



RN Specialty Practices: Employer Guidelines

July 2016

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Background

To be responsive to the evolving health care needs in our environment, the Saskatchewan Registered Nurses' Association (SRNA) is leading change through collaboration with other organizations including the College of Physicians and Surgeons of Saskatchewan (CPSS), employers of registered nurses, and other stakeholders. As a component of leading this change, the SRNA has developed three new scope of practice processes for RNs in the general category, one of these being RN Specialty Practices.

Introduction

The scope of practice for RN Specialty Practices is within the general practice category consistent with the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*. In addition, the RN performing specialty practices must also adhere to the current SRNA *Standards and Competencies for RN Specialty Practices*.

Employers play a key role in ensuring RNs have the required resources to provide safe, ethical and competent care. Resources include, but are not limited to current policies, staffing, equipment and supplies, and a collaborative and supportive environment.

The SRNA has developed this guide to support employers, including nursing leadership in developing applicable policies and implementing RN Specialty Practices. This document is to be used in conjunction with the current SRNA *Standards and Competencies for RN Specialty Practices*.

Defining RN Specialty Practices

RNs receive a comprehensive foundation in the basic education program that allows for them to safely and knowledgably perform RN Specialty Practices. RN Specialty Practices is a set of procedures, treatments, or interventions that are beyond entry-level competence (knowledge, skill and judgment), but are within the scope of the general practice RN. Determining if an activity is beyond entry-level competence may be done in consultation with the educational institutions and the SRNA. RN Specialty Practices does not include RNs independently diagnosing a medical condition, disease or disorder; prescribing or dispensing medications; ordering tests and treatments; or any activity that requires physician delegation to an RN. Though RNs are supported in the ordering of tests within an RNSPs, they may only do so through a medical directive or client-specific order.

To perform RN Specialty Practices, the RN must follow a defined process and meet established standards and competencies. Using a combination of education and clinical experience, the RN expands upon the foundation competencies contained within the

current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses* in performing specific RN Specialty Practices. The standards and competencies for RN Specialty Practices build upon the foundation competencies and outline the expectations for RNs to determine (a) if they have the authority; (b) if it is appropriate; and (c) if they are competent to perform the RN Specialty Practice.

Employer Responsibilities

To enable clear, safe, ethical and competent client care, there is shared responsibility between the RN, physician and the employer. Generally, the employer plays a leadership role in establishing policies and processes for RN Specialty Practices by:

- engaging the appropriate parties (e.g., expert RNs and physicians) in a collaborative process with input from others as required, e.g., clinical educators, managers, pharmacists, quality assurance/risk managers etc.);
- developing policies and documents to support RN Specialty Practices in specific health care environments, including ensuring that an RN Procedure or RN Clinical Protocol exists for a particular RN Specialty Practice;
Note that employer policies cannot supersede RN practice standards.
- ensuring RNs receive the appropriate education to obtain the specialized competencies specific to the RN Specialty Practice(s);
- providing the essential environmental resources;
- supporting and facilitating a collaborative environment; and
- ensuring current policies are accessible in a manual or online.

The SRNA does not provide a list of specific activities that require a policy, nor does the SRNA stipulate whether the policy should be an RN Procedure or an RN Clinical Protocol. This determination is left to the employer. However, SRNA Practice Advisors can assist employers with scope of practice questions and guidance on how to determine what may be an RN Procedure or RN Clinical Protocol.

Policy Development

The RN Specialty Practice policy development process includes the following steps:

1. Develop an overarching policy for RN Specialty Practices.
2. Determine if the activity is beyond entry-level competence and considered RN Specialty Practices.
3. Determine the type of RN Specialty Practices policy document required - either an RN Procedure or an RN Clinical Protocol.
4. Establish a multi-disciplinary committee for document development.
5. For activities requiring an RN Clinical Protocol - complete an analysis to determine if the activity can be supported as an RN Clinical Protocol.

6. Identify the client-specific needs and related knowledge, skill and judgment for the RN to manage outcomes and provide safe, ethical and competent care.
7. Identify the need for a client-specific order or a medical directive.
8. Develop RN Procedure or RN Clinical Protocol policy document.
9. Conduct a collaborative review (e.g., care providers not included on the document development committee) and obtain approval from the appropriate personnel (e.g., RN leadership and physician representative).

