



BCCNM LEARNING MODULE — WORKBOOK

Professional Standards

In Nursing Practice



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Introduction

This workbook offers activities that allow you to apply ideas presented in the on-line Learning Module. It is organized in four sections.

- **Part 1** includes **Workbook Activities** that are related to various topic areas addressed in the Learning Module. As you work through the module, you will be directed to complete a specific Workbook Activity. Part 1 also includes pages for you to record your thoughts related to learning in this module. There are two pages: “Thoughts from Reflection Points” provides a space to jot down your thoughts related to “Reflection Points” included in the Module, while “Insights and affirmations” provides a space to note new insights related to your application of the Professional Standards in your practice. This information will be useful for you in completing your ongoing Professional Development Plan at the completion of this module.
- **Part 2, “Applying My Learning”**, includes case scenarios and associated questions. Completing the questions related to the cases provides an opportunity for you to apply information that has been offered in the module in the context of practice-based scenarios. When you have completed the questions, you may wish to compare your responses with those provided in the “Workbook Activities and Case Perspectives” located in Part 4.
- **Part 3:** This section of the workbook provides an opportunity for you to **create a plan for your continued professional growth**. A sample Professional Development Plan is provided to help you in this process.
- **Part 4** presents **sample responses** to Workbook Activities and the case scenarios included in Part 2: “Applying My Learning.”

1

Workbook Activity #1 - Part 1

Part 1 of this activity provides an opportunity for you to build familiarity with the Professional Standards document. You will use information included in specific sections of the document to answer questions related to your nursing practice.

*Please read: BCCNM Professional Standards for Registered Nurses and Nurse Practitioners, pp 1-6.
https://www.bccnm.ca/Documents/standards_practice/rn/RN_NP_Professional_Standards.pdf*

1. Using the information included in the Professional Standards and the module discussion, please complete the following sentences in your own words:

- The professional standards describe ...

- The indicators describe ...

- Because I am a self-regulating professional I ...

2. Indicate if the following statements are true or false:

• Indicators are listed in order of priority.	True	False
• The list of indicators for each area of practice include every action that a nurse might do in order to meet the standard.	True	False
• A nurse who usually works in education but sometimes assumes administrative responsibility may find administrative indicators helpful in understanding the requirements of the administration role.	True	False
• A standard is an achievable level of nursing practice performance.	True	False
• Professional standards help the public understand the expectations for professional nursing practice.	True	False
• The standards do not apply to nurses who do research.	True	False
• The standards provide a framework for professional development activities.	True	False

1

Workbook Activity #1 - Part 1 (continued)

3. Beyond their over-riding role of offering direction and support for nurses in providing safe, competent and ethical care for clients, how else could you or do you use the Professional Standards in your nursing practice?

4. Imagine for a moment that you were in the following roles: How might you 'use' the Professional Standards ...

- ... if you were an employer of nurses?

- ... as a member of the public?

1

Workbook Activity #1 - Part 2

Please review each of the following scenarios, consider the question posed at the end of each and note your thoughts. It is OK to keep your responses brief at this time as you will have an opportunity to return to these scenarios and add to your thoughts later in the module.

Jordan has been a nurse for 5 years and works on a busy medical floor. A skiing accident a year ago left her with chronic pain that got much worse when she worked. Frustrated that her prescribed medication was not alleviating her pain, she began using various 'street' drugs, telling herself 'it was just an "extra" to help control her pain so that she could work'. Initially she restricted her use of street drugs to her days off, but lately she has begun consuming them on a regular basis. After conversations initiated by a close friend, Jordan has now realized she is addicted to the drugs and that this could negatively impact her ability to provide safe client care. She knows that she wants to be healthy, so she removes herself from practice and contacts her physician to ask for medical assistance. She also calls BCCNM to tell them that she has health issues that have implications for her fitness to practice and asks for guidance about what she should do.

Is this acceptable nursing practice?

Celeste has been an RN for six months. Although she is glad to have graduated and be working as an RN, she misses her 'student life' and being with her friends all day. She feels so 'out of the loop' on what's happening and has been using social media to stay in touch. She and her friends have developed a habit of updating their Facebook status during and after a workday with humorous comments of the 'low and 'high' lights of their workday. They are careful not to use names but often refer to situations involving interactions with clients or families.

Is this acceptable nursing practice?

