



Competencies for Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests

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Purpose

The purpose of this document is to describe the **COMPETENCIES**¹ registered nurses (RNs) must have in order to:

- prescribe Schedule 1 drugs (except for controlled drugs and substances); and
- order diagnostic tests in a specific **CLINICAL PRACTICE AREA** using a **CLINICAL SUPPORT TOOL**.

The competencies guide curriculum development for RN prescribing education, and inform the public and employers on the practice expectations of RNs authorized to prescribe and to order diagnostic tests.

This document and the *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards* (College and Association of Registered Nurses of Alberta, 2019a) are companion documents and must be used together.

Becoming an RN Authorized to Prescribe

The *Registered Nurses Profession Regulation* (2005) authorizes RNs to prescribe **SCHEDULE 1 DRUGS** in accordance with the requirements and **STANDARDS** of practice in the document *Registered Nurse Prescribing and Ordering Diagnostic Tests: Requirements and Standards* (CARNA, 2019a). An RN must apply to the Registrar for authority to prescribe Schedule 1 drugs (except controlled drugs and substances) and to order diagnostic tests within a specific clinical practice area.

Throughout this document the phrase ‘an RN who is authorized’ means an RN has met CARNA requirements and is authorized by CARNA to, in a specific clinical practice area:

- prescribe Schedule 1 drugs (except for controlled drugs and substances); and
- order diagnostic tests.

¹ Words or phrases in **BOLD CAPITALS** upon first mention are defined in the glossary.

An RN who is authorized must:

- conduct a comprehensive health assessment appropriate to the specific clinical practice area;
- interpret and apply the clinical support tool for the clinical practice area when ordering diagnostic tests and prescribing;
- order and interpret diagnostic tests as indicated in the specific clinical support tool; and
- consult or transfer the **CLIENT** care to other health-care professionals if the ordering diagnostic tests and prescribing decision is beyond their scope, knowledge, or **COMPETENCE**.

Assumptions

The following assumptions form the basis for the competencies for an RN who is authorized.

- Their practice is grounded in the values, knowledge, and theoretical foundations of professional registered nursing practice.
- Their competencies build and expand upon the entry-level competencies required of an RN.
- Before being authorized, they have successfully completed an **APPROVED NURSING PROGRAM** for prescribing and the ordering of diagnostic tests.
- Before being authorized, they have completed a minimum of 3000 hours of RN clinical practice that satisfies the Registrar, 750 hours of which are within the specific clinical practice area where they will order diagnostic tests and prescribe.
- They practise in collaboration with other health-care providers.
- They only prescribe medications and order diagnostic tests as described in the clinical support tool.

Competencies

These competency statements are organized according to the conceptual framework in the *Practice Standards for Regulated Members* (CARNA, 2013). The five categories used to organize the competencies are:

- professional responsibility and **ACCOUNTABILITY**;
- knowledge-based practice;
- ethical practice;
- service to the public; and
- self-regulation.

The number and order of the competency statements do not indicate their importance. Some competencies could be placed in more than one category, but are in only one for clarity and convenience.

Professional Responsibility and Accountability

An RN who is authorized, demonstrates professional accountability and responsibility, and practises in accordance with the following:

- *Health Professions Act (2000)*
- *Registered Nurses Profession Regulation (2005)*
- *Practice Standards for Regulated Members (CARNA, 2013)*
- *Code of Ethics for Registered Nurses (Canadian Nurses Association, 2017)*
- *Restricted Activities Standards (CARNA, 2019)*
- *Registered Nurse Prescribing Schedule 1 Drugs and Ordering Diagnostic Tests: Requirements and Standards (CARNA, 2019)*

Competencies

1. Practises in accordance with relevant legislation, the *Registered Nurses Profession Regulation*, CARNA standards and guidelines, and organization policies.
2. Prescribes medications and orders diagnostic tests for a client in a specific clinical practice area and understands that this authority does not automatically transfer with them to another clinical practice area.
3. Consults or transfers client care to other health-care professionals if not **COMPETENT** to provide the required care or if the required care is outside the specific clinical practice area for which they have been authorized to order diagnostic tests and prescribe.
4. Demonstrates accountability for ordering diagnostic tests and prescribing decisions.
5. Participates as a member of the interprofessional team, and understands the differences between the roles and responsibilities of team members in the prescribing process.
6. Participates in the review, development, and improvement of prescribing practice such as, but not limited to, quality improvement and risk management practices, prescribing auditing tracking systems, clinical decision-making tools, and organizational policies which support safe prescribing practices.
7. Prescribes appropriately in accordance with provincial and federal legislative requirements and standards.

