

Competency Profile for the Saskatchewan Association of Licensed Practical Nurses

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Introduction

Purpose of the Profile

This Profile-describes the competencies within the Scope of Practice of LPNs in Saskatchewan.

There are many stakeholders who will use the document, for a variety of purposes:

- It is a practical tool for use by educators to aid in the design and maintenance of educational programs and curriculum development;
- Licensed Practical Nurses use the Profile throughout their career as they plan and review their professional and career development;
- Employers and managers rely on the Profile for performance management and appraisal, continuing education, and policy/ procedure/ role development;
- Members of the public, other health care professionals, governments, internationally educated professionals and other stakeholders may use the Profile to obtain guidance regarding the practice and competencies of LPNs.

The competency profile is not intended to serve as a job description, policy manual, or a legislative practice document.

Living Document

The Profile is not inclusive of all potential competencies required of LPNs in Saskatchewan and is meant to be a “living document.” The Profile will evolve and change as nursing practice, environment and technology change. Over time, the Competency Profile will be updated as necessary.

Updates are inevitable and may result from:

- Correction of errors;
- Changes in best practice;
- Technical, organizational and regulatory change of the profession; and
- Recognition of new uses for the Competency Profile.

Legislative Authority

The Licensed Practical Nurse (LPN) profession in Saskatchewan is regulated by the Saskatchewan Association of Licensed Practical Nurses (SALPN). The purpose of professional regulation is to protect the public from risk and reduce harm to those a profession serves. LPNs are regulated since the service LPNs provide can pose a risk to the public if performed incompetently, unethically, or by unqualified individuals.

The SALPN has been delegated the authority to regulate the practical nursing profession by the Government of Saskatchewan through The Licensed Practical Nurses Act, 2000.

This SALPN Competency Profile provides comprehensive detail of the basic competencies, additional competencies, and specialized areas of practice that practical nurses are authorized to perform and apply. Contact the SALPN practice@salpn.com if you require further clarification.

The SALPN Regulatory Bylaws state the following:

19. All members shall ensure that they work within their educational preparation, level of competence and scope of practice and comply with the standards of practice set out in the *Standards of Practice for Licensed Practical Nurses* approved and adopted by Canadian regulatory agencies as of April 1, 2013.

20. All members shall conduct themselves in an honorable and ethical manner, upholding the values of truth, honesty, and trustworthiness, and shall observe the standards of conduct set out in the *Code of Ethics for Licensed Practical Nurses in Canada*, approved and adopted by Canadian Regulatory Agencies as of April 1, 2013.

Practice Guidelines and other references, such as the Competency Profile, are provided to assist the LPN with practicing in accordance to the Licensed Practical Nurses Act and SALPN Regulatory Bylaws.

LPN Accountability and Responsibility:

LPNs are accountable to:

- a. the public to provide safe, competent, and ethical care
 - b. their employer to work within role descriptions and policies and procedures
 - c. the SALPN to comply with the Code of Ethics and Standards of Practice.
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- LPNs are responsible to ensure competence in practice;
 - LPNs are responsible to ensure that their nursing knowledge is current, and that they possess the necessary knowledge, skills, abilities, critical thinking, attitudes, and clinical judgment to fulfill their role;
 - LPNs are responsible to identify when they require assistance, or when an assignment or situation is beyond their individual or professional scope of practice, competency level, education, or consultation is not available;
 - LPNs are responsible to ensure fitness to practice ensuring they have the necessary physical, mental, and emotional capacity to practice safely and competently;
 - LPNs are required to maintain appropriate licensure status
 - Practicing
 - Non-practicing certification;
 - LPNs are required to enhance competence, fulfilling an annual obligation of continuing education;
 - LPNs are responsible to maintain practice hours and meet the regulatory requirement of 1250 registered working hours per five-year period.

Competencies

After graduation from an approved Practical Nursing program and successful completion of the Canadian Practical Nurse Registration Exam (CPNRE), registrants are entry-level practitioners. They can be expected to practice in accordance with the “Entry-to-Practice Competencies for Licensed Practical Nurses”. The Entry-to-Practice competencies can be found on the SALPN website at:

https://salpn.com/wp-content/uploads/CCPNR-ELCs_2020E-SALPN-LOGO.pdf

Entry level (Basic) competencies, taught in the basic program, are included in the SALPN Competency Profile and are indicated in regular text. Entry level competencies have been validated to be contained in the foundational Practical Nursing program in Saskatchewan offered by Saskatchewan Polytechnic.

