

Legislative Interpretation

LPN Practice in Saskatchewan

This document provides a simplified explanation of various aspects of LPN practice. This includes the Professional Scope of Practice, Individual Competence, the Employer's role in determining LPN practice and the context of practice.



This document was approved by the Council of the
Saskatchewan Association of Licensed Practical Nurses on
March 15, 2019.

© 2019 - Saskatchewan Association of Licensed Practical Nurses (SALPN) - All Rights Reserved

For more information contact:

SALPN
2208 Victoria Ave E, Regina, SK, S4N 7B9
Phone: 306-525-1436 | E-mail: info@salpn.com | Website: www.salpn.com

Contents

Executive Summary.....	5
Introduction	6
Regulation of the LPN Profession	6
Structure of LPN Practice	6
LPN Practice	8
Professional Scope of Practice	9
Individual Competence	12
Employment Role.....	12
Context of Practice.....	14
a) Patient Factors	14
b) Individual LPN	15
c) Environmental Factors	16
Conclusion.....	17
Document Links.....	18
References	18

This page was intentionally left blank.

Executive Summary

The Saskatchewan Association of Saskatchewan of Licensed Practical Nurses (SALPN) is the regulatory agency authorized to regulate the practice of Licensed Practical Nurses (LPN) in Saskatchewan. One of the main statutory functions of the SALPN is to set the standards that all LPNs must adhere to. From this, the SALPN must also define the outer boundaries of LPN practice. These standards and boundaries are weighed against the risk that may be posed to members of the public if the services of the LPN are performed incompetently, unethically, or by unqualified individuals.

This document provides details on the purpose of LPN regulation, the role of the SALPN and discusses the legislative responsibilities of the SALPN in determining the Professional Scope of Practice (the minimum standards and the outer boundaries) for LPNs as well as the structure of LPN practice.

Defining LPN practice cannot be explained by a simple statement. There are several influences impacting the practice of any one LPN:

- 1. Professional Scope of Practice**

Full range of roles, functions, and responsibilities a regulated professional is authorized to perform within licensure and is expected to do so in a safe, competent, and ethical manner.

- 2. Individual Competence**

Ability to apply and demonstrate competencies (knowledge, skill, and abilities) within LPN professional scope of practice in a safe and ethical manner.

- 3. Employment Role**

How an employer utilizes the LPN within the authorized professional scope of practice.

- 4. Context of Practice**

Determines appropriate application of LPN practice with the collective consideration of conditions or factors affecting the status and needs of the patient, the abilities and attributes of the individual LPN, and the characteristics and resources of the environment.

This context of practice is not unique to practical nursing but to all nurses at all levels.

After a detailed analysis of these influences, the individual LPN should have an improved ability to assess risk within practice and to improve critical thinking and critical inquiry within practice.

Introduction

Regulation of the LPN Profession

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 because the service LPNs provide can pose a risk to the public if performed incompetently, unethically, or by unqualified individuals.

The SALPN has been granted the legal authority to regulate the practical nursing profession by the Government of Saskatchewan through The Licensed Practical Nurses Act, 2000. The Act sets the rules the SALPN must follow in the regulation of the profession.

The Act sets the rules the SALPN must follow in the regulation of the profession.

The SALPN regulates the practical nursing profession by:

- Approving Saskatchewan Practical Nursing education programs,
- Determining how one becomes a member of the SALPN,
- Authorizing the use of the Licensed Practical Nurse (LPN) title,
- Setting annual licensure requirements,
- Setting the minimum standards that must be met in practice,
- Intervening in cases of incompetent or unethical practice with corrective measures, which can include temporary suspension or revocation of an LPN's license.

Structure of LPN Practice

Licensed Practical Nurses are members of a self-regulated profession whose scope of practice is directed by a legislative structure that includes the LPN Act and bylaws made under the authority of the Act. The bylaws provide for Specialized Areas of Practice, Standards of Practice and the Code of Ethics.

LPN practice in Saskatchewan is legislatively defined in the LPN Act as to provide services within the education and training of licensed practical nurses for the purposes of providing care, promoting health, and preventing illness.”

The SALPN Regulatory Bylaws outline minimum standards of practice and ethics, prescribe licensure requirements and require all members to ensure that they work within their educational preparation, level of competence and scope of practice and comply with the Standards of Practice and Code of Ethics.

