SASKATCHEWAN

RN

ASSOCIATION

Continuing Competence Program

ACKNOWLEDGEMENTS

The following document replaces the SRNA *Continuing Competence Program for RNs and RN(NP)s,* October 2006.

TABLE OF CONTENTS

INTRODUCTION

The Saskatchewan Registered Nurses' Association (SRNA) is the professional self-regulatory body for Graduate Nurses (GN)s, Registered Nurses (RN)s, Registered Nurse with additional authorized practice (RN with additional authorized practice), Registered Nurse (Nurse Practitioner)s [RN(NP)s], and Registered Nurse (Graduate Nurse Practitioner)s [RN(GNP)s]. *The Registered Nurses Act (1988)* describes the SRNA's mandate to set standards of education, competencies and the scope of practice for the profession and registered nurses to ensure competent, caring knowledge-based care for the people of Saskatchewan. The SRNA is responsible for continuing competence, professional conduct, a code of ethics and the approval of registered nurse education programs.

BACKGROUND

Welcome to the SRNA Continuing Competence Program (CCP). Continuing competence is the ongoing ability of a RN, RN with additional authorized practice, GN, RN(NP), and RN(GNP)* to integrate and apply the knowledge, skills, judgment and personal attributes required to practice safely and ethically in a designated role and setting. The designated role is addressed in the employment responsibilities in a job description; and the setting is the location or place of employment.

Maintaining continuing competence involves an ongoing process of linking the code of ethics, standards of practice and lifelong learning with reflective practice activities (Dausien et al., 2008). The SRNA CCP is integral to professional nursing practice and is supported by *The Registered Nurses Act, 1988* and the current SRNA Bylaws, Bylaw V.1 Continuing Competence.

This document will assist you to navigate the SRNA CCP and plan your journey through the four mandatory requirements. As you read forward, take time to carefully reflect on your current professional practice and how:

- your registered nursing practice and roles are changing and evolving;
- the SRNA standards and competencies are the foundation for expected RN practice and are used in the CCP for reflecting on your current practice;
- feedback from a trusted source can help you identify ways to improve your practice;
- learning activities support the development of your RN competencies; and
- you will evaluate the learning activities you have undertaken to meet the requirements of the CCP and enhance your professional practice.

* **In this document for ease of presentation, where the term RN appears the concepts will apply to the RN, RN with additional authorized practice, GN, RN(NP), and RN(GNP) unless otherwise stated.**

The SRNA is accountable to the people of Saskatchewan to promote competent, ethical nursing by RNs. The SRNA CCP has many similarities to regional and facility-specific quality improvement and enhancement initiatives that you may already be participating in, e.g., accreditation. Similar to the work environment, your professional practice is continuously changing and evolving, and you must assess and evaluate how effective you are in providing safe, competent and appropriate care to clients. This supports the SRNA's mandate to assure the public that "RN" equals competent, caring, knowledge-based registered nursing. The SRNA, like other Canadian regulatory bodies for registered nursing and other health care professions, has made continuing competence a requirement for their members. The literature emphasizes that health care professionals must maintain competence not only at the entry to the profession, but throughout their careers. This has resulted in a shift where CCPs are becoming more rigorous than they have been in the past.

Confidentiality and Privacy

During the SRNA CCP audit process, you may be required to submit your documents for review. The documents you complete during this process are confidential. This confidentiality is addressed in *The Registered Nurses Act, 1988* Section 38.1(1). It ensures that any information related to a member's participation in the CCP cannot be used against him/her in a legal proceeding.

For Assistance

SRNA CCP documents are available for download at no cost from the SRNA website www.srna.org. RNs may also contact a SRNA Nursing Practice Advisor with questions on the CCP or professional practice at: Regina: (306) 359-4200; Toll free: 1-800-667-9945; or practiceadvice@srna.org.

CONTINUING COMPETENCE PROGRAM GUIDING PRINCIPLES

1. The nursing profession as a whole, through its professional and regulatory organizations, promotes the advancement of nursing practice, identifies standards of practice, and promotes professional development. RNs are competent, self-regulating professionals, follow standards of practice, a code of ethics and are committed to lifelong learning.

2. The SRNA CCP is essential to professional nursing practice. It aims to promote good practice, prevent poor practice, and contribute to the quality of registered nursing care with the best possible client outcomes.

3. Each RN has the professional obligation and the primary responsibility for maintaining their competence and participating annually in the SRNA CCP. Upon renewal of a practicing licence, a RN will be required to declare compliance with all components of the CCP.

4. The current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses* form the basis for the personal assessment for a GN, RN, RN with additional authorized practice, RN(NP) and RN(GNP) practice.

In addition:
- RN(NP)s and RN(GNP)s must complete a personal assessment and include at least one learning need related to the current *Registered Nurse (Nurse Practitioner), RN(NP) Standards & Core Competencies.*
- the RN with additional authorized practice must complete a personal assessment and include at least one learning need related to the current, *Standards, Competencies and Clinical Decision Tools for the RN with Additional Authorized Practice.*

5. A hallmark of continuing competence is the concept of reflective practice whereby members take time to thoughtfully reflect on their skills, actions, beliefs, abilities and continuously changing learning needs (Mann et. al., 2009). It should be viewed as a process to assess one's nursing practice, and to identify and seek learning opportunities to promote personal continuing competence. Reflective practice also helps the RN identify goals and progress from novice to expert practice (North Carolina Board of Nursing, 2012).

6. RNs should monitor their learning plans throughout the year, and plan to complete their annual CCP in advance of registration renewal.

CONTINUING COMPETENCE PROGRAM: A QUICK REFERENCE GUIDE

This document provides the information required for you to reflect on your RN practice in relation to the practice setting where you work, your nursing experience and learning needs. The four mandatory components of the SRNA CCP include:

- reflecting on how the standards and competencies apply to your nursing practice, **completing a personal assessment** and selecting the competencies to focus learning priorities;
- obtaining **feedback** on the personal assessment;
- formulating a **learning plan** to achieve your learning goals; and
- **evaluating** the impact of the learning activities as the final step.

The SRNA CCP is intended to be an ongoing "cycle" as depicted in the diagram below.