Through education, workshops, or in-service, LPNs can obtain additional knowledge, skill, and ability beyond that provided in the Practical Nursing program. Competencies obtained in this manner are referred to as **Additional Competencies**. The additional competencies in the Competency Profile are supported by the foundational knowledge base in the Practical Nursing program. **These competencies are indicated in the Competency Profile with grey shading.** Additional competencies obtained by the LPN must be supported by foundational practical nursing knowledge and applied for the purposes of providing care, promoting health and preventing illness to be compliant with the Licensed Practical Nurses Act. **LPNs can develop expertise in an area of practice; however continuing education and additional competencies enhance competence within the LPN professional designation only.**

The *individual* scope of practice or individual competencies of each LPN are unique and influenced by nursing experience, continuing education, professional development, attitude, and utilization in employment. The individual scope of practice cannot exceed the professional scope of practice as determined by legislation.

LPNs will, in most circumstances, advance from Novice to Expert (see Appendix) during their practice through mentorship, work experience, and socialization in the nursing profession. Factors such as advances in medical technology, presentation of new evidence in best practice, changes in patient demographics, and promotion of lifelong professional learning, provides meaningful enhancements to the knowledge-base and expertise of the practicing LPN.

Professional competencies are inter-related, therefore, no individual section in the Profile can be considered in isolation of another.

Specialized areas of LPN practice exist in Saskatchewan and are encompassed within the SALPN Regulatory Bylaws. For information regarding the specialized areas of practice, please reference the SALPN Practice Guidelines at www.salpn.com.

Utilization of Competencies

LPN competencies are applied within the LPN context of practice. Professionals must collaboratively work together and support all other professionals to utilize scope of practice appropriately, and to provide safe, competent, and ethical care.

A combination of three distinct factors comprise the LPN context of practice and are explained below.

Client Factors:

1. **Complexity:** The degree to which a client's condition and/or situation is characterized or influenced by a range of variables (e.g., multiple medical diagnoses, impaired decision-making ability, challenging family dynamics).
2. **Predictability:** The extent to which a client's outcomes and future care requirements can be anticipated.
3. **Risk of negative outcome(s):** The likelihood that a client will experience a negative outcome as a result of the client's health condition or as a response to treatment.

LPNs can autonomously care for clients who are less complex, more predictable and at lower risk for negative outcomes. The more complex the care requirements, the less predictable and the higher risk for negative outcomes, increases the need for consultation and collaboration with other health professionals. In this situation, the LPN provides care in the team setting. As the need for consultation increases due to patient complexity, unpredictability and higher risk for negative outcomes, the additional support must be available for ongoing assessment and support and may be required to provide the full spectrum of care.

Nurse Factors:

The factors that affect an LPN's ability to provide safe and ethical care to a given client include experience, leadership, decision-making and critical-thinking skills. Other factors include the application of knowledge, knowing when and how to apply knowledge to make evidence-based decisions, and having the required resources available to consult as needed.

Upon completing entry-level education, LPNs continue to develop their knowledge and skills as they gain experience. They also build on their education to develop and maintain the specific competencies required to meet the needs of clients in their areas of practice. If an LPN changes areas of practice, they may need to refresh competencies or develop new competencies. Identifying the practice expectations within these key areas can help nurses make decisions within the provision of care.

An LPN seeks consultation with another health care professional when a situation demands

expertise that is beyond their individual competence. Consultation involves seeking advice or information from a more experienced or knowledgeable nurse or another health care professional. The amount of consultation required is determined by the complexity of the client, care needs, the nurse's individual competence and scope of practice. The practice setting influences the availability and accessibility of these consultation resources.

LPNs must be clear when consulting and determine an appropriate course of action. Unless a decision is made to transfer care, the LPN seeking consultation retains accountability for the client's care, including actions, decision making, or lack thereof.