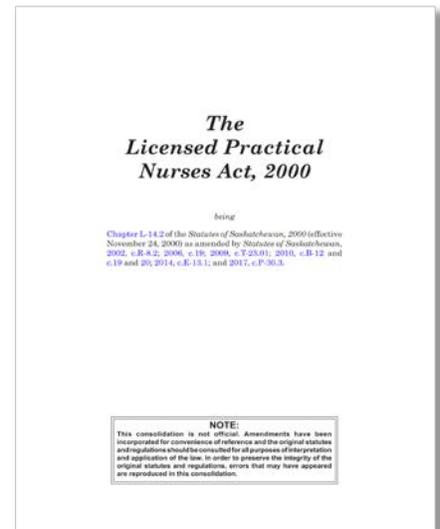
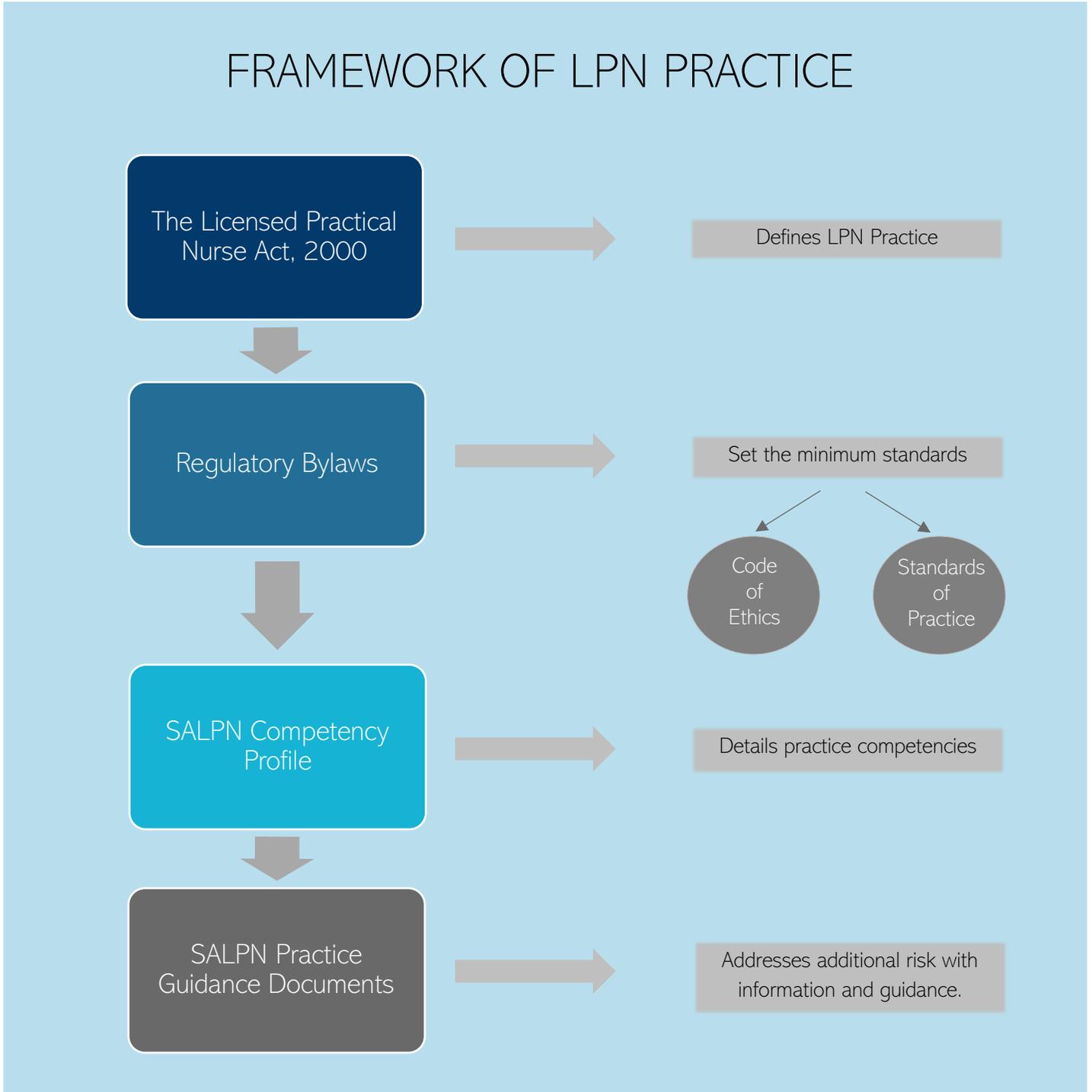