1

Workbook Activity #1 - Part 2 (continued)

Helen has recently started her first position as an educator on a busy surgical floor in a community hospital. She is surprised to discover that some of the dressing procedures are not consistent with what she understands to be best practices. When she raises this concern with the Nursing Unit Manager, the manager says, ‘This is the way we’ve always done it. It seems to work fine so I don’t really see what the issue is’. Helen is concerned about ‘creating waves’ in her new job and so she decides to leave things ‘as-is’ at the moment and revisit the concern ‘later’?

What is acceptable nursing practice in this situation?

David has recently begun a new role as unit manager. He is surprised to find that there is not a ‘standardized tool’ for him to use for staff performance appraisal. Over the next few months, he works with a group of administrators in the health care agency to research relevant literature, review existing tools being used in other disciplines, and talk to nurses about what they would like to see in a performance appraisal tool. Together, they design and develop a performance appraisal tool that reflects the Professional Standards. As a final phase of development, David agrees to pilot its use with the staff of his nursing team, evaluate its effectiveness and share the information with other administrators.

Do David’s actions reflect acceptable nursing practice?

2

Workbook Activity #2

Part 1

This activity provides an opportunity for you to review the Standard 1 indicators for your area of nursing practice and consider how they direct, support and/or are evident in your nursing practice.

1. Begin by selecting a 2-3 hour section of an 'average' workday
2. With this example of your nursing practice in mind, review the Standard 1 Indicators for your area of practice. For each indicator, note down an example of how that indicator is evident in your practice, or supports or directs your practice.
3. When you have completed your reflective review, 'step back' and consider your conclusions. What affirmations and insights do these offer you with respect to your nursing practice? Are there areas where you are particularly strong? Or perhaps indicators in which you are challenged to find strong evidence of how they appear in your practice?
4. Next, consider any aspects of your nursing practice that you find challenging. With these in mind, re-read Standard 1 indicators. Do the indicators offer direction or support for you with respect to any of the challenges you have identified?
5. Before you return to the module, take a moment to record your insights and conclusions related to this activity on the "Affirmations and Insights" page of this Workbook. At the completion of the module, you will have an opportunity to use the insights and affirmations gained in various learning activities as part of your planning for future professional growth and development.

Part 2

Please return to the scenarios included with Workbook Activity # 1 . Re-read these and, using your understanding of Standard 1: Professional Responsibility and Accountability, add to or refine your previous responses to the questions with each example.

3

Workbook Activity #3

Part 1

This activity provides an opportunity for you to review Standard 2 indicators related to your area of nursing practice and to consider the direction and support they provide for your nursing practice.

1. Begin by reviewing Standard 2 indicators for your area of nursing practice. From there you can choose one of two processes:
 - Either repeat the process you used in the previous Workbook Activity – select a 2-3 hour section of a recent day at work. Then, with that example of practice in mind, return to the indicators and find an example of how each one is evident in your practice, or directs or supports your practice.
 - **OR:** Take a Standard to work with you – literally! Print out the indicators for your area of practice and carry them with you in your work day. At regular intervals review the nursing care you have provided and then identify relevant indicators. Your goal in this process is to gain a sense of how these specific indicators direct and support your nursing practice.
2. When you have completed Step 1, take some time to consider your conclusions. Are there areas where you have strong evidence of meeting the Standard in your practice? Were there indicators in which you are challenged to find strong evidence of how they appear in your practice? What insights and affirmations has this process offered you with respect to your nursing practice?
4. Next, consider your nursing practice in general, and identify any aspects that you often find challenging. With these in mind, re-read the Standard 2 indicators. Do the indicators offer direction or support for you with respect to any of the challenges you have identified?
5. Before you return to the module, take a moment to record your insights and conclusions related to this activity on the “Affirmations and Insights” page of this Workbook. At the completion of the module, you will have an opportunity to use the insights and affirmations gained in various learning activities, as part of your planning for future professional growth and development.

Part 2

Please return to the scenarios included with Workbook Activity # 1. Re-read these and, using your understanding of Standard 2: Knowledge-Based Practice, add to or refine your previous responses to the questions with each example.

4

Workbook Activity #4

Part 1

This activity provides an opportunity for you to review Standard 3 indicators for your area of nursing practice and consider how they direct, support and/or are evident in your nursing practice.