1 Complete the PERSONAL ASSESSMENT of the standards & competenies

2 Obtain FEEDBACK

3 Develop a LEARNING PLAN for your chosen competencies

4 EVALUATE the impact of what you have learned
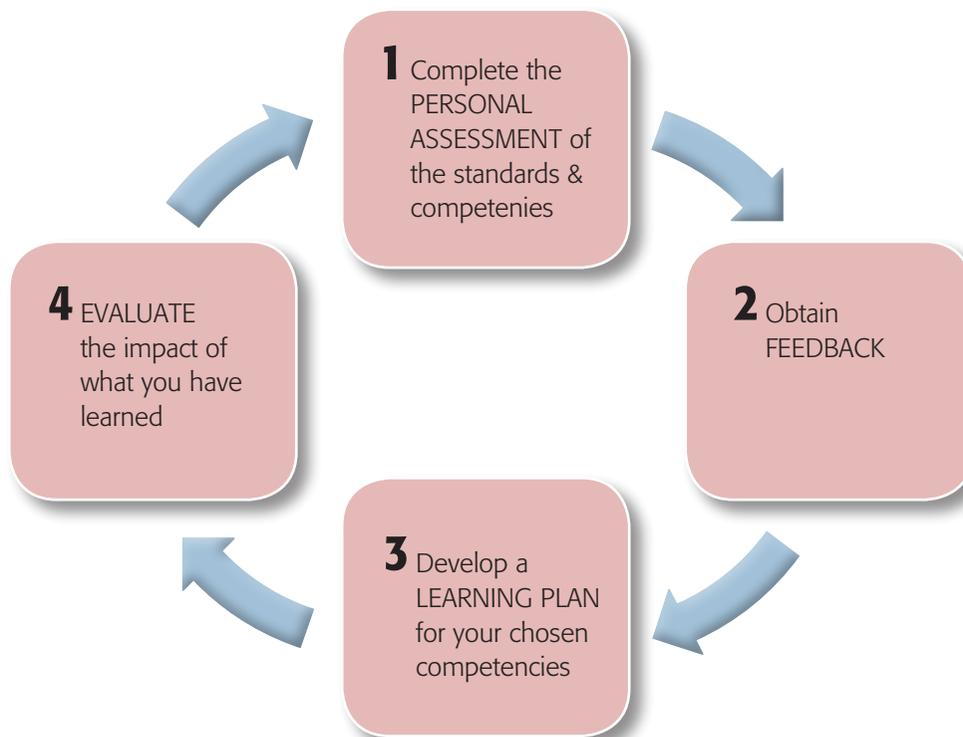
LET'S GET STARTED WITH CCP

1 Complete the PERSONAL ASSESSMENT of the standards & competenies

- Go to www.srna.org/continuing-competence to obtain a personal assessment form.
- Complete the personal assessment form by considering your current practice experiences & roles.
- Choose the competencies to focus on.

2 Obtain FEEDBACK

- Feedback is obtained following completion of the personal assessment.
- Ensure feedback has applicability and relevance to your current practice and your specific learning priorities.
- Sample modifiable feedback (available in Appendix A).

3 Develop a LEARNING PLAN for your chosen competencies

- Review your personal assessment results and feedback. Examples of feedback forms are available in Appendix A.
- Develop a learning plan (see examples starting on Page 30, and ensure it includes all planned activities to help with learning your chosen competencies).

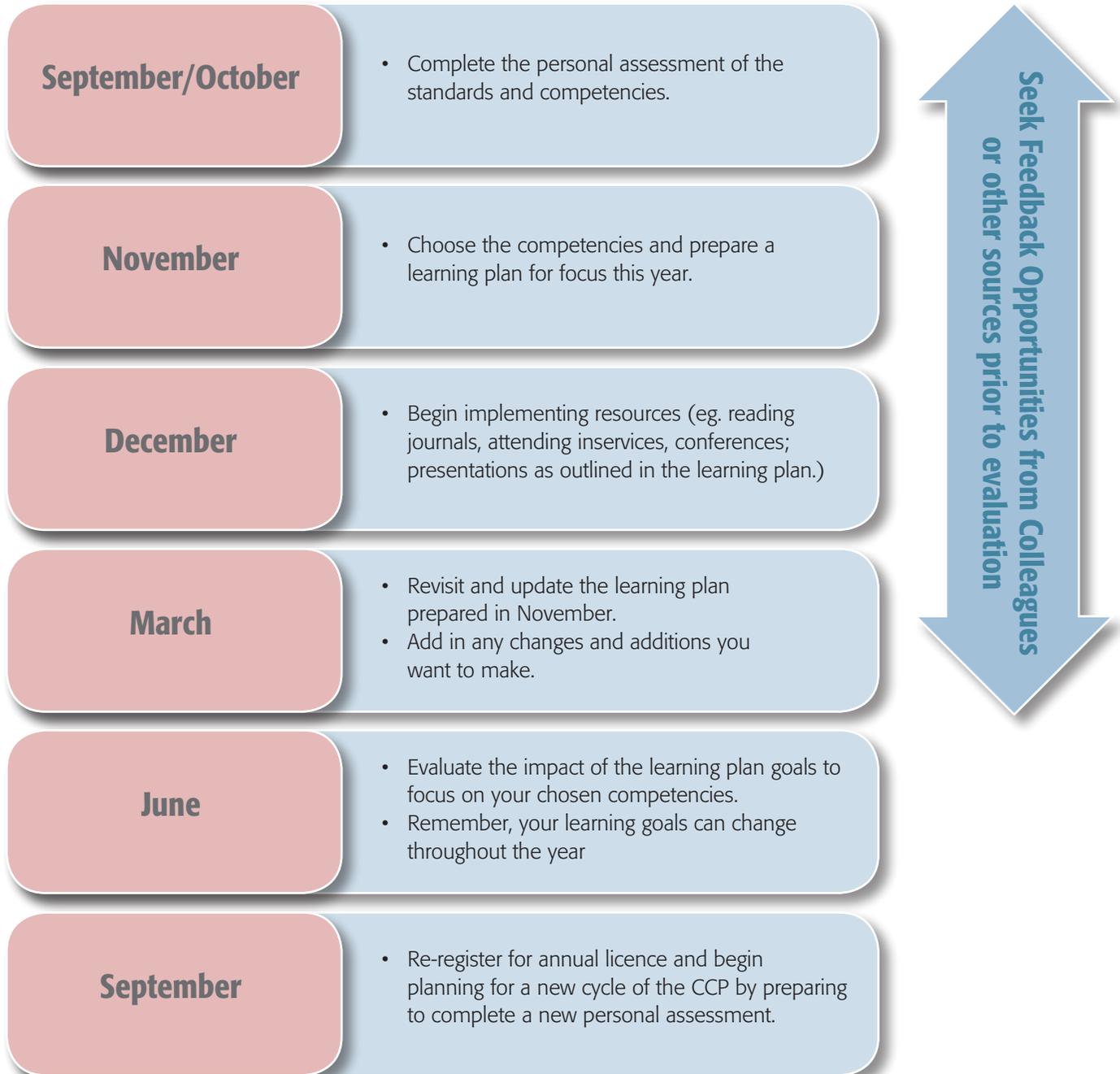**4** EVALUATE the impact of what you have learned

- Complete an evaluation to show the impact of your continuing competence work on your practice.
- From your evaluation results, pro-actively identify new priorities and competencies to focus on next year!

CONTINUING COMPETENCE ANNUAL PLANNING GUIDE

For all RNs, participating in the CCP is an ongoing process that extends throughout the year. For each RN, this includes the periodic re-assessment of his/her practice to ensure he/she is meeting their identified learning plan goals. Outlined below is a suggested timeline to help with planning your annual continuing competency activities:

September/October	• Complete the personal assessment of the standards and competencies.
November	• Choose the competencies and prepare a learning plan for focus this year.
December	• Begin implementing resources (eg. reading journals, attending inservices, conferences; presentations as outlined in the learning plan.)
March	• Revisit and update the learning plan prepared in November. • Add in any changes and additions you want to make.
June	• Evaluate the impact of the learning plan goals to focus on your chosen competencies. • Remember, your learning goals can change throughout the year
September	• Re-register for annual licence and begin planning for a new cycle of the CCP by preparing to complete a new personal assessment.

Seek Feedback Opportunities from Colleagues or other sources prior to evaluation

CONTINUING COMPETENCE PROGRAM AUDITS

As part of the SRNA's mandate and accountability to the people of Saskatchewan and the nursing profession, the SRNA conducts an annual audit of member participation in the CCP. Results of the audit are published in the SRNA *Newsbulletin* and Annual Report.

A random sample of practising RNs and RN(NP)s are selected annually to participate in the CCP audit. Selected members are advised by mail and requested to forward information which will include a continuing competence audit survey form and/or the CCP documents (self-assessment; feedback; learning plan; and evaluation of learning).

Submitted documents will be blinded to ensure confidentiality is maintained. Once blinded, all submitted documents will be reviewed by a panel of RNs or RN(NP)s appointed by the SRNA Registration and Membership Committee.