It is strongly suggested that employers throughout the province work together and strive for standardization of RNSPs as much as possible.

Step 1

Develop an overarching policy for RN Specialty Practices

RN Specialty Practices must be supported by an overarching employer policy that indicates that RNs may provide RN Specialty Practices unique to their practice setting, and also provides definitions, etc., regarding RN Procedures and RN Clinical Protocols.

Step 2

Determine if the activity is beyond entry-level competence, and considered RN Specialty Practices

Nursing procedures that are part of the curriculum of an entry-level registered nursing education program are not RN Specialty Practices. These activities (e.g., urethral catheterization, intravenous initiation, basic wound care, medication administration) are founded on entry-level competencies. RN Specialty Practices are activities requiring RN competencies beyond entry-level education.

Step 3

Determine the type of RN Specialty Practices document required

There are two categories of RN Specialty Practices - RN Procedures and RN Clinical Protocols. Both are within the scope of practice of the RN. These differ from each other in that an RN Procedure is a series of detailed steps requiring RN competencies beyond entry-level education, used by RNs in performing a moderately complex skill or treatment. In the majority of RN Procedures, a client-specific order is required. An RN Clinical Protocol addresses client care needs that are more complex and of greater acuity as compared to an RN Procedure. RN Clinical Protocols provide the authority for the RN who has obtained the specialized competencies and proficiency to implement care independently:

- **Without a client-specific order**
 - a. for a client with a **health condition in an emergency**, or
 - b. in a **health service/program** with a medical directive.

- **With a client-specific order**
 - a. which is provided by a physician, RN(NP) or other authorized prescriber prior to implementing an **Advanced RN Intervention**.

Employers may find it challenging in deciding whether or not an RN Procedure or RN Clinical Protocol policy is needed to support the RN in managing client care needs. Both RN Procedures and RN Clinical Protocols require the RN to possess a greater depth and breadth of competence. Like many basic procedures that RNs perform, an RN Procedure policy lays out the steps of a procedure (skill or task).

RN Clinical Protocol policies are developed to address

- emergency situations where RNs would need to act quickly and effectively to prevent further harm to the client.
- activities and services RNs perform as part of a health service/program.
- RNs performing Advanced RN Interventions.

RNs implementing an RN Clinical Protocol have an advanced level of responsibility and must possess specialized competencies required to provide highly specialized care independently (according to the RN Clinical Protocol), for a client whose condition may be unpredictable, critical, change rapidly, and require a greater level of critical thinking and judgement (e.g., in an emergency). In a health service/program RNs work in defined clinical roles and use RN Clinical Protocols to assist in managing a client's diagnosed disease or disorder and/or identifying diseases or disorders (e.g., cancer screening programs, occupational health). In both of these examples (emergency situation and health program) supported by an RN Clinical Protocol, RNs may also perform an Advanced RN Intervention (e.g., suturing in an emergency). To address the overarching goal of client safety, and ensure some standardization in RN Clinical Protocol policies, a sample template for RN Clinical Protocols is provided in Appendix A.

Step 4

Establish an interdisciplinary committee for policy development

RN Specialty Practices documents are developed through interdisciplinary committees that include point of care RNs, RN clinical educators, managers, RN(NP)s, physicians and other professionals involved with implementing the policy. Point of care RNs should have the opportunity to review and provide feedback on policies and procedures that impact their practice. The committee will be responsible for developing policy – RN Procedures or RN Clinical Protocols. This committee will be responsible for the remaining steps:

- Completing an assessment to determine if the activity can be supported as an RN Clinical Protocol.

- Identifying the client-specific needs and related knowledge, skill and judgment for the RN to manage outcomes and provide safe, ethical and competent care.
- Identifying the need for a client-specific order or a medical directive.
- Developing the RN Procedure or RN Clinical Protocol policy.
- Conducting a collaborative review (e.g., care providers not included on the document development committee) and obtain approval from the appropriate personnel (e.g., RN leadership and physician representative).

Step 5

For activities requiring an RN Clinical Protocol - complete an analysis to determine if the activity can be supported as an RN Clinical Protocol

The following steps provide a method for assessing and determining whether it is appropriate to introduce an RN Specialty Practice into RN practice. This is not a comprehensive list of assessment questions and when required, others should be added.

