SASKATCHEWAN RN ASSOCIATION
Saskatchewan Registered Nurses' Association
2066 Retallack Street
Regina, Saskatchewan
S4T 7X5

MEMORANDUM

To: Employers of Registered Nurses in Saskatchewan
From: Carolyn Hoffman, RN, MN, Executive Director
Date: December 21, 2016
Subject: **Clarification of the June 24, 2015 ED Message**

As you are aware, there has been ongoing dialogue with members, employers and stakeholders with respect to the June 24, 2015 Saskatchewan Registered Nurses' Association (SRNA) memo referencing scope of practice issues and standards for RN Clinical Educators. SRNA staff have worked extensively with a wide variety of employers and members to successfully resolve their questions and concerns about this information however it is clear that not all issues have been resolved. We are concerned that there may still be some misperceptions about the memo so I'm following up today to effectively address them.

The focus of the memo was not on nursing tasks in isolation but on the responsibilities and accountabilities of RNs as they work together with other providers. To this end, we have been actively working with representatives of the Saskatchewan Association of Licensed Practical Nurses and the Registered Psychiatric Nurses Association of Saskatchewan to formalize and jointly release a decision-making resource that supports LPNs, RPNs and RNs in the delivery of care. The overarching goal is to strengthen collaboration, clarify nursing roles, and focus on the client as the primary driver of care needs and services provided by all professional nursing groups.

We believe that this jointly developed decision-making resource will be very helpful in enabling LPN, RPN and RN role clarity. In the interim, the following is our advice to members and employers that have questions about RNs educating non-RN providers.

Current nursing practice, and any practice changes, should be evidence-based and evaluated for client outcomes. To achieve this, the SRNA supports RN Clinical Educators providing education to non-RN providers within a coordinated approach that includes:

1. Organizational policies that clearly differentiate the roles and responsibilities of each health care provider involved;
2. Employer education that is evidence informed and reflects the foundational competencies of the applicable health care provider as well as the differentiation of roles described in policy;

3. RN clinical educators knowing the scope of practice of those receiving the education, the context of care where the tasks may be performed; and the foundational knowledge of the provider that they are educating.
4. Considering the following three factors:
    a. Client factors – the client continuum ranges from less complex more predictable and at low risk for negative outcomes to highly complex, unpredictable and at high risk for negative outcomes.
        i. Clients assigned to the RN will be more complex and less predictable
        ii. The charge RN is responsible for the client assignment; coordination of care
        iii. As the need for RN consultation increases due to client complexity; unpredictability; and high risk for negative outcomes, the RN must be available for ongoing assessment, support and collaboration.
    b. Nurse factors – the factors that affect a nurse's ability to provide safe and ethical care to a given patient include leadership, decision-making and critical thinking skills. Other factors include the application of knowledge, knowing when and how to apply knowledge to make evidence-informed decisions, and having the required resources available to consult as needed.
    c. Environmental factors – include practice supports, consultation resources and the stability/predictability of the environment. Practice supports and consultation resources support nurses in clinical decision-making. There is a correlation between environmental stability and the need for ongoing consultation and collaboration. The less available the practice support and consultation resources are, the greater the need for more in-depth nursing competencies and skills in the area of clinical practice, decision-making, critical thinking, leadership, research utilization and resource management. Factors include:
        i. Appropriate staffing/clinical support.
        ii. Mentors and resources clearly identified.
5. The engagement of nursing staff, patients, and families in monitoring quality outcomes.

The approach outlined above is consistent with the expectations of other RN regulators and associations across Canada. It is reasonable to expect that decision-makers consider the overlapping and distinct scopes of practice of LPNs, RNs and RPNs to ensure the appropriate utilization of their expertise in the practice setting. Through working together, the employer, RN Clinical Educator and other members of the nursing team can deliver safe and effective nursing care.

Please feel free to contact me if you would like to discuss at choffman@srna.org.

If you have questions about a practice concern or would like to work with the SRNA in moving a particular initiative forward, please contact the Practice Team at practiceadvice@srna.org.

Carolyn Hoffman, RN, MN
Executive Director
Saskatchewan Registered Nurses' Association
choffman@srna.org