Criteria for the auditing process include:

1. Evidence of participation in the CCP for each practice year.

2. Linkages between personal assessment, feedback, priorities selected, and learning plans goal(s) and learning activities.

3. Evidence of completion of learning activities and evaluation of the impact of learning on nursing practice.

4. Indication of relevance of learning plans to practice and role.

The auditors provide written feedback to the audited members upon review of the submitted CCP documents. Members must retain their CCP documents for the past 5 years.

PERSONAL ASSESSMENT

WHAT IS PERSONAL ASSESSMENT?

"Personal assessment (is) a form of learning in which individual learners take the initiative and the responsibility to assess their own educational needs, set goals and objectives, plan and identify appropriate educational activities, implement those activities and evaluate outcomes

(Swankin, 1995)

WHY COMPETENCY SELECTION?

"Personally selecting competencies of priority or interest, rather than focusing on a larger generic module, course, standard, or unit can greatly assist with prioritizing ongoing learning and making the learning experience more meaningful…"

(Catano et al, 2007)

PERSONAL ASSESSMENT

Completing a personal assessment is a CCP requirement that allows you to strategically reflect on your professional RN practice, determine your practice strengths, and select the specific competencies to focus your learning interests for the upcoming year. By reflecting on your professional practice and then documenting it, you will demonstrate accountability for your professional development (Catano et al., 2007; Motycka et al., 2010).

According to the current SRNA Bylaws, Bylaw V.1, the personal assessment is completed by reviewing the standards and competencies of nursing practice. The following documents are found at www.srna.org/:
- *Standards and Foundation Competencies for the Practice of Registered Nurses;*
- *RN(NP) Standards & Core Competencies;* and
- *Standards, Competencies and Clinical Decision Tools for the RN with Additional Authorized Practice.*

As part of a reflective practice assessment, a RN should regularly review and include in their CCP any scope of practice documents (e.g. specialty practices, delegation) that are applicable to their practice.

What is a standard?

A standard is a desired and achievable level of performance against which actual performance can be compared. The standards for the registered nursing practice reflect the philosophical value of the profession, clarify what the registered nursing profession expects of its members, and inform the public of acceptable practice of registered nurses. These standards apply to every setting and provide a benchmark for the basic level of safe registered nursing practice across Saskatchewan. The standards state the minimum levels of expected performance.

What is a foundation competency?

A foundation competency is the knowledge, skill, and judgment, derived from nursing roles and functions, within a specified context, at the completion of an approved nursing education program leading to registration and licensure as a registered nurse. Foundation competencies are minimum levels of expected registered nurse performance.

Considerations for the domains and settings of RN practice

It is recognized that the areas and domains of registered nursing practice can be very diverse. Regardless of the practice setting, all of the standards and competencies apply to all RNs in all domains of practice. As such, each RN should tailor his/her personal assessment to their current practice domain (e.g., clinical practice, administration, education, policy, or research). If the current nursing roles include more than one domain or practice setting, e.g. as a clinician and as an educator, the personal assessment should be completed for the role in which the most hours are worked.

Getting started

To get started on reviewing the standard and competencies it is suggested that you first take time to reflect on your current nursing practice and experiences, and then complete the personal assessment. For each competency, your comfort and confidence level should be considered, recognizing that due to changes in your nursing practice, possible evolving roles, and new learning priorities, the evaluation of each competency could change annually. In addition, you can consider other possible influences in your RN practice that may be occurring.

Some of these may include:
- something new in the practice environment that is requiring further learning (e.g., new patient treatments, technology, medical interventions, or a streamlined care delivery methods);
- a new or modified approach to enhance patient and family-centred care or improve client quality of care;
- a new model of client care impacting the nursing profession;
- new standards or guidelines for RN practice from the regulatory association;
- an issue in nursing practice that is rapidly developing or changing (e.g., best-practices for early discharge following surgery);
- more traditional approaches to clinical interventions, teaching, management or research that may warrant exploration of newer best practices;
- recent changes in the regulations and/or health law that may impact your practice; and
- other items that may be applicable to your RN practice.

PERSONAL ASSESSMENT FORM

To begin reviewing the personal assessment, you should consider your current RN practice skills, experiences, and strengths as they pertain to each competency listed below. Once you have read and reviewed each standard and competency, place a check mark (✓) to indicate you have thoughtfully considered each competency.

As you are reading and reflecting, keep in mind the specific competencies you would like to focus on and learn more about this year. Include the competencies you would like to focus on in the space provided at the end of each of the five Standard sections.

These are some cues that can be used to help you reflect on your RN practice as you review each of the following competencies:
- I have a beginning understanding and application of this competency;
- I am continuing to learn and advance/integrate this competency;
- I am reasonably confident in applying this competency; or
- I am highly confident and comfortable consistently integrating this competency.

Standard I – Professional Responsibility and Accountability

The registered nurse consistently demonstrates professional conduct and competence while practising in accordance with the SRNA standards for registered nursing practice and CNA's Code of Ethics for Registered Nurses. Further, the registered nurse demonstrates that the primary duty is to the client to ensure safe, competent, ethical registered nursing care.

	(✓) I have thoughtfully considered this competency
1. Is accountable and accepts responsibility for own actions and decisions.	
2. Articulates and enacts the role and responsibilities of a registered nurse as a member of the health care team.	
3. Recognizes the registered nurse scope of practice and individual competence limitations within the practice setting and seeks guidance as necessary.	
4. Demonstrates professional presence and models professional behavior.	
5. Consistently identifies self by first and last name and professional designation to clients and co-workers.	
6. Displays initiative, confidence, self-awareness, and encourages collaborative interactions within the nursing and health care team, with the client as the centre of the health care team.	
7. Advocates for clear and consistent roles and responsibilities within the health care team.	
8. Demonstrates effective collaborative problem solving strategies, including conflict resolution.	
9. Advocates and intervenes as needed to ensure client safety.	
10. Demonstrates critical inquiry in relation to new knowledge and technologies that change, enhance or support registered nursing practice.	
11. Promotes current evidence-informed best practices.	
12. Demonstrates leadership in client care by promoting healthy and culturally safe practice environments.	
13. Identifies actual and potentially abusive situations and takes action to protect client, self and others from harm.	
14. Advocates and intervenes in the client's best interest.	
15. Reports unsafe practice or professional misconduct of a health care worker to appropriate authorities.	
16. Identifies, reports, and takes action on actual and potential unsafe practices or situations that have risk to clients, health care team members and/or others.	

	(✔) I have thoughtfully considered this competency
17. Challenges and takes action on unclear or questionable orders, decisions, or actions, made by other health care team members.	
18. In accordance with agency policy and legislation, and in a timely manner; recognizes and reports near misses and errors (own and others), adverse events and critical incidents, takes action to stop & minimize harm.	
19. Utilizes a systems approach to patient safety, participates with others in the prevention of near misses, errors and adverse events.	
20. Continuously integrates quality improvement principles and activities into registered nursing practice.	
21. Exercises professional judgment when using agency policies and procedures, or when practicing in the absence of agency policies and procedures.	
22. Participates in the analysis, development, implementation & evaluation of practice & policy that guide delivery of care.	
23. Organizes workload and develops time-management skills for meeting responsibilities.	
24. Fulfills the requirements of the SRNA Continuing Competence Program.	
25. Demonstrates professional leadership by: • building relationships and trust; • creating an empowering environment; • supporting knowledge development and integration within the health care team; • leading and sustaining change; and • balancing competing values and priorities.	

