiated by other health care providers, and the care you provide that is delivered as part of a collaborative* team.
2. Identify, respond to and report situations of unsafe, unprofessional, unethical, or illegal practice or professional misconduct to appropriate authorities.
3. Comply with legislation, regulations, professional standards, and employer policies and protocols relevant to the context of practice* when making decisions.
4. Accept accountability and take responsibility* for your own professional conduct, decisions, practice, and errors.
5. Demonstrate governability* by cooperating with CLPNM processes affecting your registration and practice.
6. Conduct yourself in a manner that upholds the public's trust in the profession.
7. Take responsibility for your fitness to practice* by taking appropriate action to ensure your physical and mental health does not negatively affect your ability to provide safe, competent, compassionate, and ethical* care.
8. Adhere to the College of Licensed Practical Nurses of Manitoba's Code of Ethics.
9. Act honestly, transparently, respectfully and with integrity in all professional interactions, including interactions with the regulator.
10. Treat people fairly, with dignity, and without discrimination, bullying or harassment.
11. Consider the impact of colonization on the cultural, social and spiritual lives of Indigenous people and take action to ensure your conduct and nursing care does not harm Indigenous people.

II. Competent Practice

Licensed practical nurses are responsible for safe, compassionate, and ethical nursing practice that is informed by evidence and demonstrates competence.

As an LPN you must:

12. Only engage in practical nursing if you are legally permitted, competent, and fit to do so.
13. Acknowledge your limitations in skill, knowledge*, and judgment*, and ensure that you practise nursing within those limitations.
14. Consistently and competently apply, as a framework, the nursing process, which is the systematic approach to practice that encompasses all steps taken by nurses to meet the needs of the client*, including assessment, diagnosis or determination, planning, implementation, and evaluation.
15. Demonstrate the knowledge, skill, and professional and clinical judgment necessary for practising in a safe, competent, compassionate*, and ethical manner.
16. Use critical thinking* when collecting and interpreting data, and when planning, implementing, and evaluating nursing care.
17. Apply knowledge and critical inquiry* in the problem-solving and decision-making processes.
18. Provide holistic nursing care considering the whole person, the environment, and the concepts of health promotion*, illness prevention, health maintenance, restoration, and protection.
19. Develop and maintain the knowledge, skill, and judgment required to use technology* in the practice setting in an appropriate, safe, competent, and ethical manner.
20. Support client learning through the application of teaching and learning strategies that are based on current evidence*.
21. Develop your practice through reflection* on experiences, knowledge, actions, feelings, and beliefs to identify how these shape practice.
22. Incorporate established client safety* and quality improvement* principles into practice.
23. Identify potential and actual risk and take action to safeguard clients.
24. Demonstrate procedures that appropriately safeguard the hygiene and sanitation of the practice environment and the hygiene and sanitation of the equipment used in that nursing care.

25. Coordinate, distribute, and utilize resources within your control to provide effective and efficient care.
26. Access, evaluate, and use the best available evidence that includes research findings to inform decision making and to support safe, quality practice.
27. Demonstrate an understanding of trends in nursing, health, health care, and society, which impact practice.
28. Keep your knowledge and skills* up to date by regularly taking part in educational and professional development activities that aim to maintain, develop, and enhance competence*, relevant to your practice area, including compliance with the CLPNM Continuing Competence Program.
29. Engage in learning to enhance your knowledge and ability to provide nursing care for Indigenous people, through learning resources developed by or in collaboration with Indigenous people.

III. Therapeutic Relationships

Licensed practical nurses establish therapeutic relationships and maintain professional boundaries at all times.

As an LPN you must:

30. Establish, maintain, and appropriately end* professional, therapeutic relationships with clients and their families in consideration that the nurse – not the client or family* – is responsible for establishing and maintaining professional boundaries.
31. Use a wide range of effective communication* strategies and interpersonal skills to appropriately establish, maintain, re-establish, and end the therapeutic relationship.
32. Protect the client's dignity, autonomy, and privacy irrespective of the context or duration of the relationship.
33. Demonstrate trust and respect for the client, by displaying caring actions and caring attitudes ⁷.
34. Ensure that the client's therapeutic needs remain the focus of the therapeutic relationship.
35. Protect the client from harm by ensuring that abuse is prevented or stopped and reported.
36. Not engage in any form of sexual behaviour* or behaviour that could reasonably be perceived as sexual in nature, with a client, the client's family, or any other person who acts as a support person for the client.