Figure 1 - The Licensed Practical Nurses Act, 2000, <http://www.salpn.com/act>

LPN practice is further described and articulated in interpretive and practice guidance documents such as the SALPN Competency Profile. The framework of LPN practice is applicable to LPNs at all stages of their career, from the novice practitioner through to the expert.

Figure 2 – Framework of LPN Practice – This diagram is the framework used to determine LPN practice.



LPN Practice

LPN practice is determined and broadly guided by the **professional scope of practice** (The LPN Act and Bylaws), **individual competence** and **employment role** (employer policy).

The **context of practice** determines the appropriate application of LPN practice with the collective consideration of conditions or factors affecting the status and needs of the patient, the abilities and attributes of the individual LPN, and the characteristics and resources of the environment. The **context of practice** guides individual LPN decision-making within the professional scope of practice.

The minimum standards that LPN practice must meet and is measured against are outlined in the **Code of Ethics** and Standards of **Practice**.

LPN practice is influenced by the three following factors:

1. Professional Scope of Practice
2. Individual Competence
3. Employment Role

Decision-making within Individual LPN practice is guided by:

1. Context of Practice

The quality and outcomes of LPN practice are measured against:

1. Code of Ethics
2. Standards of Practice

Professional Scope of Practice

Professional Scope of Practice is defined as the full range of roles, functions, and responsibilities a regulated professional is authorized to perform within licensure and is expected to do so in a safe, competent, and ethical manner.

The **professional scope of practice** consists of basic competencies, additional competencies, and specialized areas of LPN practice:

- **Basic Competencies** are the observable knowledge, skills, and abilities authorized by the SALPN as appropriate in LPN practice and taught in the Practical Nursing program.
- **Additional Competencies** are the observable knowledge, skills, and abilities authorized by the SALPN as appropriate in LPN practice that are developed through education, training, and practice experience.
- **Specialized Areas of LPN Practice** are the knowledge, skills, and abilities authorized by the SALPN as appropriate in LPN practice that requires specific post basic education outlined in the **SALPN Regulatory bylaws**.