If applicable, a competency (or competencies) from this Standard that is a priority for enhancing my practice and a priority for my learning is:

_____

_____

Standard II – Knowledge Based Practice – Part 1

II.1 Specialized Body of Knowledge

Specialized Body of Knowledge: The registered nurse draws on diverse sources of knowledge and ways of knowing, which includes the integration of nursing knowledge from the sciences, humanities, research, ethics, spirituality, relational practice, critical inquiry and the principles of primary health care.

	(✓) I have thoughtfully considered this competency
26. Applies a knowledge base from nursing and other disciplines in the practice of registered nursing.	
27. Demonstrates and utilizes nursing informatics and other information and communications technology in promoting and providing safe registered nursing care.	
28. Proactively seeks new information and knowledge and utilizes best practice in the provision of registered nursing care.	
29. Applies knowledge from nursing and other disciplines concerning current and emerging health care issues.	
30. Contributes to a culture that supports involvement in nursing or health research through collaboration with others in conducting, participating in, and implementing research findings into practice (e.g., implementing best practice in daily activities; participating in workplace and professional association surveys).	
31. Demonstrates knowledge of the role of primary health care in health delivery systems and its significance for population health.	
32. Demonstrates knowledge of the health disparities and inequities in society, how these affect clients, and the way in which registered nursing practice can facilitate positive health outcomes.	

If applicable, a competency (or competencies) from this Standard that is a priority for enhancing my practice and a priority for my learning is:

_____

_____

Standard II – Knowledge Based Practice – Part II

II.2 Competent Application of Knowledge

Competent Application of Knowledge: The registered nurse demonstrates competence in the provision of registered nursing care. The competency statements in this section apply to the four components of registered nursing care; Assessment, Health Care Planning, Providing Care, and Evaluation. The provision of registered nursing care is an iterative process of critical inquiry and is not linear in nature.

	(✓) I have thoughtfully considered this competency
33. Uses appropriate assessment tools and techniques in consultation with clients and other health care team members.	
34. Facilitates client engagement in identifying their health needs, strengths, capacities and goals.	
35. In collaboration with the client, performs an assessment of physical, emotional, spiritual, cognitive, developmental, environmental, social, and learning needs, including the client's beliefs about health and wellness.	
36. Collects information on client status using assessment skills such as observation, interview, history taking, interpretation of data, and in direct care environments, physical assessment including inspection, palpation, auscultation and percussion.	
37. Collaborates with clients and other health care team members to identify actual and potential client health care needs, strengths, capacities and goals.	
38. Analyzes and interprets data obtained in client assessments.	
39. Documents assessment data in accordance with evidence-informed practice.	
40. Uses existing health and nursing information systems to manage nursing and health care data during client care.	
41. Uses a critical inquiry process to support professional judgment and decision-making to develop plans of care.	
42. Uses principles of primary health care and patient & family-centered care in developing plans of care.	
43. Facilitates involvement of patients and family in identifying their preferred health outcomes.	
44. Negotiates priorities of care and desired outcomes with clients while demonstrating an awareness of cultural safety and the influence of existing positional power relationships.	
45. Anticipates potential health problems or issues for clients and their consequences and initiates appropriate planning.	

Standard II – Knowledge Based Practice – Part II continued

	(✓) I have thoughtfully considered this competency
46. Collaborates with other health care team members to develop health care plans that promote continuity for clients as they receive conventional, complementary & alternative health care.	
47. Coordinates the health care team to analyze and organize complex health challenges into manageable components for health care planning.	
48. Collaborates with health care team members or health related sectors to assist clients to access resources.	
49. Provides registered nursing care that is based on evidence-informed practice relevant to primary health care, health and healing.	
50. Establishes and maintains a caring environment in the provision of safe, competent, compassionate and culturally safe registered nursing care.	
51. Supports clients through developmental and role transitions across the lifespan.	
52. Coordinates and provides timely registered nursing care for clients with co-morbidities, complex and rapidly changing health status.	
53. Applies principles of population health to implement strategies to promote health as well as prevent illness and injury.	
54. Assists clients to understand how lifestyle factors impact health (e.g., physical activity and exercise, sleep, nutrition, stress management, personal and community hygiene practices, family planning, high risk behaviors).	
55. Implements learning plans to meet identified client learning needs.	
56. Works with clients and families to identify and access health and other relevant resources in their communities.	
57. Implements preventive, therapeutic and safety strategies based on evidence-informed practice, to prevent injury and the development of complications.	
58. Employs a critical inquiry process to monitor the effectiveness of client care.	
59. Utilizes the results of outcome evaluation to modify and individualize client care.	
60. Reports and documents client care and its ongoing evaluation clearly, concisely and accurately.	
61. Advocates for change where optimum client care is impeded.	

If applicable, a competency (or competencies) from this Standard that is a priority for enhancing my practice and a priority for my learning is:

_____

_____

Standard III – Ethical Practice

The registered nurse demonstrates competence in professional judgment and practice decisions by applying the principles in the current CNA *Code of Ethics for Registered Nurses*. The registered nurse engages in critical inquiry to inform clinical decision-making, establishes therapeutic, caring, and culturally safe relationships with clients and the health care team.

	(✓) I have thoughtfully considered this competency
62. Practises in accordance with the current CNA *Code of Ethics for Registered Nurses* and the accompanying responsibility statements.	
63. Identifies the effect of own values, beliefs and experiences in relationships with clients, recognizes potential conflicts and ensures culturally safe client care.	
64. Establishes and maintains appropriate professional boundaries with clients and other health care team members, including the distinction between social interaction and therapeutic relationships.	
65. Provides care for clients respectful of their health/illness status, diagnoses, life experiences, beliefs, health choices and practices.	
66. Demonstrates knowledge of the difference between ethical and legal considerations and their relevance when providing registered nursing care.	
67. Ensures that informed consent is provided as it applies to multiple contexts (e.g., consent for care; refusal of treatment; release of health information; and consent for participation in research).	
68. Supports clients in making informed decisions about their health care.	
69. Advocates for clients or their representatives, especially when they are unable to advocate for themselves.	
70. Uses an ethical and reasoned decision-making process to address situations of ethical distress and dilemmas.	
71. Demonstrates ethical and legal responsibilities related to maintaining client privacy and confidentiality in all forms of communication.	

If applicable, a competency (or competencies) from this Standard that is a priority for enhancing my practice and a priority for my learning is:

_____

_____

Standard IV – Service to the Public

The registered nurse protects the public by providing and improving health care services in collaboration with clients, other members of the health care team, stakeholders, and policy makers.

	(✔) I have thoughtfully considered this competency
72. Articulates the authority and scope of practice of the registered nurse.	
73. Utilizes knowledge of the health care system to improve health care services (practice setting or program level; agency level; regional/municipal level; provincial/territorial level; and national/international level).	
74. Recognizes the impact of organizational culture on the provision of health care and acts to enhance the quality of a professional and safe practice environment.	
75. Demonstrates leadership in the coordination of health care by: assigning client care; delegating and monitoring the performance of delegated registered nursing activities by selected health care team members; and evaluating staff skill mix.	
76. Participates and contributes to registered nursing and health care team development by: • promoting inter-professional collaboration through application of principles of decision-making, problem solving and conflict resolution; • building partnerships based on respect for the unique and shared competencies of each team member; • recognizing that one's values, assumptions and positional power affects team interactions, and uses this self-awareness to facilitate team interactions; • contributing registered nursing perspectives on issues being addressed by the health care team; • knowing the scope of practice of team members; • using appropriate channels of communication; • providing and encouraging constructive feedback ; and • demonstrating respect for diversity.	
77. Collaborates with health care team members to proactively respond to changes in the health care system.	
78. Uses established communication policies and protocols within and across health care agencies, and with other service sectors.	
79. Advocates for public participation in defining health care needs at all applicable levels of health care delivery to ensure effective policies and actions.	
80. Manages resources to provide effective and efficient care.	