IV. Client-Centred Practice

Licensed practical nurses provide nursing services that are client centred.

As an LPN, you must:

37. Advocate* for your clients by actively supporting, protecting, and safeguarding their rights and interests.
38. When engaging in practical nursing in a clinical practice setting, provide nursing care that includes:
 - a. an assessment to determine the needs and circumstances of the client
 - b. a care or treatment plan developed with the client or their representative and any other person who the client wishes to involve, which considers the client's needs, circumstances, preferences, values*, abilities, and culture*
 - c. an evaluation of the outcomes of the care or treatment plan, and the modification or discontinuance of the care or treatment plan as required, and as discussed with the client or their representative
 - d. sufficient and timely* communication with the client or their representative that considers the client's needs, circumstances, culture, understanding and use of health information and enables the client or their representative to make informed decisions about the client's health care
 - e. a referral of the client to another nurse or health care professional when appropriate
 - f. support for the client in self-management of their health care by way of the provision of information, resources, and referrals to enable informed decision making by the client or their representative.
39. Respect the client's informed decision to use traditional or complementary approaches in their own health care.
40. Apply the principles of client-centred practice* when working in domains of nursing outside of clinical practice settings, such as education and administration.

V. Collaborative Care

Licensed practical nurses practice in partnership* with clients and a team of health care providers using a participatory, collaborative, and coordinated approach. ⁸

As an LPN you must:

41. Document in the client's record the nursing care you provide with enough information for another health care professional to be sufficiently informed of the care provided.
42. Provide relevant and timely information to clients and other members of the health care team*.
43. Plan and facilitate the safe transition of clients between caseloads, practitioners, settings, and services.
44. Manage differences of professional opinion with colleagues by respectful discussion and informed debate, respecting their views and opinions and by always behaving professionally.
45. Seek information and advice, when necessary, from authorized individuals who are competent to provide that information or advice.
46. Demonstrate respect for diversity*, and practice in a manner that promotes a culturally safe environment* for clients and members of the health care team.
47. Demonstrate cultural humility*, sensitivity to the dynamics of power, and provide culturally competent* care in all areas of nursing practice.
48. Choose effective communication tools and techniques that facilitate discussions and interactions that enhance team functioning.
49. When involved in providing for the health care of a client:
 - a. Work collaboratively and cooperatively with the client, their family, and other health care providers, and communicate effectively and appropriately with them, to facilitate the client's health care.
 - b. Ensure that you understand your role and the role of other health care providers in providing for the client's health care.

- c. Explain to the client, their representative, and any other person the client chooses to involve in their health care your role and your responsibility in providing for the client's health care.
- d. Give your name to the client, their representative, and any other person the client chooses to involve in their health care.
- e. Comply with any collaborative care decision tool in place at the practice setting where you and other health care providers are providing for the health care of the client.
- f. Treat other health care providers with respect.
- g. Recognize the skill, knowledge, judgment, and roles of others involved in the client's care.

VI. Client Records and Documentation

Licensed practical nurses document all client care and safeguard client health information.

As an LPN, you must:

50. Document in a record specific to each client.
51. Document client care and observations in a manner that is chronological, legible, clear, timely, accurate, comprehensive, and concise.
52. Follow employers' guidelines and policies respecting the care and custody of client records, when those guidelines and policies are consistent with applicable legislation, including *The Personal Health Information Act*.
53. Advocate for employer guidelines and policies that are consistent with the standards of the profession and legislation respecting care and custody of client records.
54. When practising in a self-employed capacity:
 - a. Establish policies and procedures for the collection, retention, confidentiality, security, and confidential destruction of client records.
 - b. Retain client records for at least 10 years after the date of the last entry on the record, and client records of minors for at least 10 years after the date the minor becomes 18 years old.
 - c. Ensure that any client request to transfer a record to another health care professional is completed as promptly as required in the circumstances but not later than 30 days after you receive the request.
 - d. Notify clients prior to closing your practice, providing information on how they may request a copy of their record, or request to transfer their record.