1. Begin by reviewing the Standard 3 indicators for your area of nursing practice. From there you can choose one of the following three processes (the first two will be familiar to you):
 - Select a 2-3 hour section of a recent day at work. And then, with that example of practice in mind, return to the indicators and find an example of how each one is evident in your practice, or directs or supports your practice.
 - Take a Standard to work with you – literally! Print out the indicators for your area of practice and carry them with you in your work day. At regular intervals review the nursing care you have provided and then identify relevant indicators. Your goal in this process is to gain a sense of how these specific indicators direct and support your nursing practice.
 - Pair up with a colleague who works in the same area of nursing practice as you. Ask him or her to share a ‘typical example’ of their nursing practice. With that example in mind, return to the indicators and find an example of how each one is evident in their practice, or directs or supports their practice. Now, repeat the process with you sharing your example with them. Compare your conclusions.
2. When you have completed Step 1, take some time to consider your conclusions.
 - If you completed either of the first two options, are there areas where you have strong evidence of meeting the Standard in your practice? Were there indicators in which you are challenged to find strong evidence of how they appear in your practice? What insights and affirmations has this process offered you with respect to your nursing practice?
 - If you completed the third option, what similarities and differences did you notice between evidence of the indicators in yours and your colleague’s nursing practice? What insights and affirmations has this process offered you with respect to your nursing practice?
3. Before you return to the module, take a moment to record your insights and conclusions related to this activity on the “Affirmations and Insights” page of this Workbook.

Part 2

Please return to the scenarios included with Workbook Activity # 1. Re-read these and, using your understanding of Standard 3: Client-Focused Provision of Service, add to or refine your previous responses to the questions with each example.

5

Workbook Activity #5:

Part 1

This activity provides an opportunity for you to review Standard 4 indicators for your area of nursing practice and consider how they direct, support and/or are evident in your nursing practice.

1. Begin by reviewing Standard 4 indicators for your area of nursing practice. From there you can choose one of the following four processes (the first three will be familiar to you):
 - Select a 2-3 hour section of a recent day at work. And then, with that example of practice in mind, return to the indicators and find an example of how each one is evident in your practice, or directs or supports your practice.
 - Take a Standard to work with you – literally! Print out the indicators for your area of practice and carry them with you in your workday. At regular intervals review the nursing care you have provided and then identify relevant indicators. Your goal in this process is to gain a sense of how these specific indicators direct and support your nursing practice.
 - Pair up with a colleague who works in the same area of nursing practice as you (i.e. if you are an educator, talk with another educator). Ask him or her to share a ‘typical example’ of their nursing practice. Then, with that example in mind, return to the indicators and find an example of how each one is evident in their practice, or directs or supports their practice. Now, repeat the process with you sharing your example with them. Compare your conclusions.
 - Talk with a mentor about how each of the Standard 4 indicators direct and support their nursing practice. Compare their experience with your own.
2. When you have completed Step 1, take some time to consider your conclusions.
 - If you completed either of the first two options, are there areas where you have strong evidence of meeting the Standard in your practice? Were there indicators in which you are challenged to find strong evidence of how they appear in your practice? What insights and affirmations has this process offered you with respect to your nursing practice?
 - If you completed the third or fourth option, what similarities and differences did you notice between evidence of the indicators in your nursing practice and your colleague or mentor’s nursing practice? What insights and affirmations has this process offered you with respect to your nursing practice?

5

Workbook Activity #5: (*continue*)

3. Next, return to the aspects of your nursing practice in general that you have previously identified as challenging. With these in mind, re-read the Standard 4 indicators. Do the indicators offer direction or support for you with respect to any of the challenges you have identified?
4. Before you return to the module, take a moment to record your insights and conclusions related to this activity on the “Affirmations and Insights” page located of this Workbook. At the completion of the module, you will have an opportunity to use the insights and affirmations gained in various learning activities, as part of your planning for future professional growth and development.

Part 2

Please return to the scenarios included with Workbook Activity # 1. Re-read these and, using your understanding of Standard 4: Ethical Practice, add to or refine your previous responses to the questions with each example.

When you have completed Part 2 of this activity, you may wish to ***compare your thoughts related to each of these scenarios with those provided in Part Four of this module, “Workbook Activities and Case Perspectives”***. If you have any questions about the scenarios or would like to discuss any of these issues further, please feel free to contact BCCNM Practice Support services. In addition, the Learning Resources section of the module offers some additional relevant resources. These are listed in the Resources under “Workbook Activity scenarios”.

6

Workbook Activity #6

This final learning activity will guide you in developing a plan for future development in your nursing practice using the insights and information you have gained while completing this module. Please see Part #, “Growth Planning” in the Workbook for a plan outline and an example.

1. Begin by reviewing the thoughts you have compiled on the “Affirmations and Insights” page. These include the conclusions you have formed about your understanding of the Professional Standards, and the direction and support they provide for your nursing practice.