	(✓) I have thoughtfully considered this competency
81. Supports professional efforts in registered nursing to achieve a healthier society (e.g., lobbying, conducting health fairs and promoting principles of the Canada Health Act).	
82. Advocates for and promotes healthy public policy and social justice.	
83. Advocates for and participates in emergency preparedness planning and works collaboratively with others to develop and implement plans to facilitate protection of the public.	

If applicable, a competency (or competencies) from this Standard that is a priority for enhancing my practice and a priority for my learning is:

_____

_____

Standard V – Self-Regulation

The registered nurse demonstrates an understanding of professional self-regulation by advocating in the public interest, developing and enhancing own competence, and ensuring safe practice.

	(✓) I have thoughtfully considered this competency
84. Demonstrates knowledge of the registered nursing profession as self-regulating, autonomous, and mandated by provincial legislation.	
85. Practises within the scope of registered nursing practice as defined in *The Registered Nurses Act, 1988*.	
86. Articulates and differentiates between the mandates of regulatory bodies, professional associations and unions.	
87. Acts as a mentor (formally and informally) to registered nurses, nursing students and colleagues to enhance and support professional growth.	

If applicable, a competency (or competencies) from this Standard that is a priority for enhancing my practice and a priority for my learning is:

_____

_____

Date Personal Assessment Completed

_____

Signature

_____

Selecting competencies

Once the review of the personal assessment form is completed, the results will then be used to choose the competencies to learn this year. Ensure that the competencies you choose are professionally meaningful and will enhance your RN practice.

From my review of all the standards and competencies in my personal assessment, I have chosen the following to focus on for this year: (write out the full competency and include the number from the personal assessment; choose a minimum of 1-2). For example, *"#58: Employs a critical inquiry process to monitor the effectiveness of client care."*

1.

_____

2.

_____

3.

_____

FEEDBACK

WHY INCLUDE FEEDBACK?

"Feedback is information that is inherently neutral and shared openly between people, whose goal is to improve our effectiveness and satisfaction. It tells us what we are doing well and should continue to do, and what we can change about what we are doing so we can do it better."

(Haag-Heitman & George, 2011)

FEEDBACK

Feedback is a mandatory component of the SRNA CCP. It is an essential part of the ongoing learning and continuing practice improvement for all professionals. The feedback you receive about your personal assessment will help you to learn how to more accurately evaluate your own performance in the future (Citizen Advocacy Center, 2011). The focus of feedback is to help you achieve your learning goals and continue your professional practice development. At a minimum one piece of feedback is required for your annual CCP. The feedback you receive must be linked to your personal assessment (the review of your standards and competencies) and your learning goal.

Feedback for the SRNA CCP can be obtained in a variety of ways. Literature supports that it should come from another person who works in a comparable area of practice, performs a similar nursing practice role, or understands what you wish to accomplish with your learning goal (CRNBC, 2006). For verbal feedback, it should be received from credible and engaged sources with appropriate experience, skills or knowledge of your practice or the activities you want feedback on. Sources for feedback include: a work colleague, a mentor, or another health care professional. It does not have to be another RN or RN(NP). Examples of feedback forms that can be easily modified or personalized to your needs have been included in Appendix A.

Whatever method of feedback you choose you must ensure that it is related to your personal assessment and your learning goal. For any type of feedback that is obtained, e.g. the form or letter must be verified by the date and signature of the person providing the feedback.

Examples of feedback that can be provided include but are not limited to:

- written feedback using forms included in Appendix A or other preferred forms.
- self-developed, facility or region-standardized rating or measurement tools.
- feedback from clients or client family members.
- feedback from mentors, advisors or employers.
- multisource or 360 degree feedback from a variety of sources.

Providing feedback

Some helpful suggestions for colleagues, co-workers or mentors when asking someone to provide feedback include (Haag-Heitman & George, 2011; Ontario Nurses Association 2010; Rolfe 2007a and 2008b):

- being objective and basing your feedback on what you personally observed or learned, and not on the observations or comments of others;
- considering the positive and growth components that you feel may benefit or enhance learning for the individual; and
- being descriptive with your observations rather than evaluative.

Receiving feedback

Some suggestions to consider when receiving feedback include (Ontario Nurses Association, 2010; Haag-Heitman & George, 2011):

- selecting a peer or colleague whose opinion you respect and whose judgment you trust;
- identifying the specific issue or situation you want feedback on;
- viewing feedback as an opportunity to learn about how you are doing in your RN practice;
- being open to feedback and taking time to listen, ask questions, rephrase and/or summarize to be sure you understand what the feedback is;
- listening actively and openly when feedback is being provided will help clarify anything you are uncertain about;
- accepting the input and considering it as a validation of your chosen competency; and
- using the feedback to plan for future learning opportunities and ideas.

Additional resources to learn more about feedback

(Note that the links are current as of publication).

- The College and Association of Registered Nurses of Alberta: http://www.nurses.ab.ca/carna-admin/Uploads/CC-E1b%20Collecting%20Feedback.pdf
- The College of Registered Nurses of Nova Scotia: http://www.crnns.ca/default.asp?mn=414.1116.1457.2280.2283
- The College of Nurses of Ontario (CNO): http://www.cno.org/Global/docs/qa/qaPracticeReflectionForm.pdf

LEARNING PLAN

WHAT IS A LEARNING PLAN?

"A learning plan should be a goal-oriented document that will help you focus learning activities. It should have clear timelines and a plan for follow-up."

(CNO, 2012)

LEARNING PLAN

Using the personal assessment you now will develop a learning plan for your selected competencies. The number of competencies you choose to work on for the year is an individual decision. It is recommended that you make your learning meaningful and pertinent to your nursing practice. At a minimum you must choose 1-2 competencies to work on for the year. If you choose to work on several competencies make sure your learning plan is manageable and achievable within the year. Remember to link your chosen competencies to the learning plan, feedback and to the evaluation.

Remember that learning is always a continuous process. A learning plan guide (see following pages) provides you with the step by step process for developing your own plan. As you write your learning plan based on your selected competencies, consider the following indicators to achieve the learning goals you have set for yourself:
- the plan is flexible, reasonable and attainable in the current year;
- you can complete the plan before the annual registration renewal; and
- if you are moving to a new area of practice, you will need to reassess your personal assessment, and learning plan to ensure your CCP for the year is still relevant.

Preparing a learning plan

The following questions are examples of what you can consider when organizing and preparing your learning plan:
- what aspects (of my chosen competencies) are most important for me to learn?
- what education or training opportunities are available?
- what are my strengths that will assist me in meeting my learning goals?
- how do I learn best?
- do my goals and planned learning activities directly link to my chosen competencies?
- how will I know I have met my goals and made a difference in my practice?

Format and content for a learning plan

The choice of how to format a learning plan may be based on your personal learning needs or preferences. An example of a suggested format is outlined below:

What do I want to learn (competencies are listed)	What I am going to learn (SMART learning goals and resources)	How will I know I have learned it (the actions or activities to achieve the goals)	Timelines (targeted dates for completion)	Impact on my practice
…	…	…	…	…

The content of a learning plan includes the following components:

1. What do I want to learn (competencies are listed)

- List the competencies you have chosen to work on this year by identifying them by name and number.