5.1 Assessment

Using evidence-informed research, information from an expert health care organization and/or expert opinion, begin by reviewing whether the specialty practice is reasonable and appropriate to introduce into RN practice.

Determine whether the RN Specialty Practice fits within the SRNA's interpretation of the RN scope of practice and is safe for clients. Questions to consider include:	Yes/No	Action Items
Is there literature to support that RNs are safely performing the activity in a similar practice setting?		
Is there value for a client population to receive this care from an RN?		
Have the benefits, risks, and potential complications of the activity been considered?		
Are the symptoms for the health condition appropriate for an RN to identify?		

Does the client's health condition or the Advanced RN Intervention occur often enough for RNs to maintain their competence and proficiency to perform the required care?		
Is there a need for a risk management assessment?		
Is there a need to consult with the SRNA Practice Advisors?		

Determine if the appropriate resources (e.g., personnel, equipment) are available to deliver and support safe client care? Questions to consider include:	Yes/No	Action Items
What are the goals for client care and the roles and responsibilities for each of the care providers (e.g., physicians and other health care professionals)?		
Have the care providers agreed to their roles and responsibilities for the care?		
Are the resources to implement, intervene, and manage the care available (e.g., access to a physician or RN(NP), additional staff, equipment, laboratory services)?		
Has an expert health care organization or another employer developed a document that can be used for an RN Procedure or an RN Clinical Protocol?		
Are there opportunities to collaborate with other employers to determine a provincial standard for a policy, RN Procedure, or RN Clinical Protocol?		
Determine whether the specialized competencies and the education for an RN Specialty Practice is available and can be acquired by an RN. Questions to consider include:	Yes/No	Action Items

What are the specialized competencies that are required to safely perform the RN Specialty Practice and to manage any intended or unintended outcomes?		
Are the required specialized competencies reasonable to obtain from an education course?		
Is there a method to certify that an RN has attained the specialized competencies?		
Has an expert health care organization developed specialized competencies and an education course that can be used or is the employer required to develop one?		
Has the frequency for performing the activity in the practice setting been determined?		
Are there qualified professionals/mentors available to teach the RN Specialty Practice and supervise practicum if required?		
Are there opportunities for an RN to maintain their specialized competencies with case reviews, practice, on-line learning etc.?		

If the responses to the above questions are deemed to be appropriate, reasonable, and consistent with professional RN practice, then proceed to implementing the RN Specialty Practice.

5.2 Implementation

The safe implementation of an RN Specialty Practice entails a number of considerations. Questions to consider include:	Yes/No	Action Items
Has an employer policy that supports an RN Specialty Practice been developed and the involved health care professionals have provided their support?		
Has an RN Procedure or an RN Clinical Protocol been approved?		
Have the RNs who will be implementing the RN Specialty Practice attained the specialized competencies from an appropriate education course?		
Are appropriate resources (e.g., personnel, equipment, or other) in place?		
Are there opportunities to collaborate with other employers to determine a provincial standard for a policy, RN Procedure, or RN Clinical Protocol?		

Following the implementation of the RN Specialty Practice, it is necessary to proceed to an evaluation.

5.3 Evaluation

Evaluation provides for a regular review of the RN's performance of an RN Specialty Practice and adds to the employer's quality improvement initiatives. Questions to consider include:	Yes/No	Action Items
Has a timeframe for the periodic review of a specialty practice been established?		
Has the evaluation included a review of the RN practice, client outcomes, and the efficient use of resources?		

Has a record been established to monitor which RNs have obtained the specialized competencies to perform an RN specialty practice?		
Does the literature support that the RN Procedure or an RN Clinical Protocol meets current best or evidence-informed practice?		

Environmental Supports

The setting or location where employers implement RN Specialty Practices is a critical component of the decision-making process. Before implementing RN Specialty Practices, the employer must ensure the appropriate resources are available to the RNs. Environmental supports include, but are not limited to

- the appropriate equipment, in good working order, and supplies needed to perform the RN Specialty Practices (e.g., dressing change materials, medications, ventilator);
- the type and sufficient number of health care personnel;
- diagnostic or medical equipment (e.g., laboratory and x-rays services);
- the timely access to a physician or an RN(NP);
- the contingency plan for client transfer to an alternate care provider or another facility;
- the appropriate coverage for client care if the RN must leave the work area; and
- timely access to an RN manager or RN with clinical nursing decision making authority.

Step 6

Identify the client-specific needs and related knowledge, skill and judgment for the RN to manage outcomes and provide safe, ethical and competent care

The employer has a primary role in ensuring safe, ethical and competent client care. This is met in part by identifying the necessary educational and specialized competency requirements for RNs to implement RN Specialty Practices. This includes ongoing competence requirements and providing the necessary supports. Reviewing evidence-informed research and recommendations from expert health care organizations and formal education and continuing education courses will inform the employer’s decisions in this area.

The education for RN Specialty Practices must be delivered by a qualified educator (e.g., RN expert, RN(NP), physician, pharmacist, or other professional) who has the

competence to perform the Specialty Practice. The education theory must be derived from evidence-informed information and practice. The process includes the opportunity for RNs to demonstrate the required knowledge, skill and judgment. This can be accomplished by implementing a mentorship program, or supervision by an expert who also has the competence to perform the RN Specialty Practice.

It is important to note that RNs cannot assign RN Specialty Practices to non-RNs.

Registered Psychiatric Nurses may perform Specialty Practices under their own scope of practice and as supported by their regulatory body.

Competence Support and Quality Control Records

Employers maintain a record of the RNs who have completed the required education and demonstrate the competence to perform the RN Specialty Practices. The employer also develops and implements a process to ensure ongoing RN competence to perform the RN Specialty Practice.

Step 7

Identify the need for a client-specific order or a medical directive

Client Care Orders

There are two types of orders that provide the RN with the authority to perform RN Specialty Practices. One is for a specific client (client-specific order) and the other is for a client population (medical directive).

Client-Specific Orders

A client-specific order is a direct order that is specific to a client and is considered to be valid if documented, dated and signed, either on a prescription form or in a client's individual clinical record. Client-specific orders may include pre-printed orders which have been individualized for the client. The client-specific order is obtained at the time when the RN Specialty Practice is initiated, versus in advance as with a medical directive. All RN Procedures and Advanced RN Interventions require a client-specific order, except when they are included as part of an RN Clinical Protocol, for a specific population, and as part of a health service/program. In these situations, a medical directive takes the place of client-specific orders.

Medical Directive

A medical directive is a client care order that is written in advance by a physician or RN(NP) as appropriate, that can be implemented by an RN for a client population. The medical directive provides the RN with the authority to perform an activity, for example, ordering a medication or diagnostic test.

A medical directive must include the

- identification of the physician(s)/RN(NP)(s) that have approved the medical directive;
- date of approval;
- name and description of the activities that may be ordered (e.g., lab tests, making referrals, administering medications);
- specific client conditions that must exist;
- description of the relevant client population and health care setting;
- role and responsibilities of the care providers; and
- client assessments that must occur prior to implementation.

When is a client-specific order or medical directive not required?

At times, RNs may need to implement an RN Specialty Practice in the absence of a client-specific order or medical directive. RNs do not require a client-specific order when the activity falls under an RN Clinical Protocol - Health Condition in an Emergency. In this situations a client-specific order is neither feasible nor practical.

Step 8

Develop RN Procedure or RN Clinical Protocol policy documents

Each RN Specialty Practice requires a written document labeled as either an RN Procedure or an RN Clinical Protocol. The document outlines a set of steps or detailed way of performing the skill or intervention, the required RN competence and how the RN will gain and demonstrate the competence. These policy documents, which give RNs an advanced level of responsibility, also provide RNs with the authority and direction to manage specific situations and perform activities.

While the two processes have similarities, two differences distinguish them: RN Clinical Protocols address higher risk activities, and include activities where the scope of RNs, RN(NP)s and physicians may overlap. RN Clinical Protocols represent an agreed upon approach to care in the best interest of the client.

RN Procedure

An RN Procedure is a series of detailed steps requiring RN competencies beyond entry-level education, used by RNs in performing a moderately complex skill or treatment.

RN Procedures must address the following

- the description of the activity to be performed;
- a list of the required equipment;
- the steps for performing the activity;

- the management of any intended or unintended outcomes;
- the competence and continuing education requirements;
- any special considerations for the client care or the activity;
- references of evidence informed resources; and
- the requirement for a client-specific order.

RN Clinical Protocol

An RN Clinical Protocol is a series of registered nursing activities that are implemented in pre-determined situations to provide highly specialized client care. RN Clinical Protocols are reserved for client care needs that are more complex and acute, and pose higher risk of harm to the client.

RN Clinical Protocols fall under three specific categories

- emergency-care situations (such as managing anaphylaxis, performing defibrillation)
- managing clients in an established health program and/or service (e.g., cardiac rehabilitation)
- Advanced RN Interventions, which are complex technical skills or minor invasive actions, contained within an RN Clinical Protocol that have increased potential for the occurrence of an unintended outcomes (e.g., pelvic examinations, application of a back slab cast)

The RN Clinical Protocol is an agreed-upon document that outlines how physicians and RNs share responsibility to provide client care. Because RN Clinical Protocols involve higher risk situations and/or more complex client care needs, the policy for RN Clinical Protocols discusses the collaboration between physicians/RN(NP)s and RNs. Physicians/RN(NP)s are responsible for managing ongoing medical care, and for providing client-specific orders to RNs as necessary after an RN Clinical Protocol is implemented.

The RN Clinical Protocol must include the following information:

- the specific RN Clinical Protocol type – the name of the health condition, health service/program or Advanced RN Intervention;
- when to implement the RN Clinical Protocol;
- the applicable client population;
- the high alert precautions (e.g., specific signs and symptoms, test results). This information directs the RN to immediately contact a physician/RN(NP) as appropriate.
- the specific conditions in which the RN can initiate the RN Clinical Protocol;
- any special considerations for client care or the activity;

- the management of any intended or unintended outcomes;
- special precautions and monitoring requirements;
- required physician/RN(NP) communications;
- RN competence requirements:
 - education requirements (e.g., formal course)
- whether a client-specific order is required or is not applicable;
- the reference to a medical directive if applicable;
- information that must be documented in the client record;
- any key definitions of words or concepts; and
- references to evidence informed resources.
- RN Clinical Protocol Statement as follows:

An RN Clinical Protocol outlines a series of registered nursing actions that are implemented in pre-determined situations to provide specialized client care in Saskatchewan. An RN who implements an RN Clinical Protocol must meet the criteria as outlined in the current SRNA *Standards and Competencies for RN Specialty Practices*. This RN Clinical Protocol contains evidenced-informed practice that is used in conjunction with an individual RN's critical thinking and clinical judgment to determine when it is appropriate for it to be implemented according to the client's health care situation.

See Appendix A - Sample Template for RN Clinical Protocols

Joint Statement on RN Clinical Protocols between the CPSS and the SRNA

Physicians and registered nurses (RN)s have worked in collaborative practice for over a century to provide quality care to the people of Saskatchewan. Collaborative practice:

Involves the continuous interaction of two or more professionals or disciplines, organized into a common effort to solve or explore common issues, with the best possible participation of the patient. Collaborative practice is designed to promote the active participation of each discipline in patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision-making within and across disciplines, and fosters respect for disciplinary contributions of all professionals (University of Toronto et al, 2004, p. 28).

Each professional has specific roles and responsibilities for client care that arise from their legislated scope of practice. There are client care situations (e.g., management of anaphylaxis), in particular settings (e.g., public health), where activities within the scope of practice for physicians and RNs overlap. It is essential for the provision of safe client care, that when professional practices overlap, there is collaboration, good communication, and clarity of roles and responsibilities. The joint statement provides a

framework for collaboration between physicians, RNs, and employers when client care requires an RN to implement an RN Clinical Protocol.

The Joint Statement on RN Clinical Protocols between the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Registered Nurses' Association (2015), is a separate document that may be found on the SRNA website.

Step 9

Conduct a collaborative review and obtain approval

Gaining feedback on the draft policy by those responsible for implementing is critical to its success. Employers can promote and RNs can demonstrate leadership by participating in decision-making, implementation of nursing governance structures to address nursing practice issues and by creating opportunities for inter-professional collaboration.

Step 10

Implementation and Evaluation

A quality workplace supports the nursing profession by ensuring clear evidence-informed policies are in place, fostering professional growth and ongoing competence, and implementing environmental supports. This is accomplished by orientating staff members to the new policies, providing access to preceptors or mentors, allocating resources to environment supports, and providing opportunities for continuing education. Ongoing evaluation is an integral component in ensuring that RN Specialty Practices; RN Procedures and RN Clinical Protocols, are being implemented appropriately and reviewed on a regular basis. Evaluation includes a review of the policies and processes, RN practice, client outcomes, efficient use of resources, record keeping, review of current literature to support the practice, etc.

Conclusion

Implementing change requires a robust communication plan to ensure all relevant parties are familiar with the current policies. This includes communicating the RN Specialty Practices role expectations, limitation and circumstances requiring consultation and collaboration with other health professionals.

Glossary

Advanced RN Intervention	Complex technical skills or minor invasive actions, contained within an RN Clinical Protocol that have increased potential for the occurrence of an unintended outcomes.
Client	Person with whom the RN is engaged in a therapeutic relationship. In most circumstances, the client is an individual, but may also include family members and/or substitute decision makers. The client can also be a group (e.g., therapy), a community (e.g., public health) or a population (e.g., children with diabetes).
Client-specific order	Direct order that is specific to a client and is considered to be valid if documented, dated and signed, either on a prescription form or in a client's individual clinical record.
Competence	Overall display by an RN, in the professional care of a client(s), of the knowledge, skill and judgment required in the practice situation. The RN functions with care and regard for the welfare of the client; and in the best interests of the public, nurses and nursing profession.
Competencies	Specific knowledge, skill and judgment, and professional attitude required for an RN to practice safely and ethically in a designated role and setting.
Emergency care situations	Sudden, unexpected and unpredictable incidents where the client is critically ill with significant care needs, and where the RN identifies a health condition and implements an RN Clinical Protocol to prevent serious health deterioration and/or complications for the client.
Health Condition	Distinct signs and symptoms of an underlying medical disease or disorder that, with an RN's intervention, can be improved or resolved until the client is managed by a physician, RN(NP) or other authorized prescribers. An RN is professionally accountable for the outcomes achieved through the intervention.
Health Service/Program	Public screening/prevention programs and/or other client care programs targeting a specific client population.
Medical Directive	Client care order that is written in advance by a physician or RN(NP) as appropriate, that can be implemented by an RN for a client population.

RN Clinical Protocol	Series of registered nursing activities that are implemented in pre-determined situations to provide highly specialized client care.
RN Procedure	Series of detailed steps requiring RN competencies beyond entry-level education, used by RNs in performing a moderately complex skill or treatment.
Scope of Practice	The range of services or activities that RNs are authorized and educated to perform as set out in legislation, bylaws, standards, practice documents, and policy positions of the SRNA.
Transparency	The state of being seen, heard, understood, and/or recognized without barriers or other means of blocking disclosure.

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Appendix A Sample Template for RN Clinical Protocols

Date effective:

Date to be reviewed:

Issuing authority:

(TITLE)

HIGH ALERT

- automatic referral to physician;
- precautions

DEFINITION

- Type here.
- Add as many points as you need.

ETIOLOGY

- Type here.
- Add as many points as you need.

OBJECTIVE

- Type here.
- Add as many points as you need.

RN COMPETENCY REQUIREMENTS

- Educational requirements (e.g., formal course)

ASSESSMENT

- Type here.
- Add as many points as you need.

NURSING DIAGNOSIS AND THERAPEUTIC ACTIONS

- Add as many points as you need.
- Add as many points as you need.

INTENDED AND UNINTENDED OUTCOMES

- Add as many points as you need.
- Add as many points as you need.

COMMUNICATION

- Type here.
- Add as many points as you need.

EDUCATION-Patient and Family

- Type here.
- Add as many points as you need.

DOCUMENTATION

- Type here.
- Add as many points as you need.

REFERENCES

- Type here.
- Add as many points as you need.

OTHER

- Type here.
- Add as many points as you need.

An RN clinical protocol outlines a series of registered nursing actions that are implemented in pre-determined situations to provide specialized client care in Saskatchewan. An RN who implements an RN clinical protocol must meet the criteria as outlined in the current SRNA *Standards and Competencies for RN Specialty Practices 4*). This RN clinical protocol contains evidenced-informed content that is used in conjunction with an RNs critical thinking and clinical judgment to determine when it is appropriate for it to be implemented according to the client's presenting health situation.

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