VII. Leadership

Licensed practical nurses apply leadership* competencies in their practice, whether or not they practice in formal leadership positions.

As an LPN, you must:

55. Coordinate, distribute and utilize material and human resources within your control to provide effective and efficient care
56. Advocate for practice and conduct that is consistent with professional standards.
57. Exercise professional judgment and critical thinking when assuming a charge role — and when supporting, supervising, and delegating* to other health care providers, family members, and students — to ensure care is client-centred, is provided as per the plan of care, and is provided in accordance with institutional policies, protocols, and guidelines.
58. Understand when to take on a lead role, when to take on a complementary role and when to refer/consult.
59. Act as a role model, resource, and mentor to those who are learning within the practice environment.
60. Advocate for and contribute to practice environments, which support the mental, physical, and psychological well-being of other registrants and all members of the health care team.
61. Advocate for and contribute to practice environments that promote safety, support, and respect for all persons in the practice setting.
62. Challenge any forms of racism* and discrimination* in the practice environment.
63. Utilize collaborative and constructive approaches to resolving differences among members of the health care team that affect care.
64. Advocate for change when policies, protocols, organizational practices, or the condition of the practice environment impedes any team member, including a member of the profession, from meeting client needs and delivering safe, ethical, and competent client care.
65. Demonstrate an understanding of issues facing marginalized and vulnerable clients and act as an advocate, by challenging poor practice and discriminatory attitudes* and behaviours* relating to their care.
66. Collaborate with colleagues to evaluate the quality of your practice and that of the health care team.

Glossary

Accountability: The obligation to answer for the professional, ethical, and legal responsibilities of one's activities and actions and/or inactions. ⁹

Advocate: To speak or act on behalf of self or others with the intent of influencing or adding voice and enhancing autonomy. ²

Advocacy: Actively supporting, protecting, and safeguarding clients' rights and interests. It is an integral component of nursing and contributes to the foundation of trust inherent in nurse-client relationships. ⁵

Attitudes: The feelings, beliefs, opinions, and values predisposing a person to behave in a certain way. ²

Behaviours: The ways in which one acts or conducts oneself, especially toward others. ²

Boundaries: Professional boundaries separate therapeutic relationships from personal relationships. The nurse's relationship with a client, and behaviour towards the client, must remain within the boundaries of the professional therapeutic relationship. Professional boundaries protect the client from the inherent imbalance between the nurse's power and the client's vulnerability.

Client-centred practice: Putting people and their families at the centre of decisions about their health and seeing them as experts, working alongside professionals to get the best outcome. ⁵

Client 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. ⁵

Client(s): The person or persons with whom the nurse is engaged in a professional therapeutic relationship. The client may be an individual, family, group/aggregate, community, or population. Depending on the nurse's domain(s) of practice, the client may be a patient, a nursing student, a research participant, another CLPNM registrant, or other health care providers.

Collaborate: To work together with one or more members of a team who each contribute to achieving a common goal. ⁹

Communication: the transmission of verbal and/or nonverbal messages between a sender and a receiver for the purpose of exchanging or disseminating meaningful, accurate, clear, concise, complete, and timely information (includes the transmission using technology).⁵

Competence: The ability of a nurse to integrate the professional attributes required to perform in each role, situation, or practice setting. Professional attributes include, but are not limited to knowledge, skills, judgment, attitude, values, and beliefs. ⁹

Competencies: Statements describing the expected performance that reflects the integration of knowledge, skills, judgment, and professional attributes required in a given nursing role, situation, or practice setting. ⁹

Compassionate: The ability to recognize another's pain and suffering, experience feelings of empathy for that person and to take action to ease suffering. ⁹

Context of practice: Conditions or factors that affect the practice of nursing, including client population, (e.g., age, diagnostic grouping), location of practice setting (e.g., urban, rural), type of practice setting and service delivery model (e.g., acute care, community), level of care required (e.g., complexity, frequency), staffing (e.g., number, competencies) and availability of other resources. In some instances, context of practice could also include factors outside of the health care sector (e.g., community resources, justice). ⁵

