

SASKATCHEWAN

RN

ASSOCIATION

Graduate Nurse Practice Guideline

Effective: November 3, 2020





Graduate Nurse Practice Guidelines

Effective: November 3, 2020

Introduction

The purpose of this guideline is to provide direction and support for Graduate Nurse (GN) practice. GNs have met all registration requirements except for passing the required national exam and are looking to begin employment in the registered nursing profession. GNs must meet the same practice requirements expected of all registered nurses, using the current Saskatchewan Registered Nurses Association (SRNA):

- *Registered Nurse Entry-Level Competencies*
- *Registered Nurse Practice Standards*, and
- the Canadian Nurses Association's *Code of Ethics for Registered Nurses*.

Regulatory Authority

The Registered Nurses Act, 1988 (the Act) provides the legislative authority for registered nurse practice in Saskatchewan. Section 15(2) of the Act enables the SRNA to create bylaws that:

- prescribe the powers and procedures of the council;
- provide for a code of professional ethics;
- set the standards for professional conduct, competency and proficiency of nurses; and,
- further specify categories of practice and the rights and privileges of those categories.

SRNA Bylaw IV details the privileges and obligations of practicing members. Obligations of practicing members include adhering to the code of ethics, nursing standards and competencies that are incorporated by reference in Bylaw XV and set the standards for professional conduct, competency and proficiency of nurses.

Through the authority in the Act, Council creates and applies policies and procedures to approve standards and guidelines that set the expectations for registered nursing practice in Saskatchewan. The role of this guideline is to provide information to support the application of the standards and competencies for graduate nurse practice.

Profession-Led Regulation

Profession-led regulation is the regulation of the profession by its members, where the regulatory body is accountable for ensuring members are competent and act in the public interest in providing the services that society has entrusted to them. The SRNA's mandate is to protect the public from harm related to the practice of its membership. The role of the regulatory body is to ensure that all individuals seeking entry into, and maintenance on, the register are qualified, competent, and ethical professionals. [Learn more](#)

Legislation and Regulatory Requirements

Members of the SRNA, including GNs, are required to meet all applicable legislative and regulatory requirements outlined below.

Registration and Renewal

Provision for GN membership is made in *The Registered Nurses Act, 1988*, Section 20. Persons applying for a GN license must meet all registration requirements as set out in bylaw and administered by the Registrar. Requirements and instructions to apply for a GN license, for practice in Saskatchewan, can be located [here](#).

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 that GN employees are licensed prior to the GN initiating clinical practice.

Entry-Level Competencies

GNs and newly graduated RNs who are at the beginning of their practice draw on a theoretical and experiential knowledge base that has been shaped by experiences during the education process. Nursing education programs educate graduates to meet entry-level competencies (ELC) and are the foundational elements of nursing practice. ELCs provide a mechanism of observing the capability of the entry-level nurse to integrate knowledge, skill, ability and judgement to practice safely and ethically following graduation from a nursing education program. All GNs and newly graduated RNs are expected to meet entry-level competencies.

[Learn more](#)

Practice Standards and Code of Ethics

RN Practice Standards are broad and principle-based statements. The primary purpose of standards are to identify the basic level of performance expected of GNs and RNs in their practice, against which actual performance can be measured. The Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses sets the ethical requirements for GN and RN practice. The Code provides guidance for ethical relationships, behaviours and decision-making and is used together with practice standards to establish expectations for professional conduct. It is the responsibility of all GNs and RNs in Saskatchewan to understand the standards and code of ethics and be accountable to apply them to their own nursing practice, regardless of roles or practice settings. [Learn more](#)

Continuing Competence Program

The SRNA Continuing Competence Program (CCP) is a mandatory, ongoing education program that ensures all members are continually enhancing their practice through self-directed learning. The CCP is composed of four components: personal assessment, feedback on the personal assessment, development of a written learning plan based on chosen competencies and an evaluation of the impact of what was learned.

GNs 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 who are employed. GNs who are not employed, but hold a practicing license, are expected to complete the self-assessment and learning plan.

The SRNA conducts yearly CCP audits. Members are expected to keep evidence of compliance with the CCP for five years. [Learn more](#)

Complaints and Investigation

To meet the mandate of public protection, the SRNA has established a competence assurance 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 practicing members of the SRNA. If the obligations are consistently unmet and the GN demonstrates unsuccessful attempts at remediation, there is an expectation of the employer/manager/colleague to report the member to the SRNA. Members of the public can also report an SRNA member if the member's practice is not meeting the standards set for the profession. If the employer/manager/colleague is needing guidance to identify whether or not the member needs to be reported, contact an SRNA Practice Advisor. [Learn more](#)

Scope of Practice

The legislated scope of RN practice is broad and is defined through SRNA interpretation. Individual scope of practice may be narrowed through individual competence and employer policies. GNs recognize the importance of identifying what knowledge they have attained, the learning gaps that may be present and how and where to access available resources.