8. Participates appropriately in required and relevant provincial or national reporting programs.

Knowledge Based Practice

An RN who is authorized, draws on diverse sources of knowledge, e.g., nursing knowledge, pharmacotherapeutics, the sciences, humanities, research, ethics, spirituality, culture and diversity, relational practice, and **CRITICAL INQUIRY**. The RN applies this knowledge competently when providing evidence-informed nursing care.

Competencies

9. Demonstrates knowledge of health conditions, the natural progress of the condition, and how to assess the severity of the condition.
10. Conducts a comprehensive assessment of the client.
11. Demonstrates understanding and assesses the congruency between the current medication plan and the health condition of the client.
12. Demonstrates knowledge of the impact that supplements, and complementary and alternative therapies may have on the client's condition, care plan, and ordering of diagnostic tests and prescribing decisions.
13. Applies the appropriate clinical support tool for the specific clinical practice area.
14. Identifies factors that may impact diagnostic test results.
15. Interprets the results of appropriately ordered screening and diagnostic tests to inform safe prescribing.
16. Applies critical inquiry and clinical reasoning to synthesize health assessment information and identify health risks and concerns.
17. Applies the clinical support tool to make a nursing diagnosis.
18. Applies the clinical support tool to determine care options including no treatment, or possible non-pharmacological and pharmacological interventions, in collaboration with the client, family, and other members of the health-care team as appropriate, while considering client perspectives, and best outcomes.
19. Develops a care plan based on evidence-informed practice and the clinical support tool for the specific clinical practice area.

20. Demonstrates understanding of the principles of prescribing and evidence- informed prescribing practices.
21. Applies knowledge of **PHARMACOTHERAPY** when prescribing medication.
22. Demonstrates understanding of drug interactions and actions of other medications that are prescribed for the client.
23. Uses the clinical support tool to prescribe pharmacotherapy based on the client's health history, current health status, disease, disorder, condition and stage of life, and individual circumstances.
24. Communicates effectively with clients, family, and other members of the health- care team as appropriate regarding a client's health assessment findings, nursing diagnosis, and care plan.
25. Discusses prescribed medications with the client including rationale for selection, expected benefits, interactions of the drug, potential side effects, administration, instructions, costs of medication, importance of compliance, and recommended follow-up.
26. **COLLABORATES** with the client, family, and other members of the health-care team as appropriate in monitoring the client's response to the care plan, including medication therapy.
27. Evaluates client progress toward expected outcomes.
28. Revises care plan in **CONSULTATION** with the client and health-care team.
29. Completes comprehensive documentation of the prescribing decision that is accessible to all members of the health-care team (e.g., type and amount of drug, indication for use, goal of treatment, frequency, client instructions, and follow-up required).
30. Makes an appropriate referral to another healthcare professional where necessary.

Ethical Practice

An RN who is authorized, demonstrates competence by applying the principles in the code of ethics adopted by Council in accordance with Section 133 of the *Health Professions Act* and *CARNA Bylaws*, and CARNA documents specific to professional boundaries and ethical decision-making.

Competencies

31. Understands that marketing incentives and strategies used to promote medications can be a conflict of interest.
32. Understands the limits of their authority to prescribe medications and order diagnostic tests.
33. Prescribes in the best interest of the client and is not influenced by factors such as, financial support by pharmaceutical companies, companies that manufacture and sell diagnostic tests, or other health-care interests.
34. Demonstrates ethical responsibilities and legal obligations in all forms of communication for the collection, use, and disclosure of client health information in accordance with applicable privacy legislation, regulations, standards, and policies governing RN practice.
35. Demonstrates respect for the client's right to confidentiality and collects, uses, and discloses prescribing and diagnostic data only when it is pertinent to the care that is provided.
36. Prescribes medications or orders diagnostic tests only for a client with whom they have a **THERAPEUTIC RELATIONSHIP**.
37. Demonstrates understanding of the client's right to refuse treatment or the medication prescribed.

