

**Frequently Asked Questions Concerning
SRNA June 24, 2015 Communication to Employers (Attached)
Re: Scope of Practice Issues and Standards for RN Clinical Nurse Educators**

1. Who are the non-RNs referred to in the memo?

Although the examples provided in the memo may apply to LPNs, employers must also ensure that education being provided to all health care providers is appropriate. Family members were intentionally not included.

2. Must all orientation, recertification, or education of non-RNs stop?

Recertification/education for non-RNs who are currently working in particular practice setting may continue with the proviso that the clinical educator/manager evaluate more than just the task that is being recertified. An RN must evaluate the client and the context of care, including appropriate resources. Resources include practice supports and availability of consultation. Employers, Managers, and RNs must ensure that RNs are assigning patient care appropriately (i.e. the right provider for the right patient in the context of the practice setting).

To further elaborate, on August 14, 2015, SRNA issued this update to members:

The SRNA does not oppose recertification of those who have certification already, however it is important to note that each situation will be unique and thus a system-wide guideline for interpretation of all '*recertifications*' would fail to recognize all the critical factors: the client, the nursing professional, and the environment. In considering recertifications for non-RNs, RNs must look at the appropriateness and the context of care being provided. This expectation includes both the RN Clinical Educators who are responsible for the teaching and recertification, as well as the point-of care-nurses who are responsible for assignment and coordination of care. If you have questions about [Assignment and Coordination of Care](#), please refer to these [Fast Facts and a Visual Reference Tool to guide your decision-making process](#), and the [the SRNA Interpretation of the RN Scope of Practice 2015](#), and [Standards and Foundation Competencies for the Practice of Registered Nurses, 2013](#).

3. Is the guidance outlined in the June 24, 2015 memo permanent?

No, the SRNA's stance is that there must be an agreed upon decision-making framework in place which will facilitate the identification of the most appropriate care provider to care for the patient within a particular context of care. The decision-making framework is intended to identify clear roles with limits and conditions. We continue to focus on best practice, evidence-informed decisions, and positive patient outcomes.

4. Who do I contact at the SRNA if I want to discuss a particular scenario in my place of work?

If you have questions about a particular scenario in your place of work or are unclear about where to find information or resources related to role clarity, please contact a SRNA Practice Advisor at practiceadvice@srna.org.

5. If I contact the SRNA about a particular scenario will an exception to the guidance of the memo be allowed?

The SRNA has reaffirmed that it does not support RN Clinical Educators teaching non-RNs complex tasks without consideration of the client, the nursing professional, and the environment. RNs must assess each individual client situation for complexity and predictability and determine whether it is appropriate for the non-RN to safely and independently perform a complex task, or a nursing task that relates to a complex client.

To elaborate on the memo to employers, "The SRNA believes that it is dangerous to focus on a task and under estimate the patient complexity. The SRNA is pleased to support and work with employers to develop evidence-informed policies and procedures that support practice that utilize the decision-making framework and best practices.

6. Who is accountable for non-RNs providing care?

The RN at the point of care retains the overall accountability for the appropriate assignment and oversight of patient care. This responsibility cannot be delegated. Each care provider is responsible for providing competent care to the patient and remains accountable to closely communicate with the RN who assigned the care.

RNs do delegate tasks to unregulated care providers. Delegation of nursing care is the transfer of responsibility for a task when it is not part of the scope of practice of the care provider. The care provider performing the task is accountable for competently performing the delegated task.

The delegating RN is accountable for appropriate delegation of tasks and for the overall assessment, care planning, intervention, and care evaluation.

7. Was the June 2015 memo to employers in response to the resolution at the 2015 SRNA AGM?

No, the memo was not in response to the resolution. The memo was in response to SRNA's increasing concerns about role clarification; appropriate patient assignment; and patient safety. A similar memo went out in July 2014.

Please refer to the role clarity section on the SRNA website for more information at www.srna.org.

If you wish to access a copy of the memo to the employers refer to the following link: http://www.srna.org/images/stories/Nursing_Practice/Leading_Change/EDmessageJune24.pdf.

If you have questions, please contact the SRNA practice advisors at practiceadvice@srna.org.

MEMORANDUM

To: Employers of Registered Nurses in Saskatchewan
From: Shirley McKay, RN, Interim Executive Director
Date: June 24, 2015
Subject: **Scope of practice issues and standards for RN Clinical Educators**

I am writing to you as employers of Registered Nurses in Saskatchewan.

It has been brought to our attention that some employers of RNs in Saskatchewan are directing RN Clinical Educators to teach non-RNs more complex tasks where the outcome is not predictable and there can be unintended consequences that require rapid intervention. It is the position of the SRNA that a non-RN does not have the basic foundational knowledge to handle these complex situations.

The SRNA does not support RN Clinical Educators teaching non-RNs complex tasks such as, but not limited to, IV push of medications, cardiac monitoring of unstable patients, conscious sedation, ports and central lines. It is acceptable to require an RN Clinical Educator to teach another RN complex tasks because, in that situation, the RN Clinical Educator knows the scope of practice of a Registered Nurse. However, neither the employer nor the RN Clinical Educator may know the scope of practice of a non-RN, the context of care where the task may be performed or the basic foundational education for the non-RN.

An RN Clinical Educator should not be teaching an RN function to another health care provider whose scope of practice does not allow the member to independently carry out that function in complex and unpredictable client-care situations.

The SRNA believes that it is dangerous to focus on a task and under estimate the patient complexity in instances such as IV push of medications where assessment and rapid initiation of interventions is critical. The nature of safe IV push requires the expertise and competence of an RN to lessen the chance of error and “failure to rescue”, as expressed in the literature. These functions fall within the scope of practice of registered nursing.

The SRNA supports RN Clinical Educators in their professional practice, acknowledging that there may occasionally be a conflict between professional practice standards and employment requirements. However, the SRNA, as the regulatory body, recognizes that RN practice standards should take precedence over employer policies.

Any practice change should focus on best practice, be supported by evidence, and evaluated for positive patient outcomes. The SRNA practice advisors and resources are available to employers to help you understand the legislated responsibilities and accountabilities of the RN. Please do not hesitate to contact us at 1-800-667-9945, 306-359-4200 (Regina), or by email at practiceadvice@srna.org

Yours truly,
Shirley McKay, RN, Interim Executive Director