

CLPNBC PRACTICE PUBLICATIONS- 2010

FOUNDATIONAL PRACTICE SUPPORT DOCUMENTS:

CLPNBC Entry-Level Competencies for Licensed Practical Nurses' Professional Practice

This document establishes the competencies (knowledge, skill, judgment and attitude) that LPNs in British Columbia are expected to possess as an outcome of their nursing education. These competencies reflect the minimum standards required to ensure nurses provide the public with safe, competent and ethical care.

Professional Standards of Practice for Licensed Practical Nurses

The CLPNBC defines Standards of Practice as the minimum expected levels of practitioner behaviour and practice, against which actual practitioner behaviour and practice is measured. The standards have been organized into sections that reflect the framework of the *Entry-Level Competencies for Licensed Practical Nurses Professional Practice*, as follows: Professional, Ethical, Legal; Foundations of Practice; and Collaborative Practice. The order of the competency sections is not an indication of priority or importance and while the competencies describe **what** the LPN does, the standards describe **how** these competencies are demonstrated.

Code of Ethics for LPNs and Companion Guide

The Code defines the ethical principles and values central to nursing practice. A Licensed Practical Nurse is bound by a Code of Ethics to adhere to moral norms of conduct and to assume an ethical and professional commitment primarily to the health and well-being of clients and families but also to colleagues, employers and themselves. The Code also serves as an ethical basis from which to advocate for quality practice environments with the potential to impact delivery of safe, competent and ethical nursing care.

PRACTICE GUIDELINES:

The CLPNBC Practice Guideline is intended to complement the CLPNBC Baseline Competencies, Standards of Practice and the Code of Ethics. Its purpose is to enhance the role of the professional nurse yielding safe, competent and ethical nursing practice while providing care to the public. The title Practice Guideline is selected to facilitate clarity when referencing documents. Each Practice Guideline consists of three parts:

1. Definition,
2. Standards, and
3. Key Strategies/ Actions for Ensuring Safe and Competent Practice.

A definition is provided relevant to the topic that each Practice Guideline addresses. The Standard is the obligatory practice for all registrants; therefore it provides explicit direction as to how the LPN is expected to practice. The information that follows the section titled "Key Strategies/ Actions for Ensuring Safe and Competent Practice" in each Practice Guideline lends additional information to further reinforce optimal practice. Some of the strategies and/or actions may already be evident in agency policies; alternatively they may raise registrants' awareness for the need to work with employers to institute policies in certain areas. The strategies and actions are approaches registrants can engage to promote best practice. Each Practice Guideline may also include additional information regarding relevant legislation and legal requirements that will guide LPN practice and decision- making.

The College has developed nine (9) Practice Guidelines:

1. **Blood & Blood Product Transfusion Therapy** – Blood/blood product transfusion therapy is a therapeutic nursing intervention which involves the preparation, administration, monitoring, evaluation, and documentation of these products.
2. **Consent** – An adult has the right to choose, refuse, or revoke health care. According to legislation, consent means ensuring that an adult is fully informed about the health-care treatment. An adult is presumed to be capable of giving, refusing or revoking consent to health care and the adult's way of communicating with others is not grounds for deciding that he or she is incapable of giving, refusing,

or revoking consent to health care. An adult has the right to consent or refuse consent on any grounds; the right to revoke consent; the right to expect that a decision to give, refuse, or revoke consent will be respected; and the right to be involved to the greatest degree possible in case planning and decision- making.

3. **Documentation** – Documentation is any written or electronically generated information regarding a client. Irrespective of the format used to document, the client’s health-care record is a formal, legal document. Nursing documentation is used to communicate client information, promote safe and appropriate care, and to provide evidence of an LPN’s responsibility and accountability by meeting professional and legal standards of practice.
4. **Duty to Provide Care** – Duty to provide care is the legal obligation of an LPN to take reasonable care to avoid causing harm to clients.
5. **Duty to Report** – Legislation requires LPNs to report in writing to the College (or another person’s College) if the LPN, on reasonable and probable grounds, believes that the continued practice of a designated health profession by the other person might constitute a danger to the public. Legislation outlines the LPN’s mandatory duty to report, the mandatory duty to report respecting a hospitalized registrant and the mandatory duty to report sexual misconduct.
6. **Medication Administration** – Medication administration is a nursing intervention which involves the preparation, administration, evaluation, and documentation of ordered medications.
7. **Peripheral Infusion Therapy** – Peripheral infusion therapy is a nursing intervention which involves the preparation, administration, evaluation, and documentation of an ordered substance (medicated or non- medicated) into a vein, either intermittently or continuously.
8. **Self- Employment** – A self- employed LPN is a registrant who provides direct nursing services for a fee. The self- employed LPN must be able to provide evidence of competence acquired through education and competent nursing practice in their relevant area of practice. The self- employed LPN may be involved in direct nursing care, advocacy, health promotion, and education to individuals, families, or groups of clients in homes, institutions, and community care settings.
9. **Working with Unregulated Health Care Providers** – LPNs may be in a position where they assign client care, or parts of client care, to Unregulated Care Providers (UCPs). The required care must fall within the employing agency’s role descriptions and policies. UCPs are not regulated through a regulatory college and have no legally defined scope of practice. Where LPNs are accountable to the CLPNBC for their practice, UCPs are accountable to their employer for their practice.

ASSESSMENT TOOLS:

Pharmacology and Medication Administration Self-Assessment Process

This resource is a self-assessment tool. It is used by a registrant to determine their competencies, their learning needs, to add to their professional portfolio evidence, and to prepare to successfully meet the competency requirements for licensure in 2007.

Patient Assessment: Self Assessment Tool

This resource is also a self-assessment tool. Its focus is on the competency of assessment. This Self-Assessment Tool is divided into three sections. Section I (Pre-Review Exercise). Section II (Overview: Patient Assessment, Body Systems and System Assessment). Section III (Post Review Exercise). This tool facilitates the registrant to determine their competency level regarding Patient Assessment.

These publications are available for free download directly from the “publications” page of the College website: