

As a nurse, your expertise and judgment are vital in delivering safe, competent, and ethical care. Deciding to act within your autonomous scope of practice requires self-awareness, up-to-date knowledge, a clear understanding of regulations, and a commitment to client safety.

This module will review the practice standard *Acting Within Autonomous Scope of Practice* to help you understand your responsibilities and accountabilities when acting autonomously.

We recommend that you complete the <u>Know Your Scope: Navigating the Controls on Practice</u> module first.

The scenarios, case studies, and audio clips in this learning module are for educational purposes only and do not depict real individuals or actual events. Any resemblance to real people, living or deceased, is purely coincidental.

This resource is for educational purposes only and does not replace professional judgment or legal obligations.

Click on the first lesson below—or the "Start Module" button above—when you're ready to begin.

Estimated time: 30-40 minutes

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Lesson 1 of 9

# Territorial acknowledgement



We acknowledge the rights and title of the First Nations, whose collective unceded territories encompass the land base colonially known as British Columbia. We give specific thanks to the hən[)q[)əmin[)əm[) speaking peoples—the x[)məθkwəyəm (Musqueam) and sel'íl'witulh (Tsleil-Waututh) Nations—and the Skwxwú7mesh-ulh Sníchim speaking peoples—the Skwxwú7mesh Úxwumixw (Squamish Nation)—on whose unceded territories BCCNM's office is located. We also give thanks for the medicines of these territories and recognize that laws, governance, and health systems tied to these lands and waters have existed here for over 9,000 years.

We also acknowledge the unique and distinct rights, including rights to health and wellness, of First Nations, Inuit, and Métis

Peoples from elsewhere in Canada who now live in British Columbia. As leaders in the settler health system, we acknowledge our responsibilities to these rights under international, national, and provincial law.

Lesson 2 of 9

# Introduction

Nurses in B.C. accountable for acting within their scope of practice and making safe, informed decisions about when they can act autonomously and when an order is required. This module applies the practice standards for acting within autonomous scope of practice to everyday practice.

What you will learn

By the end of this module, you'll be able to:

- 1. Define autonomous scope of practice.
- 2. Recognize examples of restricted and non-restricted activities that may be performed autonomously.
- 3. Apply the four controls on practice to decisions about acting without an order (autonomously).
- 4. Explain how autonomous scope connects to client-centred care and accountability.
- 5. Identify when to pause and seek clarification or support before proceeding autonomously.
- 6. Reflect on your practice and plan for continued learning.

Lesson 3 of 9

# **Autonomous scope of practice**

## What is autonomous scope of practice?

Autonomous scope of practice means nurses act independently to make decisions and carry out activities that fall within their education, competence, and legal authority—without needing a client-specific order from another health professional. Acting autonomously requires balancing regulatory authority, standards, employer policies, and your own competence, with client safety at the centre.



## Did you know?

Many activities you perform daily fall within your autonomous scope of practice and can be performed under your own authority as a nurse. This autonomy is essential for providing timely and effective care.

## Key terms at glance

Refresh your memory by reviewing these key terms.

Term	What it means
Scope of practice	Activities you are educated, competent, and authorized to perform.

Autonomous scope of practice	Activities you are educated, competent, and authorized to perform a client-specific order.
Non-restricted activity	An activity not listed as restricted in regulation (e.g., assisting with feeding, assisting with personal hygiene).
Restricted activity	A higher-risk activity defined in regulation (e.g., giving injections, applying a cast) that may or may not require an order depending on various factors.
Client-specific order	Authorization from a regulated health professional that enables a nurse to deliver specific care to a client. Whether an order is needed depends on regulations, employer policies, standards, and the nurse's competence.

## Activities you may perform autonomously

Nurses are authorized to perform specific activities as outlined by the regulation, allowing them to act autonomously without the need for a client- specific order. These activities include:

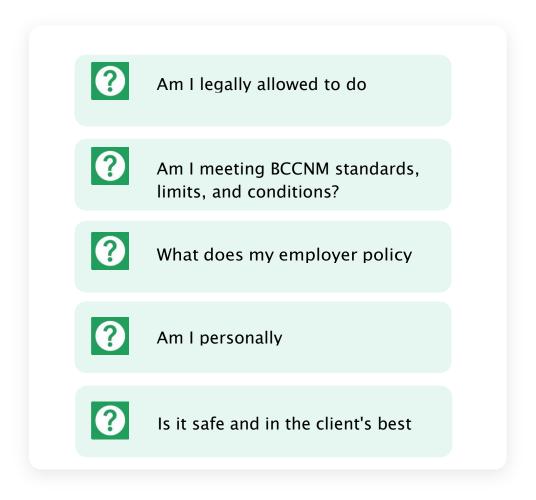
- Non-restricted activities such as hygiene care, client teaching, repositioning, documentation.
- Restricted activities that do not require an order (no order required if standards, employer
  policies, and competence are met) such as administering oxygen, treating anaphylaxis,
  nursing assessments.