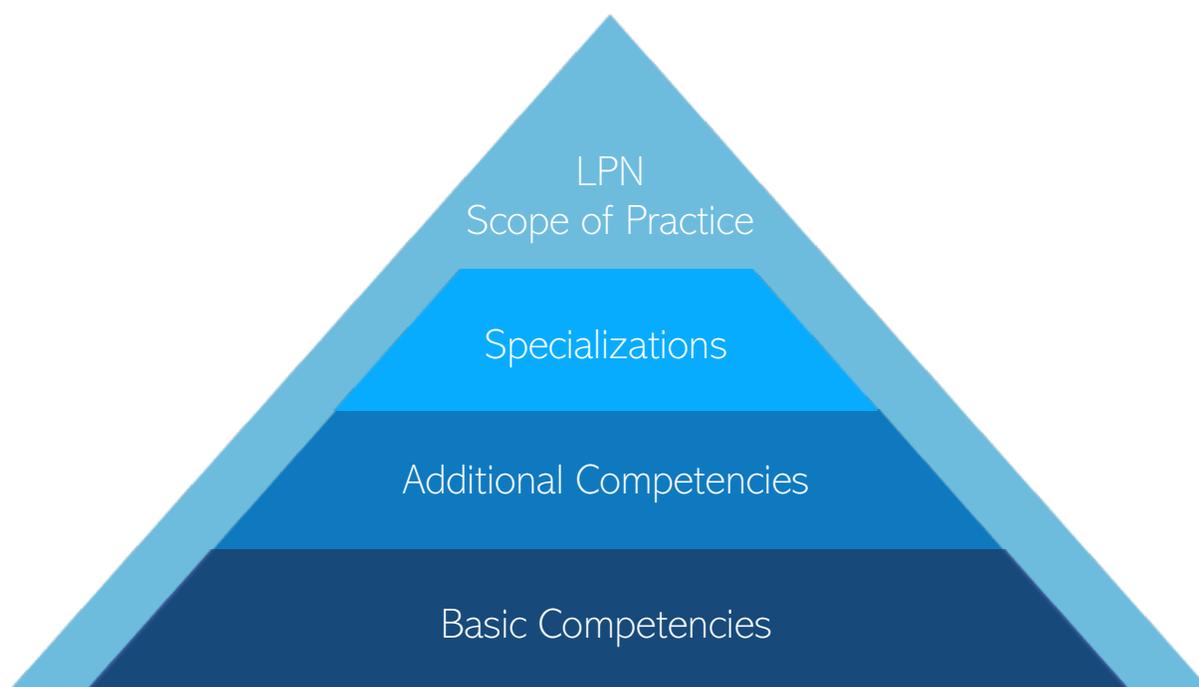


Figure 3 - New LPNs begin their practice with the Basic Competencies but can expand their competencies through additional education. The additional competencies and specializations cannot exceed the pre-defined professional scope of practice. View the Entry-to-Practice competencies online at <http://www.salpn.com/competencies>

Reflecting the *professional scope of practice*, the **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/or apply.

LPN practice is further described in the SALPN's Interpretive and Practice Guidance documents (see pg. 15). These documents are intended to reduce risk or highlight existing risks in practice with additional information or guidance.

Within LPN practice, the LPN will utilize the nursing process to develop a nursing diagnosis and implement nursing interventions supported by the basic competencies, additional competencies, and/or specialized areas of LPN practice.

LPNs implement medical interventions **only** under the order of a professional authorized to diagnose and prescribe medical treatments and interventions (physician, nurse practitioner, podiatrist for example).

There is a distinct difference between a nursing diagnosis and a medical diagnosis. A medical diagnosis is a concept that defines a disease process or injury and provides information about the patient's pathology. Nursing diagnoses compliment the medical diagnosis and as a direct result, provides information about the patient's impairments and challenges. They also direct nursing interventions to obtain patient-specific outcomes.

Example of a medical diagnosis:

Bacterial skin infection; right foot.

Example of a nursing diagnosis:

Impaired skin integrity related to bacterial skin infection as manifested by the swelling of the right foot.

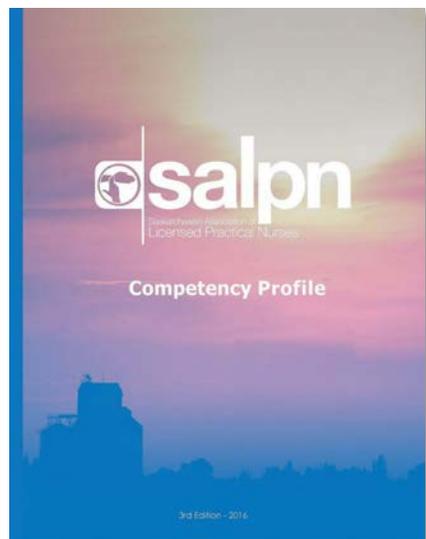


Figure 4 - The SALPN Competency Profile, 3rd edition, 2017.

<http://www.salpn.com/competencies>

NOTE

- LPNs **do not** diagnose medical conditions.
- LPNs **do not** prescribe medications or medical treatments.
- Before an LPN may carry out a medical intervention, the LPN **must ensure** that an order from a qualified and authorized medical practitioner (physician, NP, podiatrist) exists.
- The LPN **is expected to** utilize the nursing process, formulate a nursing diagnosis(s) and carry out nursing interventions.

The **SALPN Regulatory Bylaws** require an LPN to comply with both the “**Code of Ethics and the Standards of Practice for Licensed Practical Nurses in Canada.**” These standards and ethics describe how an LPN is expected to practice and are the standards LPNs are held to while applying competencies within the Professional Scope of Practice.