Critical inquiry: A purposeful, disciplined, and systematic process of continual questioning, logical reasoning and reflecting using interpretation, inference, analysis, synthesis, and evaluation to achieve a desired outcome. ⁵

Critical thinking: An active and purposeful problem-solving process that requires LPNs to advance beyond the performance of skills and interventions to provide the best possible care, based on evidence. Critical thinking includes identifying and prioritizing risks and problems, clarifying and challenging assumptions, using an organized approach to assessment, checking for accuracy and reliability of information, weighing evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking. ¹⁰

Culturally competent: The ability to apply the knowledge, skills, attitudes, or personal attributes required by nurses to maximize respectful relationships with diverse populations of clients and co-workers. Underlying values for cultural competence are inclusivity, respect, valuing differences, equity and commitment. ^{11 12}

Cultural humility: The process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. For example, nurses can demonstrate cultural humility by collaborating with clients to integrate their culture into client care and developing mutual goals and the best approach to their care. ^{13 14}

Culturally safe environment: An environment, which is safe for people, where there is no assault, challenge, or denial of their identity, of who they are and of what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with

dignity, and truly listening. Strategies for promoting a culturally safe environment include modeling correct behaviour and encouraging a climate of inclusivity and mutual respect. ⁵

Culture: Culture includes, but is not restricted to, race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical ability, religious beliefs, political beliefs, and ideologies. ⁹

Delegate: Extending authority to perform a specific client care task to an unregulated care provider who does not otherwise have the authority to perform the task, while retaining accountability for the outcome.

Discrimination: treating a person or group differently, to their disadvantage and without reasonable cause, based on a group characteristic, such as ancestry, sex, or disability. ¹⁵

Diversity: The ethnic, social, or gender variety in a group, culture, or institution. The concept of diversity reflects an understanding that everyone is unique and recognizes individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. ⁹

Documentation: Written or electronically generated information about a client that describes the care, including the observations, assessment, planning, intervention and evaluation or service provided to that client. ⁵

End: Ending the therapeutic relationship refers to bringing closure to the relationship when the client no longer requires nursing care from the nurse. When the nurse no longer has a role in providing care to a client, the nurse has a professional responsibility to ensure that the relationship does not continue and that the client is not left with any expectation that the

Ethical: The fundamental disposition of the licensed practical nurse toward what is good and right. Action toward what the licensed practical nurse recognizes or believes to be the best and most appropriate practice in a particular situation. ²

Evidence: Information on successful strategies that improve client outcomes and are derived from a combination of various sources, including client perspective, research, policies, consensus statements, expert opinion, and quality improvement data. ⁵

Family: For the purposes of these standards, the term family includes any person the client chooses to identify as their family, whether or not that person is related by blood, marriage or adoption.

Fitness to practice: The physical, mental, and psychological capacity to consistently meet the demands of the nurse's position and to care for clients safely, competently, and ethically. ¹⁶

Governability: An ability to self-regulate and a willingness to accept the authority of the regulatory college, as well as an understanding of the importance of effective governance of the profession to protect the public. If a member of a profession demonstrates un-governability, it undermines the regulatory college's ability to fulfill its mandate and jeopardizes the public. ¹⁷

Health care team: Providers from different disciplines, often including both regulated health professionals and unregulated workers, working together to provide care for and with individuals, families, groups, communities, and populations. ⁵

Health promotion: The process of enabling people to increase control over and improve their health based on an understanding of the determinants of health. Health promotion is particularly concerned with values and vision of a preferred future. ²

Interpretation: A person's understanding of the meaning of something including evolving knowledge, scientific information, and research findings ⁹

Judgment: The intellectual process exercised in forming a conclusion, decision and plan-of-action based upon a critical analysis of relevant evidence. ²

Knowledge: Broadly interpreted to extend beyond information, facts and *knowing about*, to include cognitive, experiential, and intuitive sources of knowledge applied in nursing practice. ²

Leadership: The process of influencing people to accomplish common goals. The attributes of leadership include self-awareness, commitment to individual growth, ethical values and beliefs, presence, reflection and foresight, advocacy, integrity, intellectual energy, being involved, being open to new ideas, having confidence in one's own capabilities, and a willingness to try to guide and motivate others. Leadership is not limited to formal leadership roles. ⁹

Partnership: Situations in which the nurse works with clients and other members of the health care team to achieve specific health outcomes for the client. Partnership implies consensus-building in the determination of these outcomes. ¹⁷

Population: A collection of people who share one or more personal or environmental characteristics and reside in a community. These people may or may not come together as a group/aggregate.

