

# Standards for Nursing Practice

## Nurse Practitioners

College of Registered Nurses and  
Midwives of Prince Edward Island

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## Introduction

The College of Registered Nurses and Midwives of Prince Edward Island (CRNMPEI) is the regulatory body for registered nurses, nurse practitioners, registered psychiatric nurses, and midwives in PEI. A nurse practitioner (NP) is a registered nurse (RN) with additional graduate level nursing education providing in-depth knowledge and **clinical expertise**. Only nurses who are registered as an NP with CRNMPEI can use the designation “nurse practitioner” or “NP” in PEI. Nurse practitioners practice in a variety of settings in the health care system.

Standards are authoritative statements that identify the legal and professional expectations for nursing practice. They describe the desired and achievable level of practice against which actual performance can be measured. Nurse practitioners must adhere to both the Standards for Nursing Practice: Registered Nurses and Standards for Nursing Practice: Nurse Practitioners.

The standards are intended for all nurse practitioners, regardless of their role or practice setting, and may also be used by other partners including members of the public, professional organizations, educators, health care team members, and health care administrators.

## Practice Standards

The practice standards are broad, principle-based statements supporting various population health needs and evolving health care systems, enabling advanced and **autonomous** NP practice. The Standards for Nursing Practice: Nurse Practitioners establish the regulatory and professional foundation for NP practice and identify the expected level of performance of an NP. All NP standards are equally important, interrelated, and apply across the lifespan in all practice settings and domains. The NP is responsible for understanding and practicing in accordance with the NP practice standards for safe, competent, compassionate, and ethical practice.

The Standards for Nursing Practice: Nurse Practitioners:

- apply to all NPs registered to practice in Prince Edward Island
- guide NP practice in addition to the Standards for Nursing Practice: Registered Nurses
- protect the public by setting expectations for safe, competent, compassionate, and ethical NP practice
- inform the public and others about what they can expect from practicing NPs
- provide guidance to support continuing competency
- may be used in conjunction with other resources to guide NP practice
- inform decision-making for practice when addressing professional practice issues
- are used as a legal reference for reasonable and prudent practice
- may be used to develop position descriptions, performance appraisals and quality improvement tools

The **client** (individual, family, group, community, or population) is central to each standard and NP practice. It is important to note that no employer document (policy, procedure, or guideline) can relieve an NP of **professional accountability** for their actions or decisions regarding the Standards for Nursing Practice: Nurse Practitioners.

### Indicators

Indicators support each of the NP practice standards by further describing how each standard is to be met or applied in practice.

The indicators:

- are interrelated
- provide specific criteria against which actual performance is measured
- may be further interpreted based on the contexts of practice
- may be interpreted to describe further the practice expectations of NPs of varying levels of competence, ranging from **entry-level** to **advanced level**
- are not written in order of importance or intended to be an exhaustive list of criteria for each standard

### Nurse Practitioner Scope of Practice

In accordance with the *Registered Nurses and Registered Psychiatric Nurses Regulations* (Section 23) the practice of a nurse practitioner consists of the following:

- a) Diagnosing a disease, disorder or condition and communicating the diagnosis in circumstances in which it is reasonably foreseeable that it will be relied on in health care decisions
- b) Performing a procedure on tissue below the dermis, below the surface of a mucous membrane or on the surface of the cornea
- c) Setting or casting a fracture of a bone or a dislocation of a joint
- d) Ordering a therapeutic diet that is to be administered by enteral instillation or parenteral instillation
- e) Administering a substance by injection, transfusion, inhalation, mechanical ventilation, irrigation or enteral or parenteral instillation
- f) Prescribing or dispensing a drug, as defined in the *Pharmacy Act R.S.P.E.I 1988, Cap. P-6.1*, or vaccine
- g) Administering a drug or vaccine by any means
- h) Putting an instrument, hand or finger
  - i. Beyond the external ear canal,
  - ii. Beyond the point in the nasal passages where they normally narrow,
  - iii. Beyond the pharynx or larynx,
  - iv. Beyond the opening of the urethra,
  - v. Beyond the labia majora,
  - vi. Beyond the anal verge, or
  - vii. Into an artificial opening into the body

- i) Ordering and interpreting screening and diagnostic tests that do not use prescribed forms of energy
- j) Applying sound or electrical energy, other than ionizing radiation
- k) Ordering the application of electrical, electromagnetic or sound energy
- l) Applying electrical energy in the form of ionizing radiation to conduct an x-ray for the purpose of dental screening, diagnosis or treatment
- m) Managing labour in an institutional setting where neither a medical practitioner nor a midwife is present
- n) Performing allergy challenge testing by any method
- o) Performing a psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality or the ability to meet the ordinary demands of life.