GNs use professional judgment to anticipate health risks and take action to protect clients from harm when engaging in nursing practice. Identifying practice as high risk does not mean refraining from taking part in practice, but rather being aware of and identifying ways to minimize that risk. Considerations for recognizing risk in practice:

- complexity of client care needs;
- predictability of client health outcomes;
- negative effect on client outcomes if the intervention/procedure is not implemented correctly or does not occur;
- interventions requiring multiple steps where potential errors could occur; and
- potential for miscommunication of information to others involved.

To minimize risk in practice, prior to engaging in practice the GN:

- confirms the practice is within the professional scope of practice;
- confirms the practice is within their scope of employment;
- reflects if the practice is within their individual competence;
- has received sufficient education and practical experience for the practice to be completed safely;
- can manage all potential outcomes – both intended and unintended;
- determines what interventions can be put in place to minimize/mitigate risk; and,
- identifies available physical and human resources and supports such as colleagues, other health care professionals, policies, procedures and guidelines.

(adapted from NSCN, 2020)

Supervision

GNs require supervision. The required level of supervision must be determined by the RN working with the GN on each shift and cannot be determined by the employer or agency policy. The supervising RN:

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

In areas where GNs are employed, an RN must be at work and available to direct the work actions or performance of the GN in a collaborative practice. Collaborative practice shall be defined as a process which involves the GN and RN working together in each other's presence, as necessary. In areas where registered psychiatric nurses (RPNs) practice, an RN and/or an RPN may supervise a GN.

When the GN begins employment, and for as long as required, the RN provides direct supervision in the practice setting at the point of care. As the RN determines that the GN has increasing competence and critical thinking in the practice setting, the level of supervision may change. The RN may be located on the unit, on an adjacent unit, or 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 where it may be appropriate, while meeting the above criteria, for supervision to be available through the use of technology.

RN Specialty Practices

RN Specialty Practices (RNSP) are beyond entry-level competency and are within the scope of RN practice in Saskatchewan. GNs cannot independently perform RNSPs. When GNs have successfully completed the employer-provided education and have the required competencies to safely perform the RNSP, they may do so under the direct supervision of an RN who has employer-approval to perform the RNSP.

Charge Nurse Role and Assignment

GNs cannot individually be assigned charge nurse responsibilities. RNs mentor and support the GN to learn about charge nurse responsibilities to prepare them to take on the role when they are licensed as RNs. Through the mentoring process, the GN may be assigned charge nurse activities by the charge nurse who is working with the GN. One of these activities may be the assignment of care to other members of the health care team. GNs who are competent may supervise other members of the health care team whose assignment has been determined by an RN. The RN retains responsibility for the coordination of care.

Controlled Drugs and Substances Act

GNs may administer controlled drugs and substances according to agency policy. The determination of the GN role in the administration and documentation of narcotics and controlled drugs is made through agency policies and procedures which are created in compliance with federal legislation. The GN is responsible for knowing their scope of employment when engaging in activities related to controlled drugs and substances.

Supporting New Nurses to Deliver Safe Care

The experiences GNs and newly graduated RNs 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. Providing a supportive environment for GNs and new RNs will assist in a successful transition from student to professional.

A supportive environment includes extensive orientation and colleagues that provide mentoring, coaching and act as a resource to new nurses.

GNs are expected to meet ELCs, practice standards and the code of ethics; however, it must be recognized that they are still learning and require ongoing support and reassurance. Treating others in a respectful manner is a professional responsibility of RNs. RNs show their accountability to the profession by mentoring and guiding new nurses as they develop their skills.

Practice Resources

The SRNA has many online resources to support GNs and new RNs in their professional practice. Guidelines and other resources related to clinical, professional and scopes of practice are available. [Learn more](#)

SRNA Nursing Practice Advisors provide consultation and are dedicated to answering questions from members about their nursing practice. Practice Advisors listen to questions and concerns and help to find practical solutions. The team of advisors can be contacted by phone at 1-800-667-9945 or by email practiceadvice@srna.org.

References

Canadian Nurses Association (CNA). (2017). *Code of Ethics for Registered Nurses*. Ottawa, ON: Author.

Nova Scotia College of Nurses (NSCN). (2020). *Assessing Competencies and Risk Practice Guideline*. Bedford, NS: Author.

Saskatchewan Registered Nurses Association. (2011). *Interpretation of The Registered Nurses Act, 1988*. Council Policy, 3.14.

Guidelines



© 2020 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