2. What I am going to learn (SMART learning goals and resources)

- Provide at least 2 SMART learning goals to help focus your learning. SMART learning goals are: Specific, Measurable, Attainable, Relevant, and Time-limited. This will help you define what you are hoping to accomplish with your learning, make sure it is realistic/attainable, and confirm when you plan to achieve it.
- Be sure the goals are meaningful to improve your practice.
- Identify the resources you are going to use what you are going to learn e.g., reading a journal article or text book, taking courses, going to a workshop, in-service or conference, and so on.
- Be clear in presenting your learning intents – what do you plan on learning?

3. How will I know I have learned it (the actions or activities to achieve the goals)

- Identify how your learning will support your practice.
- Identify how you will know that you have learned it – what do you identify will be different once you have learned about it.
- For example "by learning about new treatment plans for children with cystic fibrosis I will provide evidenced based care for children and families with this condition."

4. Timelines (targeted dates for completion)

- Set time frames which are realistic for accomplishing your goals, this will help to focus and keep you on track.
- Ensure your goal can be met in one year, it is best to start early and finish before the next registration year.
- If it is a long term goal, identify what will be accomplished in the current year.

5. Impact on my practice

- Document how what you have learned will impact your nursing practice; this is reflective practice where once you have completed what you are going to learn, you then review how it has impacted your practice.
- For example "I now have a better understanding that children with cystic fibrosis are treated with new medications …"

Resources for learning

The following are examples of resources that can be used for implementing your learning plan:

Other resources not listed can be used.

- continuing education courses;
- post-secondary training or classes;
- online courses;
- in-facility education events;
- participation in simulation sessions;
- participation in group peer review processes;
- reading a textbook chapter on a relevant topic;
- blog or use of social media to share information on a relevant clinical topic;
- journaling about a relevant learning experience;
- workshop attendance and participation;
- certification course participation;
- professional discussions with a mentor about your professional growth;
- teaching educational seminars, courses or in-services;
- preceptorship or mentoring of others;
- participation in clinical research initiatives;
- participation in quality improvement groups and strategic activities;
- reading a journal article on a relevant topic;
- submitting an article for publication; and
- participation in web-based forums or other online, Telehealth, or teleconference interactive learning sessions.

Examples of learning plans (using this sample template above) are presented on following pages.

What do I want to learn	What I am going to learn	How will I know I have learned it?	Timelines	Impact on my practice
A Clinical Nurse Example: (#75) Demonstrates leadership in the coordination of health care by: assigning client care; delegating and monitoring the performance of delegated registered nursing activities by selected health care team members; and evaluating staff skill mix.	1. I would like to improve my understanding of delegation skills. By (date), I will attend an upcoming 1-day Charge Nurse Orientation session offered at my facility; review the SRNA assignment and delegation guidelines and a collaborative team-building journal article; and keep a short journal on my learning experiences with assignment and delegation. 2. I will effectively delegate and assign care to my team members within my clinical care unit. By (date), I will apply delegation principles when assigning and delegation care following receiving feedback from a colleague on my effectiveness and improved delegation skills.	1. I successfully complete and receive a certificate at the Charge Nurse Orientation session. 2. I receive written feedback on improvement in my abilities when I am Charge Nurse. 3. I will have a stronger understanding of current guidance documents and information to help me with team delegation of care and will verify this by journaling my experiences.	Sept/ October- complete personal assessment and learning plan November- read the SRNA documents on assignment and delegation January- attend the one day orientation session February- read a journal article on delegation and assignment May- obtain feedback from Mary on her observation of my delegation skills June- complete my learning plan and evaluation for my CCP.	1. I will have a greater sense of confidence when I am in a Charge Nurse role on my unit. 2. I have improved my competency for assigning and delegating care appropriately. 3. I can better understand situations where I would or would not delegate. .

What do I want to learn	What I am going to learn	How will I know I have learned it?	Timelines	Impact on my practice
A Nurse Educator Example: (#27) Demonstrates and utilizes nursing informatics and other information and communications technology in promoting and providing safe registered nursing care.	1. I want to use social media more effectively to keep current on new clinical research specific to my area of practice for benefit of students and/or staff members I educate. By (date), I will consult with two colleagues who commonly use social media venues now to learn best approaches to start, and will research on NurseOne for two credible databases to receive research updates regularly. 2. I want to share research results via social networks with students and/or staff members as part of education sessions. At the next education days (dates) I will share 2 key research findings via social media modalities and invite staff members to further share their ideas in the future.	1. The feedback from Jane on my learning plan shows I am on my way to learning about social media and applying it to the education setting where I work. 2. Within the next 2 months, I will use social network systems to access 2 nursing databases. 3. I have established a social media network of interested students and/or staff members for sharing of info on a regular/routine basis.	September- do personal assessment of standards and competencies October- write learning plan and meet with Jane for her feedback on my learning plan for social media November- review NurseOne for ideas on databases that have social media journals December- choose 2 databases to subscribe to January- attend a discussion by an expert on social media March- meet with 2 colleagues who use social media May/June- establish a network of interested students and staff July- complete learning plan and evaluation.	1. I am accessing and sharing credible research with my colleagues that will improve my practice with social media. 2. My role as educator will be enhanced as well as the practices of students and/or staff nurses working within my unit. I will obtain Twitter stats on social media usage to validate this. .

What do I want to learn	What I am going to learn	How will I know I have learned it?	Timelines	Impact on my practice
An Administrative Nurse Example: (#8) Demonstrates effective collaborative problem solving strategies, including conflict resolution.	1. I want to feel more confident handling conflict situations. By (date), I will explore new approaches to conflict resolution in the nursing literature. 2. I want to learn more proactive problem-solving strategies that have been useful to others. At an upcoming workshop, I will share my learning and learn from other administrative colleagues on their approaches to conflict resolution. 3. I will attend an upcoming (date) learning event to advance my problem-solving skills.	1. I will have a better understanding of my strengths and weaknesses in problem-solving approaches. 2. I will manage conflict situations more effectively. 3. I will be more comfortable with managing conflict if it arises.	October- complete personal assessment and learning plan November/December/January- read 3 articles on conflict resolution strategies March- attend a conflict resolution workshop, demonstrate the skills in a small group session and ask Nancy for feedback on what I learned in the session. May- demonstrate my conflict resolution skills and self assess how I did with a colleague June- continue practicing the skills and complete my learning plan and evaluation.	1. I am confidence when I encounter conflict situations, and will verify this by checking with my mentor and documenting the discussion. 2. I use problem solving skills in conflict situations. 3. I have a stronger sense of my own problem solving strengths and weaknesses for further (next year) focus and will seek feedback from 2 staff members and 2 administrative colleagues (using feedback forms) to verify my learning.

What do I want to learn	What I am going to learn	How will I know I have learned it?	Timelines	Impact on my practice
A Policy Nursing Example (#53) Applies principles of population health to implement strategies to promote health as well as prevent illness and injury.	1. I want to refresh and update my knowledge of population health and emerging (newer) determinants of health as they pertain to a local (provincial / regional) standpoint. Within the next 3 months (dates), I will review up to date literature and become more knowledgeable about current trends and will conduct a literature search for credible evidence and new information on population health principles and emerging determinants of health. 2. I will submit an article for publication in the SRNA newsletter within the next 8 months (date) on a topic related to population health and the determinants of health.	1. I will compile and share my research findings with my colleagues at an upcoming education session. 2. I will prepare a brief (1-page) article and submit it for publication in the SRNA Newsbulletin within the next 8 months.	October- complete personal assessment and learning plan November/December- compile research on current population health and the determinants of health examples February- watch a webinar on the web related to this topic April- visit a local shelter to interview an administrator on a population health issue August- submit an article to the SRNA Newsbulletin for publication and receive feedback on it from a colleague Sept- complete evaluation of learning plan.	1. From reviewing current literature, I will have an increase in confidence and a broader understanding of this competency. 2. My understanding will support me in writing an article for the SRNA Newsbulletin that will to inform others.

