

SASKATCHEWAN



ASSOCIATION

Guidelines for Graduate Nurse Practice

Effective May 2012

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TABLE OF CONTENTS

Introduction	4
Legislation and Regulatory Requirements	5
Licensure	5
Competence Assurance	6
Continuing Competence Program (CCP)	6
Scope of Practice	7
Supervision	7
Controlled Drugs and Substances	7
Charge Responsibilities	8
Assignment and Delegation	8
Special Nursing Procedures and Transfer of Medical Function	8
Principles to support safe practice of a Graduate Nurse	9
Conclusion	10
References	11
Appendix A - Practice Resources	12
Appendix B – Mentoring	13
Formal Mentoring – Ideas for Employers	13
Informal Mentoring – Ideas for Employers	13

INTRODUCTION

This document provides guidance to assist Graduate Nurses (GN)s, Registered Nurses (RN)s and employers in making informed decisions related to GN practice. It is recommended that GNs, RNs and employers review the current *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses* and the current Canadian Nurses Association (CNA) *Code of Ethics* as necessary. GNs, RNs and other readers are also encouraged to consult best practices, employer policies and procedures, relevant legislation and/or regulations related to GN practice to inform specific instances, issues or concerns. Bolded quotes are SRNA Council interpretation of *The Registered Nurses Act, 1988* and form the basis for the information included in this document. The information contained in this guideline is current as of the publication date. The SRNA also licences Registered Nurse (Graduate Nurse Practitioners) [RN(GNP)]. Details of RN(GNP) practice is not within the scope of this document but can be obtained by contacting the SRNA.

Graduate nurses:

- have successfully completed an approved Saskatchewan basic registered nursing education program, or
- have successfully completed a Canadian registered nursing education program recognized by SRNA Council as being equivalent to a Saskatchewan basic registered nursing education program, or
- have graduated from a registered nursing education program outside of Canada recognized by SRNA Council as being equivalent to a Saskatchewan basic registered nursing education program, and
- have not met all registration requirements (e.g., passed the required national exam), and
- are looking to begin employment in the registered nursing profession (SRNA, 2009).

GNs are expected to know the professional standards, foundation competencies and code of ethics for RNs and apply each to their beginning nursing practice. They exercise professional judgment when using or practising in the absence of employer policies and procedures. They are team members who can be relied upon to accept responsibility and demonstrate accountability for their practice. GNs are developing the additional knowledge, skill and judgment to practice autonomously. They recognize their limitations, ask questions, exercise professional judgment and seek consultation when required. They demonstrate knowledge of the contributions of RN practice to the achievement of positive client health outcomes. GNs protect clients through recognizing and reporting unsafe practices when client or staff safety and well-being is potentially or actually compromised and take action to minimize harm (adapted from JCP, 2008).

“Graduate nurses can work in a variety of settings, including home care, long term and acute care” (SRNA, 2011).

During the first six months of employment GNs are in transition, learning the RN role in a particular setting (Duchscher, 2008). This applies to internationally educated GNs as well, who may have previous registered nursing experience in another country, but require time to become accustomed to the Canadian health care system, the roles and responsibilities of Canadian RNs and meet licensing requirements (i.e., passed the required national exam). GNs begin to learn their new role by observing other RNs in the specific practice setting and within the social network of their workplace. Time is required to develop professional relationships, learn practice norms in that practice setting, and gain depth in their nursing practice knowledge and judgment. With support and experience the GN will recognize more subtle nuances of situations and patterns with more ease as they move to a more complex way of thinking and doing (JCP, 2008).

Legislation and Regulatory Requirements

Licensure

Provision for GN membership is made in *The Registered Nurses Act, 1988*, Section 20. Persons applying for a GN license must meet all of the registration requirements as determined by SRNA Council and administered by the Registrar. Requirements and instructions to apply for a GN license, for practice in Saskatchewan, can be located on the SRNA website www.srna.org.

GN applicants must ensure they are licensed prior to beginning employment. The onus is on the applicant to confirm with the SRNA that all requirements have been met and the title of ‘GN’ can be utilized. Employers must also confirm GN employees are licensed prior to the GN initiating clinical practice.

SRNA Bylaw IV, Section 3 specifically addresses Graduate Nurse Membership. Section 3 states:

- (2) Graduate nurse membership entitles a person to the following privileges:
 - (a) to practice registered nursing under the supervision of a registered nurse in accordance with association policies and for the period specified in a temporary licence;
 - (b) to use the title “graduate nurse” or “nurse”;
 - (c) to receive professional liability protection;
 - (d) to use the consulting and counselling services of the association;
 - (e) to receive a copy of association documents designated for distribution to practising members;
 - (f) to receive the newsletter of the association; and
 - (g) to receive all privileges of membership in affiliated national and international associations.
- (3) Graduate nurse membership carries obligations including but not limited to the following:
 - (a) to adhere to the Code of Ethics for Registered Nurses prepared by the Canadian Nurses Association, August 2002, as may be amended from time to time; and
 - (b) to use established nursing standards as a guide for the practice of registered nursing.

Competence Assurance

The SRNA is mandated through *The Registered Nurses Act, 1988* to ensure protection for the public by regulating its members. One responsibility of a profession-led profession is that there is a process to address professional misconduct and incompetence as defined in *The Registered Nurses Act, 1988*. GNs are obligated to practice ethically and competently as are all active practising members of the SRNA. If these obligations are not met, employers or colleagues are expected to report GNs for professional misconduct and/or incompetence. Members of the public can also report a SRNA member if the member's practice is not meeting the standards set for the profession. For more information on the SRNA Competence Assurance process see the SRNA website www.srna.org.

Continuing Competence Program (CCP)

The SRNA CCP is composed of four components: self-assessment; peer feedback; development of a written learning plan based on the self-assessment and peer review; and a written evaluation of the result of the learning plan on the member's practice. GNs are expected to meet SRNA continuing competence program requirements. The GN must complete a self-assessment, obtain peer feedback and develop a learning plan within eight months of the initial GN license being issued. All four components of the CCP are required for registration renewal for all licensed members. The SRNA conducts yearly CCP audits. Members are expected to keep evidence of compliance with the CCP for five years. For more information on the SRNA CCP visit the SRNA website www.srna.org or contact the SRNA office to speak with a nursing advisor.

Scope of Practice

Supervision

“In areas where GNs are employed, a registered nurse must be at work and available to direct the work actions or performance of the graduate nurse in a collaborative practice. In Long Term Care facilities and on Mental Health units, a registered nurse and/or a registered psychiatric nurse must supervise a graduate nurse. Collaborative practice shall be defined as a process which involves the graduate and registered nurse working together, in each other’s presence as necessary” (SRNA, 2011).

The level of supervision (direct or indirect) the GN requires must be determined by the RN working with the GN on each shift. The RN supervising a GN must meet the following criteria. The RN:

- evaluates the GN’s knowledge, skill, judgment and performance,
- is knowledgeable of the client care required for the GN’s client assignment,
- can provide support, direction and advice to the GN when it is required, and
- retains overall responsibility for the GN’s client assignment.

The RN supervises the GN in the practice setting at the point of care providing supervision at the side of the GN when the GN begins employment and for as long as required (direct supervision). As the RN determines that the GN has increasing competence in the practice setting, the level of supervision may change. The RN may be located on the unit, on an adjacent unit, within the four walls of the facility or agency (indirect supervision). GNs that are beginning to consolidate their knowledge, skill and judgment require a higher level of supervision. GNs who are meeting the standards and competencies at a higher level may require a lower level of supervision, as determined by the supervising RN.

As the level of supervision evolves with the increasing competence of the GN, the above criteria must continue to be met. There may be certain practice settings, such as community health, home care, public health or other out-of-facility settings where it may be appropriate, while meeting the above criteria, for supervision to be available through the use of technology (e.g., telephone, pager or other electronic means) (adapted from CARNA, 2009).

Controlled Drugs and Substances

The *Controlled Drugs and Substances Act, 1996* and subsequent regulations, provide the regulation of controlled drugs and substances across Canada. The determination of the role of the GN in the administration and documentation of narcotics and controlled drugs is made through agency policies and procedures which must be in accordance with federal legislation. In addition to federal requirements, policies and procedures should clearly state:

- which health care providers can sign for narcotics,
- the number of signatures required (e.g., administration, wastage, change of shift), and
- who can be responsible for the keys to the narcotic cupboard/drawer.

Charge Responsibilities

The graduate nurse cannot take on the responsibilities of “coordinating care” as outlined in *The Registered Nurses Act, 1988* (Section 2(k)) and therefore must not be put into a position of charge nurse. This does not mean that the GN cannot learn about the role of the charge nurse. Mentors, preceptors and experienced colleagues must take on the role of educators and assist the GN to learn the role and responsibilities associated with the charge nurse position (CNO, 2009).

Assignment and Delegation

GNs cannot be solely responsible for assigning client care to other members of the health care team, however, GNs who have the necessary competencies and confidence may supervise other members of the health care team whose assignment has been determined by a RN. In this situation the RN retains the overall responsibility of coordination of care.

GNs cannot be responsible for delegation of nursing activities to other members of the health care team. This applies to all GNs in all settings. As with assignment, GNs who have the necessary competencies and confidence may supervise an activity that has been delegated by the RN. The RN retains overall responsibility for the delegated activity.

Special Nursing Procedures and Transfer of Medical Function

“The graduate nurse shall not be certified to perform nursing procedures by transfer of medical function(s) (see: SRNA publication: *The Registered Nurse Scope of Practice: Special Nursing Procedures and Nursing Procedures by Transfer of Medical Functions, 1993*)” (SRNA, 2011).

There are some nursing procedures for which basic registered nursing education programs do not provide specific theory nor clinical practice (e.g., central line dressing changes, chest tube maintenance). These procedures are called special nursing procedures (SRNA, 1993). Provided the GN has had the appropriate employer based education, is competent and there are policies and procedures in place to support the practice, the GN may perform special nursing procedures under the direct supervision of an RN.

There are other procedures that RNs perform that are within the realm of medicine and are called transfer of medical function (e.g., defibrillation, intubation). GNs shall not be certified to perform nursing procedures by transfer of medical function.

Principles to support safe practice of a Graduate Nurse

When GNs are supported in their early practice through a positive environment that includes an extensive orientation and mentorship (formal and informal), there is an increase in positive health outcomes for clients (Kooker & Kamikawa, 2011). GNs are able to develop higher levels of critical thinking and practice area specific competencies and, in turn, have an increased confidence level in delivering client care. According to Benner, these steps are crucial for continued professional development and transitioning from novice to advanced beginner for the new GN (as cited in Park & Jones, 2010).

The experiences GNs encounter during their first few months of nursing practice will have a profound impact on their career and how they view the profession of nursing. While in today's work environment GNs "hit the ground running" and are expected to meet the *Standards and Foundation Competencies for the Practice of Registered Nurses*, it must be noted that they are still learning and require ongoing support and reassurance by RNs and their employers. Treating each other, colleagues, students and other health care workers in a respectful manner is an ethical responsibility of RNs as outlined in the current CNA *Code of Ethics*. RNs show their accountability to the profession by mentoring and guiding new nurses and nurses new to their work area, as they develop their skills (CNA, 2008). RNs and employers of GNs and RNs can begin to support GNs and newly registered RNs by following these principles:

- Consistent and stable work assignments are provided for GNs. They are not "floated" to multiple units and staffing decisions are made in the best interest of the GN (CARNA, 2009).
- Experienced RNs are encouraged and supported to become mentors (CARNA, 2009).
- Consistent and positive mentors are provided to GNs to support consistency and stability for the GN during the transition period (Dyess & Sherman, 2009).
- Position-specific education and professional development is provided by the employer through clear policies and procedures, a comprehensive orientation, in-services and mentorship programs (CARNA, 2009). The GN is encouraged to and engages in these opportunities as a proactive means to learning about their new area of practice.
- GNs are provided an extended time frame for transition support in specialty areas where it may be more difficult for GNs to transition. (Dyess & Sherman, 2009).
- A culture of inquiry is created to support the GN in asking questions without being criticized (CARNA, 2009).
- GNs can expect to be supported by their employer and RN colleagues in a safe, quality workplace where bullying or horizontal violence is not tolerated.

- Additional education is provided to enhance the GN's interdisciplinary communication skills, related in particular to conflict resolution and responding to acts of horizontal violence (Dyess & Sherman, 2009). GNs understand the employer's policies and procedures for reporting incidences of harassment or violence.
- The GN is provided with the opportunity to gain confidence in specific skills and competencies before the need to use them presents itself (CARNA, 2009).
- The employer and RN colleagues provide the GN with ongoing, formal and constructive feedback based on input from all team members (CARNA, 2009).

Conclusion

Graduate nurses work in a variety of settings and possess basic nursing skills which can be developed over time with an environment of employer support and mentoring. Supportive RNs, co-workers and employers help make the transition to successful nursing practice for the GN more seamless and provide a positive, quality work environment. The presence of mentorship programs and a culture of acceptance are important in supporting the safe practice of GNs. GNs, RNs, managers and employers are encouraged to contact the SRNA nursing practice team to discuss specific questions or concerns regarding graduate nurse practice.

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Appendix A - Practice Resources

Resource

SRNA Standards and Foundation Competencies for the Practice of Registered Nurses

CNA Code of Ethics for Registered Nurses

Nursing The Future

The SRNA has many additional nursing practice resources which can be located on the SRNA web site.

Web Site*

http://www.srna.org/images/stories/pdfs/nurse_resources/standards_competencies.pdf

http://www.cna-aiic.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf

<http://www.nursingthefuture.ca/>

<http://www.srna.org>.

*Links current as of publication.

The SRNA Practice Advisors provide consultation on professional practice issues. They can be contacted by calling 1-800-667-9945 or via email practiceadvice@srna.org.

Appendix B – Mentoring

Formal Mentoring – Ideas for Employers

- Support mentorship in all areas of the workplace – start with pilot projects and build on successes.
- Demonstrate a commitment to the value of mentorship at the CEO level – create a mentorship culture and broadcast it.
- Establish a structure for mentoring that includes a leader, designated champions, reporting and communication mechanisms, clearly defined roles, and expectations and responsibilities of all participants
- View mentoring as a long-term investment with a sustainable budget line
- Recognize that close inter-relationships among leadership, mentorship and organizational culture
- Offer education/development sessions to potential mentors and mentees
- Give protected time so that mentors may develop and practice their mentorship skills
- Recognize the commitment and dedication of members – find out from them what constitutes meaningful compensation and develop a recognition program based on that feedback.
- Evaluate mentorship programs on an ongoing basis against pre-set objectives and organizational goals
- Integrate mentoring as part of ongoing continuing education efforts and a logical next step to orientation and preceptorship programs

Informal Mentoring – Ideas for Employers

Organizations should consider the value and costs of a formal mentorship program. If an organization doesn't have the resources for a formal mentorship program, it can encourage positive informal mentoring relationships in a number of ways:

- Promoting web-based mentoring opportunities – these types of programs encourage nurses to find experts and quality matches either within their own organization (intra-net) or outside (e.g., College's web-based Mentor Match™ Program)
- Providing an explanatory booklet or guidelines which outline successful mentoring practices
- Designing a “kit” with workbooks and tips for both mentors and mentees
- Scheduling information sessions for potential mentors and mentees

Adapted from the College of Registered Nurses of Nova Scotia, *Mentorship Resource Guide*, 2008

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