## **Standard 1:**

### **Professional Responsibility & Accountability**

1. Practices in accordance with:
  - applicable federal and provincial legislation
  - Regulated Health Professions Act, Registered Nurses and Registered Psychiatric Nurses Regulations, CRNMPEI Bylaws, CRNMPEI RN Practice Standards and NP Practice Standards, NP **Entry-Level Competencies**, and CRNMPEI practice directives and policies
  - Code of Ethical Conduct
  - Employer/institutional policy
2. Maintains a current registration with CRNMPEI.
3. Understands the role and relationship of the regulatory body to NP practice.
4. Attains, maintains and enhances competencies within their own area of practice.
5. Practices within the context of a therapeutic nurse-client relationship and directs friends and family members to seek care from other health care providers when possible and does not self-prescribe.
6. Documents clinical data, assessment findings, diagnoses, plans of care, therapeutic interventions, client responses and clinical rationale in a **timely** and accurate matter.

## **Standard 2:**

### **Knowledge-Based Practice**

1. Integrates in-depth knowledge from nursing and other disciplines, **critical inquiry**, research and **clinical expertise** to maintain **evidence-informed** NP practice.
2. Integrates qualitative and quantitative data from credible sources to make **evidence-informed** decisions and to initiate and manage change.
3. Assesses, identifies, and critically analyzes information from various sources to establish health trends and patterns.

4. Contributes to, leads, and evaluates the application of knowledge in advanced nursing practice.
5. Evaluates the historical, political, economic, and social systems impacting health and participates in improving **global health, health equity, and health outcomes**.

### **Standard 3:**

#### **Advanced Clinical Practice**

1. Conducts an appropriate client assessment to inform **clinical decision-making**.
2. Orders, performs, and interprets screening and diagnostic investigations, and explains the rationale for ordering, the associated risks, and the benefits to the client.
3. Formulates diagnoses based on advanced clinical inquiry, clinical findings and **diagnostic reasoning**.
4. Communicates assessment findings, diagnoses, anticipated outcomes, treatment options, and prognosis to client and other health care professionals.
5. Collaborates with the client to develop an individualized plan of care based on assessment, diagnosis, and **evidence-informed** practice.
6. Provides education and counsels the client on pharmacological and non-pharmacological interventions.
7. Obtains and documents the client's informed consent prior to interventions and as required.
8. Performs invasive and non-invasive interventions.
9. Provides counselling for clinical management and prevention of disease, injuries, disorders, or conditions.
10. Provides accurate, complete, and relevant prescriptions or orders based on client history, current evidence, **clinical reasoning**, and drug information systems.
11. Incorporates harm-reduction strategies into client care.
12. Establishes a plan for follow-up and demonstrates the evaluation of responses to pharmaceutical and non-pharmaceutical interventions and revises the plan of care.
13. Collaborates, **consults**, and/or **refers** to other health care professionals when required by the diagnosis and/or treatment plan, or when the client care needs are beyond the legislated scope of NP practice, and/or beyond the individual NP competence.
14. Provides **consultations** and accepts **referrals** as appropriate from other health care professionals.
15. Utilizes and evaluates mechanisms and processes to prevent prescription fraud and/or **drug diversion**.

## Standard 4:

### Professional Relationships, Leadership, and Advocacy

1. Leads the coordination and supports implementation of **primary health care** efforts at local, national, and global levels.
2. Collaborates and proactively develops and sustains partnerships and networks to influence and improve **health outcomes** and health care delivery.
3. Applies advanced research methodology to improve client and system outcomes.
4. Identifies and implements research-based **innovations** for improving client care, organizations, and systems.
5. Engages and demonstrates leadership in research activities to explore, evaluate, advance, and disseminate evidence to support **knowledge translation**.
6. Designs, implements, and evaluates approaches, services, and programs in response to health services and health system issues.
7. Engages in designing, implementing, and evaluating **digital health** technology, services, and processes.
8. Develops, implements, and evaluates initiatives, programs, and policies that support equitable access to care and foster equity, diversity and **inclusion**.
9. Leads, develops, and contributes to quality improvement and educational initiatives to improve client, organization, and system outcomes.
10. Applies leadership models to lead intraprofessional and interprofessional teams in health care services and nursing education.
11. Leads, implements, and evaluates health promotion and disease prevention strategies and initiatives.
12. Contributes to developing initiatives and policies that promote antiracism, **health equity**, and social justice in health care.
13. Develops services in response to client needs, considering epidemiological, cultural, demographical, social, legal, ethical, political, and professional trends and developments.
14. Proactively assesses and **mitigates risk** by generating solutions that may lead to practice **innovations**.
15. Advocates for improved access to health care by promoting the NP role to nurses and other health professionals, the public, legislators, and policymakers.
16. Demonstrates leadership in formal and informal education and mentorship to enhance and support the professional development of others.