What do I want to learn	What I am going to learn	How will I know I have learned it?	Timelines	Impact on my practice
A Nurse-Practitioner RN(NP) Example: (29) Applies knowledge from nursing and other disciplines concerning current and emerging health care issues.	1. I need to review and update my knowledge of newer antibiotic therapy used for health conditions in outpatient settings. To gain a better understanding of my practice within the next 2 months (date) I will conduct a short practice audit to assess my current antibiotic prescribing practice and will conduct a focused internet search of the antibiotics. 2. I want to review newer infection control guidelines for appropriate use of antibiotics for UTI management in adults by reviewing the current RxFiles within the next 4 months.	1. By reviewing current research pertaining to antimicrobial stewardship obtained from RxFiles data, I will gain an up-to-date knowledge of antibiotics. 2. Over the next 6-8 months, my confidence in prescribing appropriate medications in accordance with UTI treatment guidelines will increase. 3. I will compare my practice audit results to current infection control practice treatment recommendations. 4. Within 4 months, I will attend a regional multidisciplinary CME session to update my current knowledge re: antibiotic stewardship and consult newest RxFiles Academic Detailers charts.	October- complete personal assessment and learning plan November- prepare for practice audit in January February- attend a regional multidisciplinary CME session April - review current research from Rx-Files June- present research at education session and receive feedback from RN(NP) who is attending the session July- complete learning plan and evaluation	1. The results from the practice audit will be addressed through subsequent learning sessions and evidence. 2. Having more consistent prescribing approaches in support of antimicrobial stewardship for my practice.

What do I want to learn	What I am going to learn	How will I know I have learned it?	Timelines	Impact on my practice
A RN with additional authorized practice example Competency (12) Works collaboratively with the client to identify and mitigate health risks, promote understanding of health issues and support healthy behaviors.	1. I want to enhance my health promotion knowledge for client education on the clinical decision tool for otitis media. I will do this by (date) by researching current evidenced-based research.	1. I will be able to provide up-to-date education on managing otitis media when teaching clients.	September- reflect on personal assessment and choose competencies to focus on for the year October- research database November- spend time with a RN(NP) to discuss case studies of individuals with otitis media December- ask the RN(NP) for feedback on a short presentation of my research February- complete my learning plan and evaluation.	1. By maintaining my knowledge in this area of my RN with additional authorized practice I will be able to confidently provide appropriate education.

EVALUATION

WHAT IS EVALUATION?

"The purpose of evaluation is to close the loop on determining if our efforts have been successful to meet previously stated goals. It has been defined as efforts involving collection, analysis, and interpretation of results or achievements in order to determine overall impact."

(Stavropoulous & Kelesi, 2012)

EVALUATION

Evaluation is the final requirement for completing the annual SRNA CCP. It is intended to help you determine your successes, and identify future learning needs, setting the stage for next year's CCP (Patton, 2002; Tanner, 2006; and Sobral, 2005). The CCP supports you to choose from many different approaches to evaluation including qualitative and quantitative methods.

Evaluation questions you can consider when evaluating your learning plan (Motycka et al, 2010) include:

- what went well?
- what specifically did I learn that was new?
- how did my continuing competence activities influence the way I now think, act, interact with others?
- what could still be improved for me?
- what still needs attention and what's next for me?
- areas in which I performed well?
- what areas do I think I can still improve?
- areas in which I need additional help or support?

Evaluative tools, in addition to the required feedback, may also be used to determine if you have met your learning goals, can come from other sources such as a certificate of achievement for attending an education session, an acknowledgement for publishing an article and so on.

Examples of evaluative tools include:

- certificates of achievement, successful course completion, or written recognition.
- certificates of attendance and participation in workshops, education sessions or special learning opportunities.
- proof of published articles, editorials or projects you have participated in.
- summaries of comments received from participants or attendees after presentations or events led by yourself.

REFERENCES

Catano, V., Darr, M., & Campbell, C. (2007). Performance appraisal of behaviour-based competencies: A reliable and valid procedure. Personnel Psychology, 60, 201–230.Citizen Advocacy Center. (2011). Continuing Professional Development: Step one: meaningful assessment. Proceedings from a citizen advocacy center conference. Retrieved from: http://www.cacenter.org/files/ContinuingCompetenceProceedings2011.pdf.

College and Association of Registered Nurses of Alberta (CARNA). (2012). Collecting Feedback About Your Nursing Practice. CARNA; Edmonton, AB. Retrieved from: http://www.nurses.ab.ca/carna-admin/Uploads/CC-E1b%20Collecting%20Feedback.pdf.

College of Registered Nurses of British Columbia (CRNBC). (2006). Professional Development. Peer Feedback: Learning from each other. Retrieved from https://www.crnbc.ca/QA/Documents/peerfeedback.pdf.

College of Registered Nurses of Nova Scotia (CRNNS). (2012). Sample patient and colleague surveys. Retrieved from http://www.crnns.ca/default.asp?mn=414.1116.1457.2280.2283.

College of Nurses of Ontario (CNO). (2011). Self-Assessment: A Guide to Developing Your Learning Goals and Learning Plan 2012 Pub. No. 44005.

College of Nurses of Ontario (CNO). (2012). Developing SMART Learning Goals Pub. No. 44047.

Cotton, A. H. (2001). Private thoughts in public spheres: Issues in reflection and reflective practices in nursing. Journal of Advanced Nursing; 36; 512-519.

Cheng, M. I., &. Dainty, R. I. J. (2005). Toward a multidimensional competency-based managerial performance framework: A hybrid approach. Journal of Managerial Psychology, 20, 380–396.

Dausien, B., Hanses, A., Inowlocki, L. & Riemann, G. (2008). The analysis of professional practice, the self-reflection of practitioners, and their way of doing things: Resources of biography analysis and other interpretative approaches. Forum-Qualitative Social Research; 9(1).

Draganidis, F., & Mentzas, G. (2006). Competency-based management: A review of systems and approaches. Information Management &Computer Security, 14, 51–64.

Haag-Heitman, B. & George, V. (2011). Nursing peer review: Principles and practice. American Nurse Today Online; 6(9); Retrieved from: http://www.americannursetoday.com/article.aspx?id=8244&fid=8172.

Lasater, K. (2007). Clinical judgement development using simulation to create an assessment rubric. Journal of Nursing Education; 46(11); 496-503.

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: a systematic review. Advances in Health Science Education; 14; 595-621.

Motycka, C., Rose, R., and Reid, L., (2010). Self assessment in pharmacy and health science education and professional practice. Am J of Pharm Educ. 15; 74(5): 85.

North Carolina Board of Nursing (NCBON). (2012). Continuing competence program and role of reflective practice. Retrieved from: http://www.ncbon.com/.

Ontario Nurses Association. (2010). The Mentor's Toolkit. Ontario Nurses Association (ONA), Toronto, ON. Retrieved from: http://www.ona.org/documents/File/education/Toolkit_Mentoring_201003.pd.

Patton QM. (2002). Utilisation-focused evaluation. Evaluation Models. Evaluation in Education and Human Services. 49 (5): 425-438.

Rolfe, A. (2007a). The Mentoring Journal. Mentoring Works, 1st Editition; Synergetic People Development Ltd.

Rolfe, A. (2007b). The Mentoring Conversation, 2nd Ed. Mentoring Works. Retrieved from: http://mentoring-works.com/mentoring-leveraging-learning-networks/

Roxbury Treatment Centre (Pennsylvania). (2013). Family Member/Friend Feedback Form on Facility and Nursing Care. Retrieved from http://www.roxburyhospital.com/feedbackform.html.

