Frequently asked practice questions:  
A summary of CARNA practice consultations  
(SEPT. 30, 2010–OCT. 1, 2011)

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CARNA policy and practice consultants provide confidential consultation services to  
individuals and groups regarding issues that directly or indirectly affect the delivery  
of safe, competent and ethical nursing care. Regulated members of CARNA are the  
primary users of practice consultation services followed by members of the public,  
employers, administrators, other health-care professionals, government and others.

Highlights from 2011

Practice consultations are reviewed annually to identify trends and issues as well as gaps  
where policy development may be needed to guide practice or to advocate for change.  
Highlights from 2011 include:

• The category with the highest number of consultations was legal/ethical, followed by scope of practice, nursing practice standards,  
information/networking and then safety. These issues have received the highest number of consultations in the past three years.

• The number of consultations related to nursing practice standards, scope of practice and safety decreased from last year.

• The number of consultations related to legal/ethical issues and information/networking increased from last year.

Summary of Consultations

<table>
<thead>
<tr>
<th>Consultation issue category</th>
<th>2009 Practice Year</th>
<th>2010 Practice Year</th>
<th>2011 Practice Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal/Ethical</td>
<td>191 (21%)</td>
<td>238 (24%)</td>
<td>291 (27%)</td>
</tr>
<tr>
<td>Scope of Practice</td>
<td>175 (20%)</td>
<td>201 (20%)</td>
<td>194 (18%)</td>
</tr>
<tr>
<td>Nursing Practice Standards</td>
<td>241 (27%)</td>
<td>218 (22%)</td>
<td>185 (17%)</td>
</tr>
<tr>
<td>Information/Networking</td>
<td>101 (11%)</td>
<td>96 (10%)</td>
<td>132 (12%)</td>
</tr>
<tr>
<td>Safety</td>
<td>88 (10%)</td>
<td>111 (11%)</td>
<td>90 (8%)</td>
</tr>
<tr>
<td>Transitions/Independent Practice</td>
<td>22 (3%)</td>
<td>1 (1%)</td>
<td>64 (6%)</td>
</tr>
<tr>
<td>Health Care Reform</td>
<td>36 (4%)</td>
<td>43 (4%)</td>
<td>63 (6%)</td>
</tr>
<tr>
<td>Relationships</td>
<td>12 (1%)</td>
<td>18 (2%)</td>
<td>15 (1%)</td>
</tr>
<tr>
<td>Education</td>
<td>15 (2%)</td>
<td>12 (1%)</td>
<td>15 (1%)</td>
</tr>
<tr>
<td>Graduate Nurse</td>
<td>-</td>
<td>13 (1%)</td>
<td>12 (1%)</td>
</tr>
<tr>
<td>Internationally-Educated Nurses</td>
<td>10 (1%)</td>
<td>17 (2%)</td>
<td>6 (1%)</td>
</tr>
<tr>
<td>Pandemic</td>
<td>-</td>
<td>30 (3%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>981</td>
<td>1,010</td>
<td>1,067 *</td>
</tr>
</tbody>
</table>

* NOTE: 1,218 requests were initially received, but for 151 of these, attempts to contact  
the requestors were not successful.

Legal/Ethical Questions

- 291 practice consultations  
- 27% of all consultations

As in the previous year, questions related to documentation represent the most frequent legal issue identified throughout the 2011 practice year. Concerns included:

• documentation policy development  
• challenges in transitioning from paper to electronic records  
• charting on behalf of another care provider  
• lack of time to document care  
• documentation of critical incidents

These concerns were addressed using the principles for quality documentation described in the CARNA document Documentation Guidelines for Registered Nurses. Members were also encouraged to consult other relevant resources available from the Canadian Nurses Protective Society.
Professional Boundaries
Several concerns related to the RN responsibility of maintaining professional boundaries. Concerns included:
- providing interventions to family members
- providing nursing services to clients on scheduled days off

The CARN document Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship was used to address these situations. The values of the CNA Code of Ethics for Registered Nurses were also important resources used to explore concerns and provide guidance.

Volunteering
Another frequent legal/ethical issue related to volunteering nursing services. Questions related to providing injections to a friend or family member were reoccurring.