Take some time to read through these conclusions. First, notice and acknowledge your strengths and the areas of your nursing practice that have been affirmed in the various activities. Then pay attention to the areas that you have identified as areas for development and growth or perhaps areas that represent ongoing challenges. As you read these, notice which ones seem to resonate with you or feel most important to you. Use these conclusions to determine goals that will support your ongoing growth and professional development.

2. Create **three goals** that reflect your focus for development in your nursing practice. Now write these goals on the planning page provided in Part # 3 of the Workbook, “Growth Planning”.
3. The next step is to **develop an action plan** that will help you meet those goals. Begin by identifying resources that you could use to assist you in meeting your goals. If you are not aware of specific resources, then begin by listing the sources you will explore in order to learn what you can do to support your growth toward your goals.
4. Once you are familiar with the learning opportunities that are available to you, create an action plan that outlines specific strategies you will use, what resources you need in order to implement these strategies (e.g. who do you need to talk to, learning materials you want to acquire, learning experiences you need to arrange) and, importantly, include a target date for completion.

Not sure how to do identify goals and create an action plan? Part # 3 of the Workbook, “Growth Planning” also includes a brief example. As well, it is recommended that you use the BCCNM Quality Assurance documents and resources to assist you in this process. If you wish to review these now, then access the link below.

RN: <https://www.bccnm.ca/RN/QA/Pages/Default.aspx>

NP: <https://www.bccnm.ca/NP/QA/Pages/Default.aspx>

5. Finally: Add your plan to your ongoing Professional Development file or portfolio. And remember to update it once you have completed the actions!

Notes from Reflection Points



Professional Standards in Nursing Practice: Affirmations and Insights

Part 2

Applying My Learning



1

Case Scenario #1: Jackie and a Public Health Nursing Team

During a staff meeting in a Public Health Unit, several public health nurses reported a rising incidence of bullying in the local schools. The nurses described hearing stories from students attending the school health clinics about being bullied by fellow students and, in some cases, physically assaulted. As Jackie listened to the nurses' stories she recognized that this was a serious issue and decided to devote time and resources to investigating it and intervene as required.

Jackie and the Public Health Nurse team spent time discussing how best to respond to this situation and came up with a plan for a three-phase response. In the first phase, they focused on gathering information to help them understand the extent of the issue. They summarized statistics from existing documentation of school clinical visits and conducted information-gathering meetings with other Public Health Nurses, as well as the school psychologist, and school, student, and parent representatives. To help them understand the full implications of the facts they were gathering, they also reviewed relevant legislation, current literature related to bullying in schools, and BCCNM Professional Standards, as well as Health Authority and School District policies related to school clinics, and school anti-bullying policies.

The information gathered in this first phase, confirmed Jackie's earlier decision to devote time and resources to this issue and so they continued with the second phase – the part of the plan that focused on education and provision of resources and support for all concerned. During Phase 2, Jackie and selected Public Health Nurses continued to meet with and listen to school, parent, and student representatives in an effort to establish and align Public Health Nursing policies and activities with school and family anti-bullying strategies. They also provided education and resources for Public Health Nurses related to anti-bullying policies and strategies.

Finally, Jackie and the nurses worked with stakeholders to plan how they would evaluate the effectiveness of their planned strategies and approaches. This third phase would gather perspectives from students, school, and parents, as well as Public Health Nurses. This evaluation process would determine if needs and expectations of each group of been met and also assess what information and learning could be shared with other Public Health Units and Schools.

1

Case Scenario #1: Jackie and a Public Health Nursing Team

Activity

Please answer the following questions. When you have completed this activity, you may wish to compare your responses with those provided in the “Perspectives” section at the end of this Workbook.

Using the Professional Standards to guide you:

- Identify relevant Standards that provide direction and support for the nurse(s) in the scenario. For example, does this scenario relate to Professional Responsibility and Accountability, Knowledge-Based practice, Client-Focused Provision of Service or Ethical Practice? There may be more than one standard that will be relevant to this situation. Note these here.
- For each Standard you have identified as relevant, consider the indicators that relate to the role(s) of the nurse(s) in the example (e.g. clinical practice, administrative, education, or research indicators). What direction do the indicators provide for the nurse(s) in this scenario? Record your thoughts here.

1

Case Scenario #1: Jackie and a Public Health Nursing Team (*continue*)

- If you have not already done so, consider the situation from the perspective of a nurse who works in a different area of practice from the one you chose in the previous point. For example, if you focused on clinical practice indicators in the previous step, then review the indicators for administration or education this time.