Consultation results in one of the following:

- a) The LPN receives advice and continues to care for the client
- b) The LPN transfers an aspect or aspects of care to the consultant, or
- c) The LPN transfers all aspects of the client's care to the consultant.

When any care is transferred from one nurse to another nurse or professional, the accountability for that care must also be transferred.

Environmental Factors:

Environmental factors include practice supports, consultation resources and the stability/predictability of the environment. Practice supports and consultation resources support LPNs in clinical decision-making. There may be an impact upon the stability of the environment when large volumes of patient turnover occur.

There is a correlation between environmental stability and the need for ongoing consultation and collaboration. The less available the practice supports and consultation resources are, the greater the need for more in-depth nursing competencies and skills in the area of clinical practice, decision-making, critical thinking, leadership, research utilization and resource management.

Acknowledgement

The Saskatchewan Association of Licensed Practical Nurses would like to acknowledge the College of Licensed Practical Nurses of Alberta (CLPNA) for their assistance and permission to utilize their Competency Profile. The CLPNA's support and expertise has been immensely valuable throughout this development process.

The SALPN would like to acknowledge the many individuals who participated in the development of the original and revised competency document for LPNs. The process involved consultation with individuals, groups, and numerous LPN focus groups. The participants represented health authorities, private employers, clinical nurse educators, nurse managers, nurse leaders and licensed practical nurses from across the province.

Thank you to everyone involved for the time, expertise, attention to detail, and commitment to creating this document. The result of this inclusive process is a Competency Profile that will guide LPN practice in Saskatchewan.

SALPN Contact

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Glossary of Terms

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

Act: A written ordinance made by a parliament or legislative body.

Acuity: The degree of severity of a client's condition and/or situation.

Advocate: To actively support a cause; to support others in speaking for themselves or to speak on behalf of a group or on behalf of those who cannot speak for themselves.

Client: The client is the person or persons with whom the nurse is engaged in a professional therapeutic relationship. The client may include a family member of and/or substitute decision-makers for the individual client. The client may also be a family, group, entire community or population. In some settings, other terms may be used such as patient, resident, or health care consumer.

Client-Centered Care: An approach in which clients are viewed as whole persons; it is not merely about delivering services where the client is located. Client centered care involves advocacy, empowerment, and respecting client's autonomy, voice, self-determination, and participation in decision-making.

Clinical Judgment: Reasoning processes that rely on critical thinking to reflect the complex, intuitive and conscious thinking strategies used to make nursing decisions.

Collaboration: Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication between the members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process. Nurses collaborate with clients, other nurses, and other members of the health care team in the interest of client care.

Community: A group of people living in one place, neighborhood or district, or sharing common characteristics/interests which bind them together, or having common health needs. The term community (when used to describe a client) does not mean providing care to an individual in the community. Nursing practice aimed at the community as a client involves assisting communities to identify, articulate and successfully manage its health concerns. It is collective or common good, instead of an individual's health.

Community-based Nursing: Nursing care directed toward a specific population or group within the community, defined by the "philosophy of the practice" rather than the physical setting. Care may be provided to individuals or groups, and is designed to meet the needs of people as they move between and among health care settings.

Compassion: A multi-dimensional concept consisting of three key elements: recognizing another person's suffering, empathizing with that person's pain, and acting in a way to ease the suffering.

Competence: The ability to integrate and apply the knowledge skills and judgment required to practice safely and ethically in a designated role and practice setting and includes both entry level and continuing competency.

Competency: The integrated knowledge, skills, judgement and attributes required of a LPN to practice safely and ethically in a designated role and setting.

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.

Complexity: The degree to which a client's condition and/or situation is characterized or influenced by a range of variables (e.g., multiple medical diagnoses, impaired decision- making ability, challenging family dynamics).

Consultation: Seeking advice or direction for a more experienced or knowledgeable nurse, or other health professional. The clients care needs, the nurses job description, and the nurse's individual competence, influence both the amount of consultation required and who to involve in the consultations. The resources available in the practice environment influence the opportunity for consultation.

Context of Care: 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 (complexity, predictability, and risk of negative outcomes), staffing (number, competencies); and availability of other resources (practice and consultation resources, and stability and predictability of the environment).