Legal risks associated with volunteering nursing services were explored with RNs seeking practice advice and the document Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship was also used to examine the ethical implications of providing nursing services to family members or friends.

Protecting/Disclosing Health Information
Issues related to the collection, use and disclosure of health information are challenging and complex and consistently emerge in consultation reviews.

In September 2011, Provincial Council approved the document Pronouncement of Death: Guidelines for Regulated Members. These new CARN guidelines are intended to guide decision-making and policy development related to pronouncement of death when death is expected.

Other legal/ethical questions raised by members included:
- the potential need for additional liability protection
- liability risks associated with the performance of particular interventions, such as deep wound debridement, or related to the supervision of unregulated workers
- use of the title of RN
- fitness to practice
- managing unprofessional conduct
- informed consent

Scope of Practice

Competency Profile
CARN members continue to be concerned about describing their scope of practice. A number of consultation requests focused on clarifying differences between the RN scope of practice and that of graduate nurses, nurse practitioners and other health professionals.

In these instances, resources such as the Nursing Intervention Classification (NIC), the CARN documents Scope of Practice for Registered Nurses, Scope of Practice for Nurse Practitioners, Entry to Practice Competencies for the Registered Nurses Profession and Nurse Practitioner Competencies were utilized to address questions and concerns.

Integration of Interventions
Another recurring theme was the integration of particular interventions within the RN scope of practice in a particular setting. Some examples of interventions that were discussed included:
- prescribing medications, including over-the-counter medications
- adjusting medication dosages
- performing acupuncture
- applying ultrasound in wound care
- interpreting laboratory data
- administering Botox and other dermal fillers

It is important to note that Botox is a Schedule 1 drug and the administration of this drug by nurses requires that a client be seen by a physician or other authorized prescriber who would then provide a client specific prescription for the drug.

Graduate Nurses
Several questions related to graduate nurses performing the charge role were brought forward.

Graduate nurses are entry-level practitioners and their level of practice autonomy and proficiency develops best with collaboration, mentoring and support from registered nurse colleagues, managers and other health-care team members. A graduate nurse on the temporary register should not be assigned as the nurse in charge or left alone in a practice setting as the only nurse unless they have the necessary clinical experience and competencies to take on this role and responsibility.

Other questions related to the scope of practice of graduate nurses were more general in nature and were examined using the document Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities.
Common issues identified in this area included:

- appropriate assignment of care
- working extra hours and fitness to practice
- supervision of undergraduate nursing employees and health-care aides
- aspects of safe medication practices (e.g. implementation of medication protocols in the management of chronic illnesses, medication reconciliation, communication related to medication orders and medication dispensing)

Policy and practice consultants provided guidance and direction to members to address these issues by applying the principles and standards outlined in CARNA documents. The Nursing Practice Standards are foundational in supporting nurses in their practice, giving them a framework to ask questions in a proactive way and identify concerns, issues and solutions in their practice setting. In responding to the identified concerns, additional CARNA documents were used to assist in problem-solving and the development of practical approaches to address concerns, including:

- Working Extra Hours: Guidelines for Registered Nurses on Fitness to Practise and the Provision of Safe, Competent, Ethical Nursing Care
- Medication Administration Guidelines for Registered Nurses
- Decision Making Standards for Nurses in the Supervision of Health Care Aides

Safety concerns included:

- lack of sufficient orientation
- staff shortages
- staff mix
- unsafe practitioners

These types of concerns were similar to those identified in previous reviews.

Group Consultations

In addition to individual practice consultations, policy and practice consultants conducted group consultations and facilitated discussions in response to complex issues that arose within practice settings.

Between Oct. 1, 2010 and Sept. 30, 2011, policy and practice consultants facilitated 22 group consultations involving 1,011 participants across Alberta. The main topics of discussion were:

- RN scope of practice and competency profile
- assignment of care
- teamwork
- medication best practices
- documentation best practices
- professional responsibility and accountability

References


College and Association of Registered Nurses of Alberta. (2011g). Working extra hours: Guidelines for registered nurses on fitness to practice and the provision of safe, competent, ethical nursing care. Edmonton, AB: Author.