Service to the Public

An RN who is authorized, understands that in the best interests of the public, practice must be in collaboration with clients, family, and other members of the interprofessional team.

Competencies

38. Establishes appropriate collaborative practice relationships with other authorized prescribers in the same specific clinical practice area to support consultation and referral.
39. Communicates effectively with other health-care professionals involved in the care of the client to ensure continuity and coordination of care.
40. Collaborates with the client, family, and other members of the health-care team in prioritizing health concerns and developing the care plan.

Self Regulation

An RN who is authorized, demonstrates understanding of professional self-regulation by developing and maintaining their own competence and ensuring safe practice.

Competencies

41. Practises within the limits of their own competence.
42. Maintains their competence for the ordering of diagnostic tests and prescribing within the specific clinical practice area.
43. Adheres to the CARNA continuing competence requirements for an RN who is authorized to prescribe.
44. Applies clinical tools to monitor and improve their ordering of diagnostic tests and prescribing practice (e.g., decision-making framework, record keeping systems, audit results, etc.).

Glossary

ACCOUNTABILITY – The obligation to answer for the professional, ethical, and legal responsibilities of one’s activities and duties (Ellis & Hartley, 2009).

APPROVED NURSING PROGRAM – A nursing education program approved by the Nursing Education Program Approval Committee (NEPAC), as requested by the Registrar, in accordance with RN prescribing and ordering of diagnostic test standards and criteria.

CLIENT – The term client(s) can refer to patients, residents, families, groups, communities, and population (CARNA, 2013).

CLINICAL PRACTICE AREA – The clinical area where an RN who is authorized to prescribe and order diagnostic tests, practises. The focus of the clinical practice may be related to the type of care (e.g., wound care), practice setting (e.g., emergency department, home care, primary care, ambulatory clinics, occupational health), specific issue (e.g., sexually transmitted infection, sexual assault), or medical diagnostic grouping (e.g., diabetes or other chronic disease management).

CLINICAL SUPPORT TOOL – An evidence-informed tool used by the practice setting to guide decisions related to prescribing and ordering of diagnostic tests, and ordering medical radiography. The clinical support tool may be in the form of a protocol, algorithm, or clinical practice guideline.

COLLABORATE – (or collaboration) Client care involving joint communication and decision-making processes among the client, the nurse, and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centered care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team (CNA, 2010a).

COMPETENCE – The integrated knowledge, skills, judgement, and attributes required of a nurse to practise safely and ethically in a designated role and setting (CARNA, 2019c).

COMPETENCIES – The observable ability of a registered nurse that integrates the knowledge, skills, abilities, and judgment required to practise nursing safely and ethically (CARNA, 2019c).

COMPETENT – The application of knowledge, skills, abilities, and judgement required to practise nursing safely and ethically (CARNA, 2019c).

CONSULTATION – Conferring with, seeking information, advice, or direction.

CRITICAL INQUIRY – This term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry is a process of purposive thinking and reflective reasoning whereby practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005).

EVIDENCE-INFORMED – The ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other available resources to make nursing decisions with clients (CNA, 2010b).

PHARMACOTHERAPY – Treatment and prevention of diseases, disorders, and/or symptoms by means of drug therapy. This includes consideration for characteristic interactions of a drug with the body in terms of absorption, distribution, metabolism, excretion, and the interactions that may occur between drugs.

SCHEDULE 1 DRUG – Drugs that require a prescription from an authorized prescriber (*Alberta Pharmacy and Drug Act, 2000*).

STANDARD – An authoritative statement that describes the required behaviour of every nurse and is used to evaluate individual performance (CNA, 2010a).

THERAPEUTIC RELATIONSHIP – Planned, goal-directed, interpersonal processes occurring between nurses and clients that are established for the advancement of client values, interests, and ultimately, for promotion of client health and well-being (CARNA, 2013).

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