Quality improvement: An organizational philosophy that seeks to meet clients' needs and expectations by using a structured process that establishes indicators of quality, monitors performance against the indicators and utilizes findings to make improvements in all aspects of service. ²

Racism: Practices or attitudes that have, whether by design or impact, the effect of limiting an individual's or a group's right to the opportunities generally available because of attributed rather than actual characteristics. ¹⁸

Reflection: The process of thinking back on or recalling a situation to discover its purpose or meaning. Reflection is necessary for self-evaluation and improvement in nursing practice. ⁹

Responsibility: The characteristics of reliability and dependability. It implies an ability to distinguish between right and wrong. Responsibility includes a duty to perform actions adequately and thoughtfully. ⁹

Safe practice: The reduction and mitigation of unsafe acts within the health care system. This refers to both staff and client safety. Staff safety includes, but is not limited to, prevention of musculoskeletal injury, prevention and management of aggressive behaviour, and infection control. Client safety is the state of continuously working toward the avoidance, management, and treatment of unsafe acts. ⁹

Sexual behaviour: Sexual intercourse or other forms of sexual relations between the registrant and the client, touching — of a sexual nature — of the client by the registrant, or behaviour or remarks of a sexual nature by the registrant towards the client.

Skills: Actions or behaviours carried out with an adequate degree of proficiency or dexterity in the performance of activities. Skills can be psychomotor (involving body movement and dexterity), cognitive (involving critical interpretation and decision-making) or relational (involving communication and being with clients). ²

Technology: Medical devices, drugs, vaccines, and systems developed to enhance access to and the quality of healthcare. This includes healthcare information management systems, electronic medical records, mobile health services, and patient monitoring systems, and communication devices. ¹⁹

Timely: Ensuring that a response or action occurs within a timeframe required to achieve safe, effective, and positive client outcomes. ⁵

Therapeutic relationship: The therapeutic relationship is a professional relationship, formed for the purpose of meeting the client's therapeutic needs. The therapeutic relationship is based on trust, respect, empathy, and intimacy, and requires the appropriate use of the power inherent in the nurse's role. The professional relationship between the nurse and client is based on a recognition that clients (or their legally-appointed representatives) are in the best position to make decisions about the client's health when they are active and informed participants in the decision-making process. ⁹

Values: The beliefs about the shared worth or importance of what is desired and esteemed within the nursing profession that nurses strive to uphold. ⁹

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APPENDIX A - Applying the Standards Outside of Clinical Practice

This section provides guidance for the interpretation and application of the Standards for nurses practising in administration, education, and research. The suggestions below do not replace the Standards. Instead, they are intended as examples of the circumstances in which the Standards must be consulted and applied in practice outside of a direct care context. These examples are not all-inclusive and may not fit every context of practice.

Nurses in administration interpret and apply the Standards when they:

- coordinate client care
- make decisions about service delivery
- plan, implement and evaluate strategies to address organizational problems and strengths
- maintain documentation systems to manage clinical and other relevant information
- create an environment in which cooperation, professional growth, and mutual respect can flourish
- promote and take part in measures that encourage changes within the health care system to optimize nursing practice and client outcomes
- contribute to public safety by establishing policies and guidance for nursing practice

Nurses in education interpret and apply the Standards when they:

- educate nurses and nursing students
- develop nursing education courses, in-services, and programs
- plan, implement and evaluate education to address learning needs
- maintain appropriate educational records
- create a professional learning environment
- maintain professional boundaries in their relationships with their students

Nurses in research interpret and apply the Standards when they:

- Collaborate with the principal investigator to ensure initial and ongoing consent process is performed and documented
- Use the nursing process to identify client care needs in the context of the study design
- Administer treatments, collect biospecimens and monitor research subjects for adverse effects
- Support and contribute to environments that encourage the application of research findings to professional practice