Note: Some activities (e.g., applying restraints) appear autonomous but may require an order depending on your employer's policy or BCCNM standards.

When nurses act without an order, they must ensure their actions are safe and appropriate; they take full responsibility and accountability for their decisions and actions.

## Key considerations before acting autonomously

When deciding if you can act without an order, ask yourself:



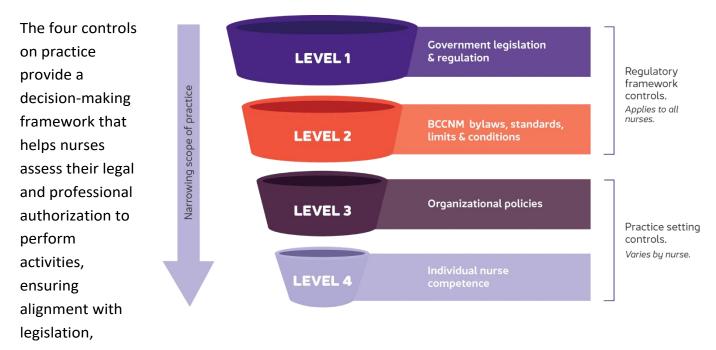
Next, we'll look at how legal requirements and employer policies determine whether you can act autonomously in practice.

Lesson 4 of 9

# **Authorization and employer policies**

Before acting without an order, nurses must ensure they are legally and professionally authorized and that employer policies support their actions. Regulation sets the outer boundaries of nursing practice, while standards and workplace policies define how those boundaries apply in your setting. Together with your individual competence, these elements form the four controls on practice that guide safe, accountable nursing. Let's explore how these controls work together to define what you can do in practice.

## Legal & professional authorization: The four controls on practice



professional standards, employer policies, and personal competence.

Take a look at the framework below. As you review it, think about how each control interacts with the others to guide your decision-making.

## **Level 1 - Legislation and regulation**

Ask yourself:

- Am I authorized to perform it under my nursing regulation?
- Can I perform the activity within my autonomous scope of practice (without an order) or do I need a client-specific order?
- Have I considered other relevant legislation?

If yes to above: Move to Level 2. If no: Stop and seek guidance.

**Your responsibilities:** Comply with your nursing regulation, understand legal requirements, and determine if you're legally authorized to perform an activity.

## Level 2 - BCCNM bylaws, standards, limits & conditions

## Ask yourself:

- Do I have a practising nursing license from BCCNM to practice in B.C.?
- Does this activity align with BCCNM practice standards including those related to scope of practice?
- Do I meet limits and conditions to perform this activity, if there are any?

If yes to above: Move to Level 3. If no: Stop and seek guidance.

**Your responsibilities:** BCCNM standards are not used in isolation. Make sure you are following all relevant standards, limits, and conditions (limits are restrictions set by BCCNM on activities; conditions are requirements set by BCCNM that must be met to perform an activity).

## **Level 3 - Organizational policies**

## Ask yourself:

- Is the activity within my job or role description?
- Does my employer allow me to perform this activity?
- Does my employer have policies and procedures that authorize and support me in performing this activity?
- Are there sufficient resources to support me before, during and after the activity?

If yes to above: Move to Level 4. If no: Stop and seek guidance.

**Your responsibilities:** Know your role within your employment setting and any limits specific to that role. Determine if employers support nurses to perform an activity in your practice setting. Review relevant policies, check resource availability, and consult with your employer and health-care team.

Employers are responsible for defining staff roles and whether nurses can perform specific activities in the practice setting. If your practice setting does not support the performance of an activity, you can advocate for and assist in the development of policies and procedures in the interest of client safety.

## Level 4 - Individual nurse competence

## Ask yourself:

- Do I have the competence (knowledge, skill, attitude, and judgment) to:
  - Assess whether it is appropriate to perform the activity?
  - o Perform the activity?
  - Manage the client before, during and after the activity?
- Do I have a plan and strategies to obtain and maintain my competence?