- a) *Standards of Practice* are the minimum expected levels of practitioner behavior, against which actual practitioner behavior is measured. There are four broad standards that apply to LPNs in all settings at all times.
- i. Professional accountability and responsibility
 - ii. Knowledge-based practice
 - iii. Service to the public and self-regulation
 - iv. Ethical practice

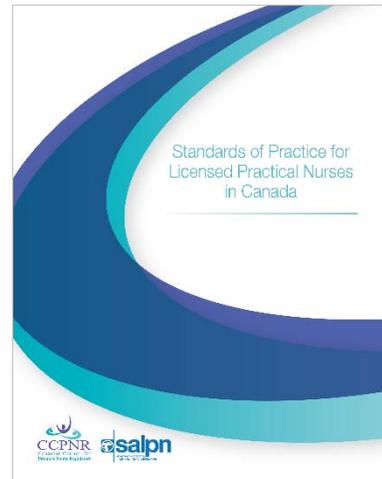


Figure 5 – LPN Standards of Practice,
<http://www.salpn.com/standards-of-practice>

- b) *The Code of Ethics* articulates the ethical values and responsibilities that LPNs uphold and promote, and to which they are accountable. There are five distinct, yet inter-related principles encompassed in the code.
- i. Responsibility to the public
 - ii. Responsibility to clients
 - iii. Responsibility to the profession
 - iv. Responsibility to colleagues
 - v. Responsibility to oneself.

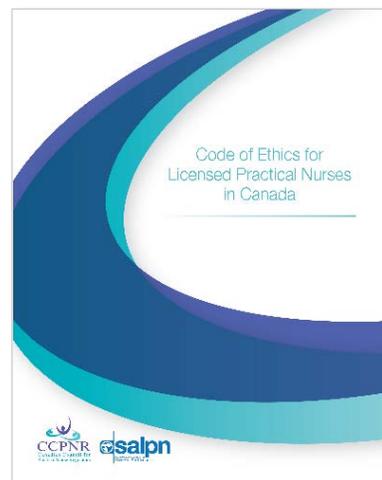


Figure 6 – LPN Code of Ethics,
<http://www.salpn.com/code-of-ethics>

Individual Competence

Individual competence is the LPN's ability to apply and demonstrate competencies (knowledge, skill, and abilities) within LPN professional scope of practice in a safe and ethical manner. Individual competence is different for each LPN. **Individual competence** can and will vary throughout the stages of an LPN's career and is influenced by an LPN's practice experience, continuing education and personal attributes (attitudes, values, beliefs). Individual competence cannot exceed the professional scope of practice. Practice experience, education, and training do not alter, nor expand, the professional scope of practice of licensed practical nurses.

LPNs demonstrate **individual competence** in the following ways, amongst others:

- application of knowledge and skills (knowing when and how to apply knowledge to make evidence-based decisions)
- critical thinking /critical inquiry skills
- leadership skills
- decision-making skills
- ability and judgment to access and utilize consultation and resources available.

LPNs are responsible to reflect upon and assess their own **individual competence** against the competencies of the profession and those required in their employment role. Through the course of a career, an LPN may find they lack competence in some competencies due to changes in employment role or setting, technology, and evolving nursing practice. These deficiencies and gaps, although expected, may lead to a risk of harm to the public if not properly addressed.

It is the responsibility of the LPN to address deficiencies and develop competence. In instances when the employment role exceeds the individual's competence, the LPN along with the employer must address deficiencies or gaps in individual competence with education and training to develop and maintain competence.

Employment Role

Employment role refers to how an employer utilizes the LPN within the authorized professional scope of practice. **Employment role**, developed by the employer, is typically based on the specific needs of the practice area and patient population the employer serves. The employer addresses risks within the practice area with clearly defined employment role(s). Employment role(s) outlines and provides limitations to the responsibilities, functions, and activities that an LPN may perform in employment. **Employment role** cannot exceed the professional scope of practice and should be supported with policy and procedure.

In instances when the **employment role** within the employment role exceeds the individual's competence, the LPN along with the employer must address deficiencies or gaps in individual competence with education and training to develop and maintain competence. These deficiencies and gaps may lead to a risk of harm to the public by the LPN if not properly addressed.

In instances when the patient assignment within the employer role exceeds the individual's

competence, the LPN is responsible to initiate a discussion with the employer and determine how the needs are best met. This may include a discussion with an individual in the “charge” role or another mechanism established by the employer. These instances may result in additional support(s) provided to the LPN or a change in patient assignment.