Critical Thinking: Is an active and purposeful problem-solving process requiring the nurse to advance beyond the performance of skills and interventions and provide care based on evidence-informed practice. It involves identifying and prioritizing risks and problems, clarifying and challenging assumptions, checking for accuracy and reliability of information, weighting evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking.

Critical Inquiry: the process of exploring methods used to construct nursing knowledge and utilize evidence to inform clinical decision making.

Delegation: The transferring of responsibility for the performance of an activity or task while retaining accountability for the outcome.

Determinants of Health: The social, economic, environmental and behavioral factors that contribute to health status. Examples include income and social status, social

support networks, education, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture.

Entry to Practice Competencies: competencies that describe the knowledge skill, judgment and attitude required of beginning practitioners to provide safe competent and ethical nursing care.

Environmental Factors: all that is internal and external to the person and is characterized by the physical, spiritual, political, cultural, social, ethical, technological and intellectual dimensions. Individuals do not exist in isolation, but rather interact with and relate to other individuals, families and communities within a constantly changing society. As such, they influence and are influenced by the environment.

Evidence Informed Practice: Practice that is based on successful strategies that improve client outcomes and that 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.

Fitness to Practice: The qualities and capabilities of LPNs relevant to their capacity to practice safely. This includes, but is not limited to, freedom from cognitive, physical, psychological, or emotional conditions, or a dependence on alcohol or drugs, that impairs their ability to practice nursing safely and effectively.

Inter-professional Team: the provision of comprehensive health services to clients by multiple health professionals who work collaboratively to deliver quality care with and across settings.

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.

Manage: To oversee; administer; run.

Monitor: Constant checking on a patient's condition, either personally or by means of a mechanical monitor; ongoing measurement of performance of a health service.

Participate: To take part in. Participation is not an independent act; the nurse works in partnership with others. When participating, the nurse contributes but is not the sole provider of the services being delivered.

Perform: To carry out a procedure. Performing occurs after the decision to carry out a procedure has been made.

Predictability: The extent to which a client's outcomes and future care requirements can be anticipated.

Predictable Outcomes: Something that is easy to foresee or anticipate, i.e., outcomes that reasonably be expected to follow an anticipated path with respect to timing and nature.

Recognize: Acknowledge the existence of; identify from knowledge.

Research: Systematic inquiry that uses orderly scientific methods to answer questions or solve problems.

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.

Scope of Practice: Health care professionals optimizing the full range of their roles, responsibilities and functions that they are educated, competent, and authorized to perform.

Self-reflective Nursing Practice: The nurse purposefully recalls and examines situations or actions that have occurred in the past to discover its purpose or meaning (reflection-on-actions) and examines her/his own behavior and that of others while in a situation (reflection-in-action). Reasoning processes that rely on critical are also important dimensions of the nurse's reflective practice, as well as the systematic use of the nursing process to invoke complex intuitive and conscious thinking strategies that are part of all clinical decision-making in nursing.

Spiritual: A concept that is unique to each individual, which depends on a person's culture, development, life experiences, and beliefs and ideas about life. It enables a person to love; have faith and hope; seek meaning in life; and nurture relationships with others. It offers a sense of being connected intrapersonally, interpersonally and with a higher power.

Stakeholder: A person, group or organization that is invested in the practice of practical nursing and client health care. Examples include the public, nurses, other health care providers, employers, and educators

Therapeutic Nurse-client Relationship: A professional relationship that ensures the client's needs are first and foremost. The relationship is based on trust, respect, and intimacy, and requires the appropriate use of the power inherent in the LPNs role. The professional relationship between the nurse and clients is based on a recognition that clients (or designates) are in the best position to make decisions about their lives when they are active and are informed participants in the decision-making process.

Unpredictable Outcomes: Are client health outcomes that cannot reasonably be expected to follow an anticipated path with respect to timing and nature.

Unregulated Care Providers: Paid providers who are neither registered nor licensed by a regulatory body. They have no legally defined scope of practice. Unregulated care providers may not have mandatory education or practice standards. Unregulated care providers include health care aides, care attendants, home support workers, community health representatives among others.

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

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View the [Specialized Areas of Practice Practice Guideline](#) for more information.