If yes to above: Proceed with the activity.

If no: Stop and seek guidance.

**Your responsibilities:** Reflect on your practice and competence. Each nurse is unique and may need different amounts of training, support, and resources to be competent to safely perform a particular activity.



BCCNM's Acting Within Autonomous Scope of Practice standards, limits, conditions outline your responsibilities and accountabilities when acting autonomously to provide care.

## Pause and reflect



Think of a time you acted autonomously. How did you confirm the activity was within your scope, met BCCNM's standards, limits and conditions, and aligned with employer and regulatory requirements?

## **Check your understanding**

Match each of the four controls on practice with its corresponding description.

Legislation and regulation	
BCCNM standards, limits, conditions, and bylaws $\_$	
Employer policies	
Individual nurse competence	

- a) Determines if an activity is legally authorized under nursing regulation and other relevant laws.
- b) Specify whether an activity is supported by employer policies and resources in the practice setting.
- c) Define scope of practice, limits, and conditions set by BCCNM that must be followed.
- d) Focuses on the nurse's knowledge, skills, and judgment to perform an activity safely.

## **Employer policies**

Even when regulation and standards permit an activity, your employer may add conditions, require extra training, or restrict certain activities. These policies are designed to promote consistency, reduce risk, and support client safety. Nurses must always align their practice with both regulation and standards and employer requirements.

Let's look at a brief scenario.



Chloe works in a hospital. She knows that pronouncing death is a non- restricted activity. However, her employer's policy requires that only physicians or nurse practitioners do so. Chloe follows the employer policy, ensuring she stays safe, accountable, and aligned with workplace expectations.

Take a moment to listen to how Chloe worked through her decision.

"I remember being asked to pronounce a client's death during a night shift. I knew it was within my scope, but our hospital policy required a physician to confirm. At first, it felt frustrating — I was competent and ready to act. But I realized the policy was there for consistency and to reduce risk. Following it kept me aligned with

both my professional responsibilities and my employer's expectations. It reminded me how important it is to know regulation, the standards, and the policies that guide my practice."

## Regulation vs policy in action

Here are some examples showing how legal authorization and workplace policies can interact, and why nurses must always check both before acting.

Case 1: Pronouncing death

Case 2: Wound care

Case 3: Immunization

## **Key takeaways**

This lesson emphasized the importance of aligning nursing actions with regulations, standards, employer policies, and personal competence. Here are some key takeaways:

- Understand the four controls on practice. They guide decision-making in nursing activities.
- Always check employer policies. They may add conditions beyond regulatory allowances.
- Recognize the legal and professional authority that allows you to carry out specific nursing activities without an order (autonomously).

Now that you've seen how regulation and policy set the boundaries of autonomous practice, the next step is to consider your competence and client safety before you act.

Lesson 5 of 9

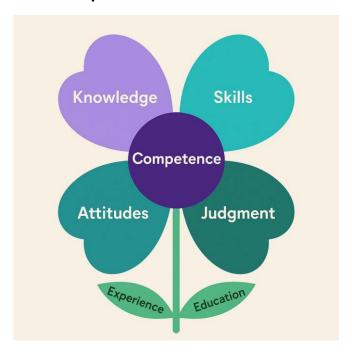
## **Competence & safe care**

Safe autonomous practice depends on more than legal authorization and employer policies.

Nurses must confirm they are competent, weigh risks and benefits, and keep client safety and well-being at the centre of every decision.



## What competence means



Competence is more than technical skill. It involves understanding and applying the knowledge, skills, attitudes, and judgments required for safe, competent, ethical, and culturally safe care. It requires honesty and self-awareness to know when you are competent to act and when you need support.

## **Quick competence check**

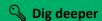
Before acting autonomously, complete this quick check.

# Ask yourself:

- Am I trained and knowledgeable in this activity?
- Have I performed it recently enough to be competent?
- Am I up to date on current guidelines or protocols?
- Am I aware of my own limits today (fatigue, stress, bias)
- Do I have the resources and support to perform this safely?

If you answer no or feel uncertain, pause and seek support, supervision, or further education before proceeding

In practice, this looks like: Providing care within your own competence, recognizing your limits, and seeking guidance or support when needed.



For a deeper dive into competence, including skill development, assessment tools, and professional growth, see the module: <a href="Nursing Competence">Nursing Competence</a>.

## **Practice snapshot: Is Kendra competent?**

Kendra, an RN, is asked to perform wound debridement on a post-surgical client. She is trained in the procedure but hasn't done it in over six months.