It is important to understand the differences between the scope of practice and employment role. Because a competency is within the LPN scope of practice, it does not automatically mean it will be or should be performed in all employment settings. **Employment role** can and will differ from setting to setting.

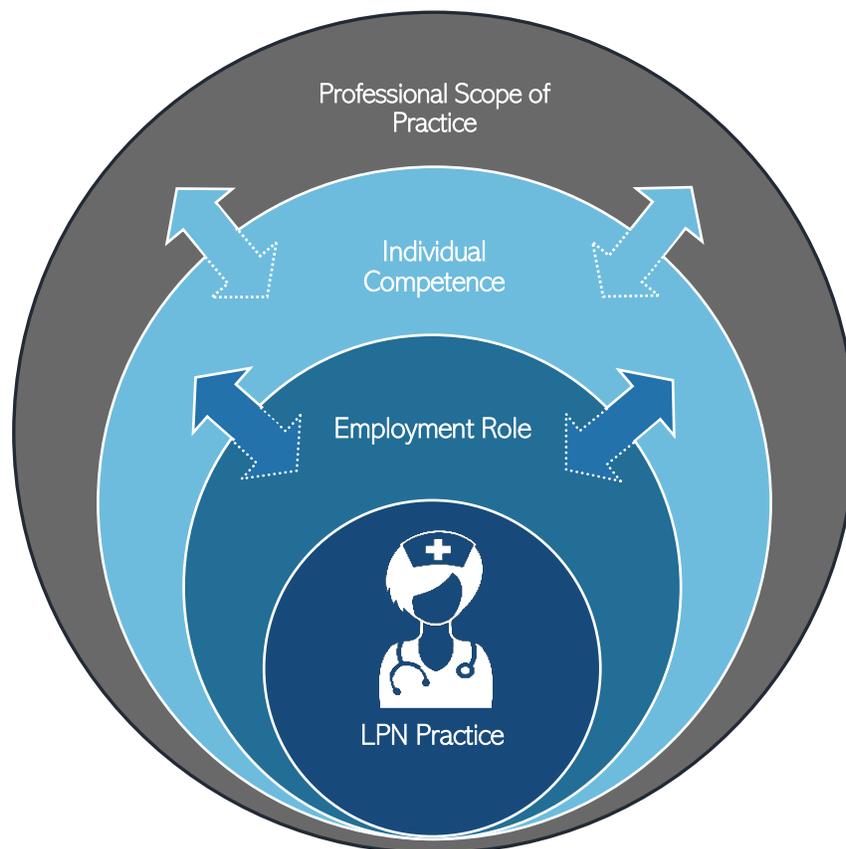


Figure 7- LPNs must practice within the defined limits of multiple factors. The **LPN practice** must remain within the **Employment Role** (which can expand or narrow as defined by employer policy), which must be within the **LPN's Practice** (which may expand as the LPN gains additional competencies), all of which must remain within the **professional scope of practice**.

Context of Practice

Context of Practice determines the appropriate application of LPN practice with the collective consideration of conditions or factors affecting the status and needs of the **patient**, the abilities and attributes of the **individual LPN**, and the characteristics and resources of the **environment**. The **context of practice** guides individual decision-making in specific practice settings or situations.

Although the LPN may have the necessary knowledge and ability to apply competencies within the Professional Scope of Practice, the overall context of practice may determine the LPN is not the most suitable professional to be solely providing service to the patient. Patient needs can exceed not only the competence of the individual LPN and/ or the professional scope of practice but can also exceed the resources and service of the environment. When this happens, the LPN must initiate a discussion with an employer or an individual in the charge role about how the needs of the patient are best met. This may involve more support provided to the LPN or a change in patient assignment.

The context of practice must be at the forefront when making the decisions in the application of LPN practice. The context of practice is not static and must be reassessed on an ongoing basis.