Saskatchewan Registered Nurses Association (SRNA). (2013). SRNA Standards and Foundation Competencies for the Practice of Registered Nurses. Regina, SK.

Saskatchewan Registered Nurses Association (SRNA). (2011). SRNA Registered Nurse (Nurse Practitioner) Standards and Core Competencies. Retrieved from: http://www.srna.org/images/stories/pdfs/communications/pdf/standards_and_comp_2011.pdf.

Sobral, D. (2005). Mindset for reflective learning: a revalidation of the reflection in learning scale. Advances in Health Sciences Education, 10; 303-314.

Stavropoulou, A., and Kelesi, M., (2012). Concepts and Methods of Evaluation in Nursing Education. Health Sciences Journal. Volume 6:1.

Swankin, D. (1995). The role of licensing in assuring the continuing competence of health care professionals. Washington, DC: Citizen Advocacy Center.

Tanner, C. A. (2006). Thinking like a nurse: a research-based model of clinical judgment in nursing. Journal of Nursing Education. 45; 204-211.

Washington University Physicians Group (2013). Patient Comment and Feedback Form. Retrieved from: http://www.wuphysicians.wustl.edu/patientcomment.aspx.

World Health Organization Study Group on Interprofessional Education and Collaborative Practice (2010). Framework for Action on Interprofessional Education & Collab. Practice. World Health Organization: Geneva.

APPENDIX A

Sample Modifiable Feedback Forms

Three examples of feedback forms are presented on following pages. The forms may be modified to suit your feedback needs.

Example Feedback Form 1

Feedback for Competency #

_____

List three things your colleague did well in this situation:

_____

_____

_____

List three things that may enhance your colleague's practice after this experience:

_____

_____

_____

Signature   Date

_____   _____

Saskatchewan RN Association

Example Feedback Form 2

Sample: Feedback Form

Topic discussed:

Competencies for focus (as identified by RN):

How this topic/presentation supported the learning of the personal assessment and competencies of the RN:

"what" was presented, discussed, or demonstrated	(provide facts and key pieces of information about what you observed)
"so what"	(identify how what was learned or discussed is meaningful, useful, valuable, or fits/ doesn't fit with your views, approaches, system, practice, etc)
"now what"	(what do you recommend for further study, inquiry, or review)

Signature   Date

Example Feedback Form 3

Feedback form for RN Teaching, Workshop, or Presentation Sessions

Colleague: Please share your thoughts on the value and relevance of the following session components by checking the shaded boxes below:

Name of RN Requesting Feedback

_____

Date

_____

Signature of Colleague Completing Feedback form

_____

The topic or (topics) presented by the RN were:

	Excellent	Good	Average	Minimal	Low
I would rate the overall value of this session as:					
The presenter considered my learner readiness and prior learning in developing and presenting this education session.					
The approach and teaching methods used to deliver this session was appropriate for my learning.					
The presenter was knowledgeable and able to explain concepts easily.					
There was ample time for asking questions and audience participation.					
The session was of adequate timeframe (not too long; not too short).					

Online Resources

Resources listed do not represent an all inclusive list of potentially useful resources. They do, however, reflect a wide range of nursing interests, priorities, and credible sources of information to help inform all domains and specialities of nursing. Resources are presented in alphabetical order. Website links are current as of publication date.

Agency for Healthcare Research and Quality (AHRQ): http://www.ahrq.gov/

American Association of Critical Care Nurses (AACN): http://www.aacn.org/

BC Community Drug Utilization: http://www.cdup.org/

BC Health Policy and Research: http://www.chspr.ubc.ca/

Canadian Agency for Drugs and Technologies in Health (CADTH): http://www.cadth.ca and http://www.cadth.ca/index.php/en/htis/search-all-htis-products

Canadian Foundation for Healthcare Improvement (CFHI): http://www.cfhi-fcass.ca/Home.aspx

Canadian Institute for Health Information (CIHI): http://www.cihi.ca/CIHI-ext-portal/internet/EN/Home/home/cihi000001

Canadian Institute for Health Research (CIHR): http://www.cihr-irsc.gc.ca/e/193.html

Canadian Medical Association Journal (CMAJ) Clinical Practice Guidelines: http://www.cmaj.ca/cgi/collection/clinical_practice_guidelines

Canadian Nurses Association: http://www.cna-aiic.ca

Canadian Nurses Protective Society: http://www.cnps.ca

Canadian Patient Safety Institute (CPSI): http://www.patientsafetyinstitute.ca/English/Pages/default.aspx

Centers for Disease Control (CDC): http://www.cdc.gov/

Cochrane Library: http://www.thecochranelibrary.com/view/0/index.html

Health Canada: http://www.hc-sc.gc.ca/dhp-mps/index-eng.php

Healthfinder-Office of Disease Prevention and Health Promotion, US Department of Health and Human Services: http://www.healthfinder.gov/

Health Quality Council (HQC): http://www.hqc.sk.ca

Institute for Healthcare Economics (Alberta) http://www.ihe.ca/

Institute for Patient and Family Centred Care (IPFCC): http://www.ipfcc.org/tools/downloads-tools.html

Institute for Work and Health: www.iwh.on.ca

Joanna Briggs Institute of Nursing Evidence: http://www.joannabriggs.edu.au

Manitoba Centre for Health Policy: http://umanitoba.ca/faculties/medicine/units/community_health_sciences/departmental_units/mchp/

MedLine Plus (NIH) Herbs and Supplements: http://www.nlm.nih.gov/medlineplus/druginformation.html

National Aboriginal Health Organization: www.naho.ca

National Center for Health Statistics (USA): http://www.cdc.gov/nchs

National Institute of Nursing Research (USA): http://www.ninr.nih.gov

National Guidelines Clearinghouse (NGC): http://guideline.gov/

National Institute for Clinical Improvement NICE: http://www.nice.org.uk/

NHS Health System Evidence (UK): http://www.evidence.nhs.uk/

NurseOne: http://www.nurseone.ca/

Ontario Health Technology Assessment: http://www.health.gov.on.ca/english/providers/program/ohtac/ohtac_mn.html

Ontario Healthy Workplace Coalition (OHWC): http://www.ohwc.ca/

Ontario Ministry of Health and Long-term Care: http://www.health.gov.on.ca/

Public Health Agency of Canada (PHAC): http://www.phac-aspc.gc.ca/index-eng.php

PubMed Clinical Queries: http://www.ncbi.nlm.nih.gov/entrez/query/static/clinical.html

Registered Nurses Association of Ontario (RNAO) Clinical Practice Guidelines: http://rnao.ca/

RxFiles Academic Detailers: http://www.rxfiles.ca/rxfiles/modules/druginfoindex/druginfo.aspx

Rx For Change Drug Interventions and Quality Improvement Database: http://www.cadth.ca/resources/rx-for-change

Saskatchewan Health Information Research Partnership (SHIRP): http://www.shirp.ca

Scottish Intercollegiate Guidelines Network (SIGN): http://www.sign.ac.uk/

UBC Centre for Health Services & Policy Research: http://www.chspr.ubc.ca/

Worksafe BC: http://www2.worksafebc.com/Safety/Home.asp

NOTES

SASKATCHEWAN

RN

ASSOCIATION

Saskatchewan Registered Nurses' Association

2066 Retallack Street, Regina, SK S4T 7X5

Phone: (306) 359-4200 (Regina)
Toll Free: 1-800-667-9945
Fax: (306) 359-0257
Email: info@srna.org