Scope check: Debridement is a restricted activity under regulation and requires RNs to meet the BCCNM standards, limits, and conditions associated with this procedure to ensure safe and effective practice.

Self-assessment: Kendra realizes her

skills may not be current.

**Decision:** She consults a wound care specialist for support instead of proceeding alone.

**Takeaway**: Competence isn't just past training—it's about your current knowledge, skills, judgment, and attitudes. Safe autonomous practice means pausing when unsure and seeking the right support.

## **Client-centred care and safety**

Every autonomous decision must balance clinical knowledge with client needs and context. Consider:

#### Risks and benefits

Assess the likelihood of harm, urgency of the situation, and outcomes of both action and inaction.

Example: following infection control protocols and double-checking medications directly reduces risk.

In practice, this looks like: Acting in the client's best interest by making decisions that protect their health, dignity, and safety.

## Personal bias, judgments, and assumptions

Reflect on your own biases that may influence decisions. Unchecked assumptions can perpetuate stereotypes and compromise care.

In practice, this looks like: Listening to your client's values and beliefs, respecting cultural practices, and making care decisions that honour what matters most to them.

#### **Power imbalances**

Be aware of the inherent power imbalances in nurse—client relationships. Take steps to build trust and create safe spaces for clients to share openly.

\( \sum\_{\text{in practice}}\) In practice, this looks like: Communicating clearly and respectfully so clients understand their care options, feel safe, and can make informed decisions.

#### **Knowledge & competence**

Confirm that you have the necessary knowledge and skill to perform the intervention safely. Acting without competence increases the risk of harm.

In practice this looks like: Taking responsibility for what you personally are competent to do and not relying on others' skills to fill a gap in your own practice.

#### Work environment & resources

Ensure that safe practice is supported by adequate resources, staffing, and time. High workloads or frequent interruptions increase the risk of errors.

In practice, this looks like: Checking policies, supports, and resources before acting autonomously to make sure your decisions are safe, appropriate, and supported.



Before performing any activity autonomously, always know who to escalate to, how to reach them, and what the backup plan is.

## **Practice snapshot: Respecting the whole person**

Client safety isn't just about vital signs and lab values, it's also about cultural safety, trust, and respecting the whole person. Let's look at how this plays out in practice, and then you'll have a chance to answer some questions to check your understanding.



Martina reviews Annie's blood glucose, which is high. When she enters the room, Annie is sitting quietly with her cedar bundle.



Hi Annie. Can I talk with you about your blood sugar? I'm worried because your readings have been high, and I'm wondering how we might bring them down.

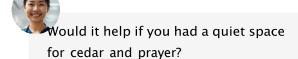


Can I ask—what does the cedar do for you?

No more needles today. What I need is time with my cedar bundle and quiet for prayer. The medicines here—my body doesn't always accept them.



It clears what's heavy. The cedar and prayer help my heart and blood to move right.





Yes, I'd like to go to the healing room. When it feels right, I might be open to including insulin later today.

Annie uses the healing room with support from the Indigenous Patient Navigator. She later says she feels ready to talk about insulin. What should Martina do next?

- a) Provide plain-language teaching and invite Annie's questions
- b) Lecture Annie about medication risks
- c) Hand Annie a pamphlet and leave
- d) Tell Annie to discuss it with the physician

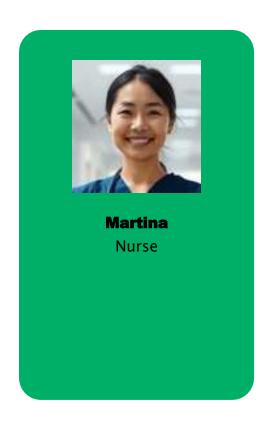
Imagine Annie still declined. What is an appropriate next step for Martina, within her autonomous scope?

- a) Continue monitoring Annie, support her understanding, and collaborate with the care team and Indigenous Patient Navigator
- b) Administer insulin without consent
- c) Stop providing care because Annie refused treatment
- d) Transfer Annie to another provider without further discussion

Martina's approach shows how clinical skill and cultural humility work hand in hand. By truly listening to Annie, she built trust, respected her cultural practices, and created a partnership that improved care outcomes.

Now, listen to Martina share how this experience shaped her understanding of what safe, autonomous practice really means.