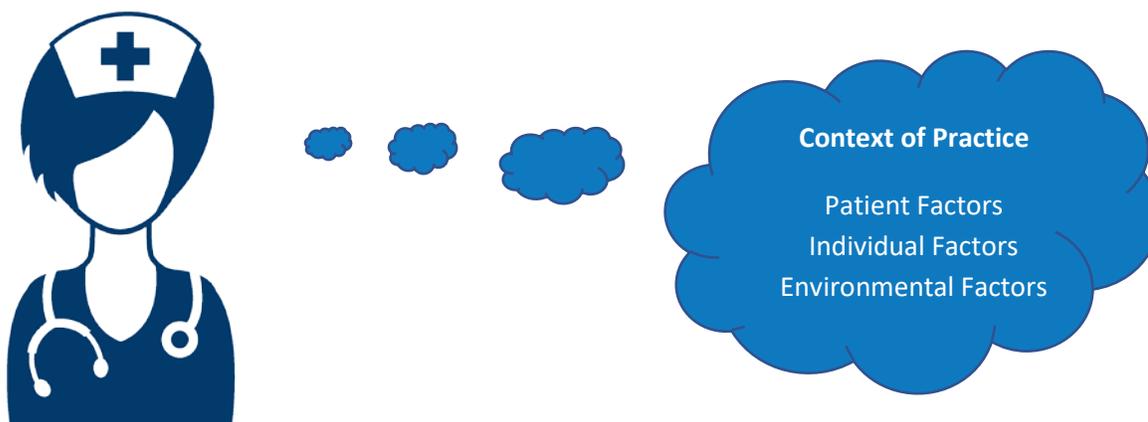


Figure 8 – The LPN must consider context of practice in the application of LPN Practice. This includes patient factors, individual factors and environmental

a) Patient Factors

Patient factors must be considered by the LPN to determine how to appropriately apply LPN practice

Examples of patient factors affecting the application of LPN practice:

- **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).

- **Stability:** The degree to which a client's health status can be anticipated and the plan of care readily established and the degree to which it is managed with interventions that have predictable outcomes.
- **Predictability:** The extent to which a client's outcomes and future care requirements can be anticipated.
- **Risk of Negative Outcomes:** 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 independently care for clients who are less complex, more predictable and at lower risk for negative outcomes. The more complex the care requirements are, the less predictable and as the risk for negative outcomes grows, there is an increased need for the LPN to consult and collaborate with other health professionals. As the need for consultation increases due to patient complexity, unpredictability and higher risk for negative outcomes, additional support must be available for ongoing assessment or assistance and/or another professional may be required to provide the full spectrum of care. This is not to imply that an LPN cannot care for a specific client, but that the LPN needs to assess if the patient is following the anticipated path of the care plan. When client care needs are more complex, less predictable, or have a higher risk for negative outcomes, the LPN can continue to provide care in a team setting.

b) Individual LPN

Individual LPN factors must be considered by the LPN to determine how to appropriately apply LPN practice

Examples of individual factors affecting the application of LPN practice:

- Individual level of competence to apply the competencies within professional scope of practice safely
- Individual level of knowledge and ability to know how and when apply it
- Individual level of experience as an LPN and within the practice area
- Individual level of familiarity within a specific practice situation
- Individual ability to critically think
- Individual ability to assess the risks to the patient and of the environment
- Individual ability to access required consultation and supports and resources
- Individual ability to assess both the anticipated and unanticipated pathway of the patient
- Individual ability to prioritize and manage the demands of the individual's role
- Application of knowledge

Upon completing entry-level education, LPNs continue to develop their knowledge, skills and abilities to practice safely and ethically as they gain experience. They also build on their foundational 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 to address knowledge and competence deficiencies.

Ongoing consultation with other professionals and resources mitigates risk in practice and is an important component of LPN practice. Consultation with other professionals is a requirement when a situation demands expertise that is beyond an individual's level of competence. Consultation involves seeking advice, information, or direction from a more experienced or knowledgeable nurse or another health care professional. The extent of consultation required will vary with each situation.

c) Environmental Factors

Environmental factors must be considered by the LPN to determine how to appropriately apply LPN practice

Examples of environmental factors affecting the application of LPN practice:

- level of staffing and staff mix
- availability and accessibility to consultation resources (other professionals, technology)
- availability and accessibility of required equipment, supplies, diagnostics, and surveillance tools
- the intended purpose of the environment and practice area
- existing policy and procedure
- risks related to the environment

The characteristics and resources of the environment significantly impact the appropriate application of

NOTE

- No one factor may be viewed without consideration of the others
- The ***context of practice*** is not static and must be assessed on an ongoing basis

LPN practice. Patient needs can exceed the resources of the environment. The availability of practice supports, and consultation resources can limit the ability to practice within the ***Professional scope of practice*** and ***individual competence*** or can optimize practice within the ***professional scope of practice*** and ***individual competence***.