## Glossary

**Advanced level competency/ Beyond entry-level competency:** Advanced knowledge, skills and judgment gained through additional education, training and clinical experience outside the core knowledge, skills and judgment obtained through entry-level nursing programs.

**Autonomous practice:** Having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base.

**Client:** Individuals, families, groups, populations, or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting.

**Clinical decision-making:** A complex cognitive process that requires nurses to recognize a clinical problem in their client and respond promptly through implementing interventions to improve their client's health status. Clinical decision-making is a dynamic process where care choices are made based on balanced involvement between the health professional and the client.

**Clinical expertise:** The proficiency or judgment that a NP acquires through clinical experience or clinical practice and that is not possessed by a lay person. Clinical expertise means demonstrated proficiency in a specialized area of direct client care.

**Clinical reasoning:** A skill, process, or outcome where a clinician observes, collects, and interprets data to diagnose and treat clients.

**Consultation:** Consultations may be formal or informal. A formal consultation is the referral of a client to a specialist or another health provider for advice on care. Informal consultation is when a provider informally seeks advice or answers to specific questions from another provider. Informal consultation may involve coordination of care in addition to advice seeking.

**Critical inquiry:** Expands upon critical thinking to encompass critical reflection on actions. Critical inquiry is a process of purposeful thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice.

**Diagnostic reasoning:** Ability to integrate multiple data sources and thinking strategies during a client encounter to accurately identify diagnoses and implement appropriate management plans.

**Digital health:** The field of knowledge and practice associated with the development and use of digital technologies to improve health.

**Drug diversion:** The transfer of a medication from a lawful channel of distribution or use, including by medication tampering. Methods of drug diversion include prescription forgery; telephone fraud; drug seeking from physicians, NPs, dentists, or veterinarians; indiscriminate prescribing; theft; fraudulent orders made for a drug abuser by a pharmacy employee.

**Entry-level-competency:** An observable ability of a nurse practitioner at entry-level that integrates the knowledge, skills, abilities, and judgment required to practice nursing safely and ethically.

**Evidence-based/Evidence-informed:** The ongoing process that incorporates evidence from research findings, clinical expertise, client preferences, and other available resources to inform decisions that nurses make about clients.

**Global health:** An area of research and practice committed to the application of overtly multidisciplinary, multisectoral, and culturally sensitive approaches for reducing health disparities that transcend national borders.

**Health equity:** Absence of unfair, avoidable, or remediable differences in health status among groups of people. Health equity is achieved when everyone can attain their full potential for health and well-being.

**Health outcomes:** The events occurring as a result of a health intervention. They may be measured clinically, self-reported, or observed.

**Inclusion:** Creating a culture that strives for equity and embraces, respects, accepts and values difference.

**Innovations:** The ability to actively seek and develop new methods, new technologies, and new tools to promote health, prevent disease, improve quality of care of patients, and apply innovation to work through teamwork and reasonable support channels.

**Knowledge translation:** A mutually collaborative process that includes synthesis, dissemination, exchange, and ethically sound application of knowledge to improve nursing practice and client outcomes.

**Mitigate risk:** Process of reducing risk exposure and minimizing the likelihood of an incident.

**Primary health care:** Essential health care (promotive, preventative, curative, rehabilitative, and supportive) that focuses on preventing illness and promoting health with optimal individual and community involvement. It is both a philosophy and an approach that provides a framework for health care delivery systems. The five principles of primary health care are accessibility, public participation, health promotion, appropriate technology, and intersectoral collaboration.

**Professional accountability:** A nurse's legal, professional, and ethical responsibilities to themselves, their clients, regulatory body, and employer. The nurse is answerable to themselves and others for their actions and must satisfy formal obligations to the law, their employer, codes of ethical conduct, and their own moral principles.

**Referral:** A consultation with another health care professional when client care needs are beyond the scope of practice for nurse practitioners or beyond their individual competence, and/or when client care would benefit from the expertise of another health care professional.

**Timely:** Ensuring that a response or action occurs within a timeframe required to achieve safe, effective, and positive client outcomes.

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