"When Annie told me she didn't want insulin, my first instinct was to focus on the high blood sugar reading. But I caught myself, I realized this wasn't just about numbers. It was about Annie's whole experience, her beliefs, and her right to feel respected.



Taking a step back and listening helped me see a way forward. By arranging time for her cedar ceremony and involving the Indigenous Patient Navigator, I supported Annie's cultural needs and built trust. Only then was she open to talking about insulin again.

This reminded me that acting autonomously isn't about doing everything on my own, it's about pausing, reflecting, and choosing actions that are safe, culturally respectful,

and in the client's best interest."

#### Reflection

Martina's story shows how autonomous practice includes more than clinical skill. It includes self-reflection, cultural humility, and a commitment to working

Think about a time when you needed to balance your clinical instincts with cultural or emotional

## **Key takeaways**

- Acting autonomously does not mean acting alone. Clear communication is essential.
- Collaborating with other health-care providers ensures client needs are met when situations exceed individual scope or competence.
- Advocating for clients includes voicing their concerns and preferences to the whole team.
- Documenting client conversations is part of accountability and safe practice.
- Keeping clients, families, and colleagues informed, helps nurses make autonomous decisions that are safe, transparent, and supported.
- Combining clinical skills with cultural awareness and collaboration, nurses can
  act autonomously in ways that truly protect protects client safety and honour
  client needs.

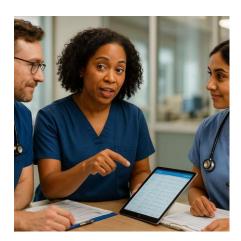
Once you've confirmed competence and considered client safety, the next step is to ensure your decisions stay connected through strong communication and collaboration.

Lesson 6 of 9

## **Communication & collaboration**







Acting autonomously does not mean working in isolation. Safe, effective care depends on clear communication with clients, families, and the health-care team, as well as collaboration when client needs exceed your scope.



Strong communication keeps care safe, connected, and client-centred. Acting autonomously means you take responsibility for updating your team, consulting when needed, sharing client concerns, and documenting clearly—so no one is left out of the loop.

## **Key practices**

Here are four best practices for communication:

<b>Communicate changes</b>			
in care			

Consult other professionals

Share client concerns and goals

**Document communication** 

- Update the team promptly when a client's condition or care plan changes. Use tools such as electronic records, huddles or care conferences.
- Encourage open dialogue so colleagues can voice concerns and suggestions.

In practice, this looks like: Communicating and collaborating so that care is seamless, responsibilities are shared, and the client experiences consistent, coordinated support.

changes in care

Consult other professionals

Share client concerns and goals

**Document communication** 

- Consult colleagues when uncertain and refer to specialists or physicians when client needs exceed your scope.
- Follow organizational policies for consultation and referral.

In practice, this looks like: Working with the health-care team to share nursing assessments, plan, actions, and review outcomes so care is coordinated and consistent.

Communicate changes in care	Consult other professionals	Share client concerns and goals	Document communication

- Actively advocate for client wishes, concerns, and evolving preferences. Share these with the team to ensure care stays client-centred.
- Use progress notes and care plans to keep everyone aligned.

In practice, this looks like: Actively involving the client in conversations about their care, explaining options and outcomes, and making decisions together.

Communicate	Consult other	Share client concerns and	<b>Document communication</b>
changes in care	professionals		

- Record assessments, decisions, client concerns, and informed consent discussions.
- Documentation provides continuity and ensures all providers are aware of the client's needs and preferences.

In practice, this looks like: Documenting your assessments, decisions, actions, and outcomes clearly and on time, so the care you provide autonomously is safe, transparent, and accountable.

Nurses work with clients, colleagues, and other health professionals in a respectful, collaborative way that supports safety, understanding, and shared decision-making.

## Practice snapshot: Acting autonomously while staying connected

As you work through this scenario, think about how you can use effective communication to improve collaboration with your clients and the health-care team within your autonomous scope of practice.



You are caring for a 76-year-old client admitted for heart failure and pneumonia. You must decide how to act while maintaining clear communication and collaboration.

You check the client and notice new shortness of breath and mild confusion. His oxygen saturation has dropped slightly, and he seems more fatigued than usual. What do you do next?

- a) Administer a PRN medication for dyspnea without consulting anyone.
- b) Reassess and consult the respiratory therapist and physician.
- c) Monitor and make a note to reassess later.



Later, the client tells you he's worried about going home alone and managing his medications. What's your next step?