Conclusion

1. LPNs are regulated by SALPN, on behalf of the Government of Saskatchewan, to protect the public from risk and reduce harm to those served by LPNs.
2. The structure of LPN practice includes the LPN Act and bylaws and is described in more detail with competencies and other guidance documents.
3. *Professional Scope of Practice* consists of Basic Competencies, Additional Competencies, and Specialized Areas of Practice authorized by the SALPN as appropriate within LPN practice.
4. **Individual Competence** is different for each LPN and reflects the LPNs ability to apply the **Professional Scope of Practice** in a safe and ethical manner.
5. **Employment Role** is how the employer utilizes the LPN within the professional scope of practice to meet the patient needs of the employment setting.
6. **Context of Practice** determines the appropriate application of LPN practice with the collective consideration of conditions or factors affecting the status and needs of the **patient**, the abilities and attributes of the **individual LPN**, and the characteristics and resources of the **environment**.

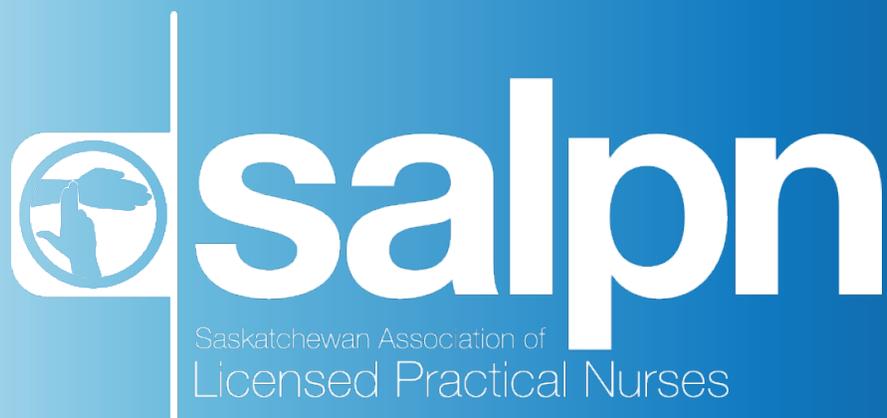
It cannot be stressed enough that individual LPN practice is not a finite list of tasks and competencies. It is variable, and it is not static. It can change with the competence level of the practitioner, it can change based on the needs of the client and it can change based on the environment.

Document Links

1. The Licensed Practical Nurses Act, 2000 – <http://www.salpn.com/act>
2. SALPN Bylaws – <http://www.salpn.com/bylaws>
3. The SALPN Competency Profile, 3rd Edition, 2017 – <http://www.salpn.com/competencies>
4. LPN Standards of Practice – <http://www.salpn.com/standards-of-practice>
5. LPN Code of Ethics – <http://www.salpn.com/code-of-ethics>
6. SALPN Practice Guidelines - <https://salpn.com/practice-guidelines/>
7. SALPN Legislative Interpretations - <https://salpn.com/legislative-interpretations/>

References

- Canadian Council of Practical Nurse Regulators (CCPNR). (2013). *Entry-to-Practice Competencies for Licensed Practical Nurses*.
- Canadian Council of Practical Nurse Regulators (CCPNR). (2013). *Standards of Practice for Licensed Practical Nurses in Canada*.
- Government of Saskatchewan. (2000). *The Licensed Practical Nurses Act, 2000*. Saskatchewan Queen's Printer.
- Government of Saskatchewan. (2018). SALPN Regulatory Bylaws. *The Saskatchewan Gazette*.
- Potter, P. A., & Perry, A. G. (n.d.). Canadian Fundamentals of Nursing, 6e. In *Nursing diagnosis and Medical Diagnosis* (pp. 188-207).
- Saskatchewan Association of Licensed Practical Nurses. (2017). *2017 SALPN Competency Profile, 3rd Edition*.
- Saskatchewan Association of Licensed Practical Nurses, Saskatchewan Registered Nurses Association, Registered Psychiatric Nurses Association of Saskatchewan. (2017). *Collaborative Decision-making Framework: Quality Nursing Practice*.



Saskatchewan Association of
Licensed Practical Nurses