- a) Reassure him and suggest he talk to his family.
- b) Document his concerns in the chart, but don't mention it to the team yet.
- c) Share his concerns with the social worker and care coordinator.



The client's daughter arrives and asks why her father is taking a new medication. How do you respond?

- a) Tell her to speak with the physician.
- b) Explain the reason in plain language and invite questions.
- c) Hand her the medication printout and move on.



You are documenting your interactions with the client. What should be included in your documentation?

- a) Nursing assessments, client's concerns about going home, consults with respiratory therapist and physician, and daughter's questions and responses.
- b) Only vitals and medications administered.
- c) "Client stable, no issues"

**Scenario end:** Acting within your autonomous scope means more than clinical decisions. It includes communicating clearly, involving the client and team, and documenting with purpose.

## **Key takeaways**

- Clear communication is essential when acting within your autonomous scope of practice.
- Collaboration ensures client needs are met when situations exceed individual scope or competence.
- Advocating for clients includes voicing their concerns and preferences to the whole team.
- Documentation of communication is part of accountability and safe practice.

By keeping clients, families, and colleagues informed, nurses make autonomous decisions that are safe, transparent, and supported.

Strong communication builds the foundation for accountability. In the next lesson, we'll look at how reflection and ongoing learning help nurses take responsibility for their decisions and continue to grow in autonomous practice.

Lesson 7 of 9

# **Accountability & growth**



Autonomous practice does not end once an activity is complete. Nurses remain responsible and accountable for outcomes and must engage in reflection and lifelong learning to grow.

Accountability and growth ensure that autonomous decisions are safe, ethical, and aligned with BCCNM standards.



## **Practice point**

Reflection is an ongoing process. Nurses reflect before, during, and after client care on whether their day-to-day actions align with their scope, competence, and ethical obligations.

## Reflection in practice

Reflection helps nurses learn from each experience, strengthen decision-making, and recognize areas for growth.

Ask yourself:

- 3
- Did I act within my scope, standards, and competence?
- 8
- What went well? What would I do differently next time?
- 0
- Did bias or assumptions influence
- 8

How did the client respond and were their needs met?

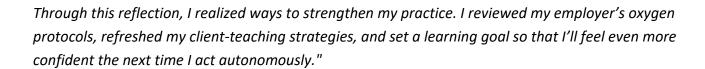
In practice, this looks like: Being aware of your own biases, addressing them when they arise, and taking action to ensure care is fair, respectful, and client-centred.

## **Practice snapshot: Grace's reflection**

Listen to Grace reflect on an experience, showing how reflection helps her learn from challenges and strengthen her practice by leading to both immediate action (client safety) and long-term growth (professional learning).

"During my shift at the community clinic, I noticed a client becoming short of breath. Acting within my autonomous scope, I decided to start oxygen therapy. The client stabilized while waiting for the doctor. Afterward, I reflected on my decision.

- Did I follow BCCNM standards, limits and conditions to act autonomously?
- Did I check the employer protocol?
- Was my documentation clear enough?
- Did I explain the risks and expectations thoroughly to the client?



## **Check your understanding**

True or False: Reflection is only needed when something goes wrong.

- a) True
- b) False



## **Continued learning**

Safe practice requires keeping knowledge and skills current. Nurses must regularly identify gaps, seek opportunities to learn, and share insights with colleagues.

- Identify gaps After challenging situations, ask: Where did I hesitate? What knowledge or skills were missing?
- Seek education or mentorship Use workshops, webinars, mentorship, or peer support to strengthen skills.
- Apply and share Use new knowledge in practice and share insights with your team to support collective growth.

## Taz's learning plan

Here's an example of how reflection and continued learning can strengthen both individual and team practice:

"While caring for a post-surgical client, I realized I wasn't fully competent in the latest wound care protocols. Instead of pushing ahead, I paused to reflect and asked a senior colleague for guidance.

Later, I completed an online refresher course to update my skills. At the next team huddle, I shared practical tips I had learned, which helped both me and my colleagues strengthen our practice. By reflecting, seeking education, and sharing knowledge, I turned a learning gap into an opportunity for growth."



- Accountability means owning not just your actions, but also outcomes and follow-up actions
- Reflection is an ongoing process that builds self-awareness, challenges bias, and improves client safety.
- Continued learning ensures practice stays current, evidence-based, and aligned with standards.
- Sharing learning fosters a culture of collective growth and strengthens team-based care.

By embracing accountability, reflection, and lifelong learning, nurses can continue to act autonomously with confidence while ensuring safe, competent, ethical, and culturally safe care.

Well done, you've completed the content. Take the final quiz to test your knowledge and reinforce your learning.

Lesson 8 of 9

# Quiz

Welcome to the final quiz! This is an opportunity to test your understanding of the material covered. Remember, this is a chance to reinforce your learning and identify any areas that may need further review. A score of 80% is required to pass the quiz.

#### Question

#### 01/07

What should you do if your employer's policy directs you to perform an activity that is outside your legal scope of practice or conflicts with BCCNM standards?

- a) Follow the policy anyway as your employer sets the rules.
- b) Refuse to perform the activity, explain why it is outside your scope, and seek clarification or support from BCCNM.
- c) Ask a colleague to perform the activity instead so you don't risk your licence.
- d) Try the activity if you feel confident in your skills competence matters more than scope.

#### Question

#### 02/07

Select all that apply. To decide if an activity is within your autonomous scope, you should ask yourself:

- a) Is the activity within my legal and professional scope of practice?
- b) Do BCCNM standards, limits, or conditions allow me to do this autonomously and can I meet these requirements?
- c) Do my employer's policies permit this activity?
- d) Am I personally competent to perform this activity safely?
- e) Does this activity require a client-specific order according to legislation, standards, or employer policy?
- f) Is this activity something I find interesting or would like to try?

g) Have I seen another nurse perform this activity successfully, even if I haven't been trained?

#### Question

#### 03/07

What is one key factor you must always assess before acting autonomously?

- a) Your personal competence and skills
- b) The availability of a colleague to assist
- c) The time of day the activity is performed
- d) Whether the activity is routine or non-routine

## Question

#### 04/07

Why is self-reflection important in autonomous practice?

- a) It helps identify areas for personal and professional growth.
- b) It eliminates the need for external feedback.
- c) It ensures compliance with all legal requirements.
- d) It guarantees success in all professional tasks.

#### Question

#### 05/07

During handover, the off-going nurse tells you a client's enteral feeding can begin now. The tube is in place, but there is no order in the chart, and your unit policy requires a physician's order before initiating feeding. How should you proceed?

- a) Proceed with the feed since you're competent and authorized by regulation.
- b) Ask a colleague to start the feed for you.
- c) Follow employer policy and obtain a physician's order.
- d) Document that the feed wasn't started but take no further action.

## Question

#### 06/07

Which of the following is a key practice for ensuring strong communication when practising autonomously?

- a) Documenting communication promptly and accurately.
- b) Consulting colleagues only when absolutely necessary
- c) Relying solely on personal judgment for client care decisions
- d) Avoiding open dialogue to prevent disagreements

#### Question

#### 07/07

Select all that apply. Which practices support reflection and lifelong learning in autonomous nursing practice?

- a) Relying only on past experiences without considering new evidence or guidelines
- b) Engaging in regular self-assessment to identify areas for improvement
- c) Avoiding collaboration to focus solely on personal decision-making
- d) Seeking feedback from colleagues to enhance professional growth
- e) Documenting communication to ensure accountability and continuity of care

## **Answer key**

## Page 12

Match each of the four controls on practice with its corresponding description.

**Legislation and regulation** - Determines if an activity is legally authorized under nursing regulation and other relevant laws.

**BCCNM standards, limits, conditions, and bylaws** - Define scope of practice, limits, and conditions set by BCCNM that must be followed.

**Employer policies** - Specify whether an activity is supported by employer policies and resources in the practice setting.

**Individual nurse competence** - Focuses on the nurse's knowledge, skills, and judgment to perform an activity safely.

#### Page 20-21

Annie uses the healing room with support from the Indigenous Patient Navigator. She later says she feels ready to talk about insulin. What should Martina do next?

- a) Provide plain-language teaching and invite Annie's questions
- b) Lecture Annie about medication risks
- c) Hand Annie a pamphlet and leave
- d) Tell Annie to discuss it with the physician

Imagine Annie still declined. What is an appropriate next step for Martina, within her autonomous scope?

- a) Continue monitoring Annie, support her understanding, and collaborate with the care team and Indigenous Patient Navigator
- b) Administer insulin without consent
- c) Stop providing care because Annie refused treatment
- d) Transfer Annie to another provider without further discussion

## Page 27-29

You are caring for a 76-year-old client admitted for heart failure and pneumonia. You must decide how to act while maintaining clear communication and collaboration.

You check the client and notice new shortness of breath and mild confusion. His oxygen saturation has dropped slightly, and he seems more fatigued than usual. What do you do next?

- a) Administer a PRN medication for dyspnea without consulting anyone.
- b) Reassess and consult the respiratory therapist and physician.
- c) Monitor and make a note to reassess later.

Later, the client tells you he's worried about going home alone and managing his medications. What's your next step?

- a) Reassure him and suggest he talk to his family.
- b) Document his concerns in the chart, but don't mention it to the team yet.
- c) Share his concerns with the social worker and care coordinator.

The client's daughter arrives and asks why her father is taking a new medication. How do you respond?

- a) Tell her to speak with the physician.
- b) Explain the reason in plain language and invite questions.
- c) Hand her the medication printout and move on.

You are documenting your interactions with the client. What should be included in your documentation?

- a) Nursing assessments, client's concerns about going home, consults with respiratory therapist and physician, and daughter's questions and responses.
- b) Only vitals and medications administered.
- c) "Client stable, no issues"

#### Page 31

True or False: Reflection is only needed when something goes wrong.

- a) True
- b) False

## Page 34 - Quiz

## 01/07

What should you do if your employer's policy directs you to perform an activity that is outside your legal scope of practice or conflicts with BCCNM standards?

- a) Follow the policy anyway as your employer sets the rules.
- b) Refuse to perform the activity, explain why it is outside your scope, and seek clarification or support from BCCNM.
- c) Ask a colleague to perform the activity instead so you don't risk your licence.
- d) Try the activity if you feel confident in your skills competence matters more than scope.

## 02/07

Select all that apply. To decide if an activity is within your autonomous scope, you should ask yourself:

- a) Is the activity within my legal and professional scope of practice?
- b) Do BCCNM standards, limits, or conditions allow me to do this autonomously and can I meet these requirements?
- c) Do my employer's policies permit this activity?
- d) Am I personally competent to perform this activity safely?
- e) Does this activity require a client-specific order according to legislation, standards, or employer policy?
- f) Is this activity something I find interesting or would like to try?
- g) Have I seen another nurse perform this activity successfully, even if I haven't been trained?

#### 03/07

What is one key factor you must always assess before acting autonomously?

- a) Your personal competence and skills
- b) The availability of a colleague to assist
- c) The time of day the activity is performed
- d) Whether the activity is routine or non-routine

#### 04/07

Why is self-reflection important in autonomous practice?

- a) It helps identify areas for personal and professional growth.
- b) It eliminates the need for external feedback.
- c) It ensures compliance with all legal requirements.
- d) It guarantees success in all professional tasks.
- e)

## 05/07

During handover, the off-going nurse tells you a client's enteral feeding can begin now. The tube is in place, but there is no order in the chart, and your unit policy requires a physician's order before initiating feeding. How should you proceed?

- a) Proceed with the feed since you're competent and authorized by regulation.
- b) Ask a colleague to start the feed for you.
- c) Follow employer policy and obtain a physician's order.
- d) Document that the feed wasn't started but take no further action.

#### 06/07

Which of the following is a key practice for ensuring strong communication when practising autonomously?

- a. Documenting communication promptly and accurately.
- b. Consulting colleagues only when absolutely necessary
- c. Relying solely on personal judgment for client care decisions
- d. Avoiding open dialogue to prevent disagreements

#### 07/07

Select all that apply. Which practices support reflection and lifelong learning in autonomous nursing practice?

- a) Relying only on past experiences without considering new evidence or guidelines
- b) Engaging in regular self-assessment to identify areas for improvement
- c) Avoiding collaboration to focus solely on personal decision-making
- d) Seeking feedback from colleagues to enhance professional growth
- e) Documenting communication to ensure accountability and continuity of care

Lesson 9 of 9

# Module wrap-up & next steps

You've now explored the essentials of acting within your autonomous scope of practice: understanding what it means, checking legal and policy requirements, confirming competence, keeping client safety at the centre, communicating and collaborating, and reflecting for growth. Here are some key takeaways:

## **Key takeaways**

- Always check the four controls on practice before acting autonomously.
- Be honest about your competence and seek help when needed.
- Keep client safety and cultural respect central to decisions.
- Communicate clearly with clients, families, and colleagues.
- Reflect and keep learning.

## **Next steps**

- Apply these lessons to your daily decision-making.
- Share what you've learned with your team to strengthen collective practice.

Congratulations! By completing this module, you've reinforced your ability to act autonomously with confidence, accountability, and client-centred care.

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