- Does this alternative point of view offer any new insights? Add your new thoughts to your previous notes.

2

Case Scenario #2: Tom and a Client Experiencing Multiple Trauma

In the two years Tom had been working in this rural hospital, most clients experiencing severe multi-trauma had been stabilized in their small emergency room and transported to a tertiary health care agency. This time, however, that was not the case. Josef, the client, had experienced thoracic trauma, complex fractures in his pelvis and both legs, and extensive soft tissue injuries in a heavy equipment accident. A severe winter storm meant that the rural hospital staff would need to provide care for Josef until weather improved enough for an air ambulance to operate.

Tom's experience with providing care for clients with severe multi-trauma was minimal, and he had been very aware of that when he found that Josef was assigned to his care. The one other RN on the shift with him had an equally challenging workload and Tom realized he would need to do his best with Josef. After reviewing Josef's chart, Tom went to his room to get a better sense of his condition.

Tom introduced himself to Josef and two family members who were also present and explained that he needed to complete an assessment. After completing his assessment and determining that Josef was stable and did not need any pain relief medication at that time, Tom returned to the nursing station to document his assessment. Josef's sister followed Tom out of the room and asked him several questions about Josef's condition and prognosis. Tom was not able to answer all of her questions but promised her that he would get more information and get back to her.

After he had documented the assessment, Tom considered his need for more information related to Josef's condition and associated nursing care. As well as wanting to be able to answer Josef's sister's questions, Tom had some questions of his own about specific assessment and care related to Josef's injuries. First, he decided he would ask the ER physician to meet with Josef's family when he was available. He felt that was an efficient way to provide an answer for most, if not all, of their questions. He would make sure he was present at the meeting so that he could follow up with Josef's family as required.

To address his own needs for information, Tom planned three actions. First, he would look on the hospital intranet, and see what he could find related to caring for multi-trauma clients. Second, when the other RN on shift with him that day had completed her initial assessments, he would also talk with her. Third, Tom decided to call the Trauma Nurse Educator at the Tertiary Health Care agency where they typically transferred their clients.

Tom's intranet search and the conversation with the other RN yielded some information, but he still had questions. So, as planned, he phoned the Trauma Nurse Educator and explained the situation to her, using information from the recent assessment to provide a clear 'picture' of Josef's condition. She asked Tom some questions regarding his previous experience with caring for multi-trauma clients, about what other health care team members were working that day with Tom, and about Josef's current condition. Tom answered her questions and then listened carefully as she offered him specific information related to providing care for Josef. She also told Tom she would fax him some current literature that would help him in caring for Josef and answering Josef's family's questions. Finally, she asked Tom to summarize the key points of the information she had given him. Once she was sure he had understood her advice, she also told him to call her again if he needed any further assistance.

After Tom had finished the phone call with the Clinical Educator, he documented the event in the nursing notes and updated the Care Kardex to reflect the information she had offered.

2

Case Scenario #2: Tom and a Client Experiencing Multiple Trauma

Activity

Please answer the following questions. When you have completed this activity, you may wish to compare your responses with those provided in the “Perspectives” section at the end of this Workbook.

Using the Professional Standards to guide you:

- Identify relevant Standards that provide direction and support for the nurse(s) in the scenario. For example, does this scenario relate to Professional Responsibility and Accountability, Knowledge-Based practice, Client-Focused Provision of Service or Ethical Practice? There may be more than one standard that will be relevant to this situation. Note these here.

- For each Standard you have identified as relevant, consider the indicators that relate to the role(s) of the nurse(s) in the example (e.g. clinical practice, administrative, education, or research indicators). What direction do the indicators provide for the nurse(s) in this scenario? Record your thoughts here.

2

Case Scenario #2: Tom and a Client Experiencing Multiple Trauma

- If you have not already done so, consider the situation from the perspective of a nurse who works in a different area of practice from the one you chose in the previous point. For example, if you focused on clinical practice indicators in the previous step, then review the indicators for administration or education this time.

- Does this alternative point of view offer any new insights? Add your new thoughts to your previous notes.

Part 3

Growth Planning



My Plan for Professional Development/Growth

Goals

1.

2.

3.

Action plan

People or places that I can investigate for learning strategies to help me meet my goals for growth and ongoing development are:

1.

2.

3.

Specific strategies that will help me in meeting my goals are

STRATEGY	RESOURCES I NEED TO IMPLEMENT THIS STRATEGY	TARGET COMPLETION DATE	OTHER THOUGHTS

Reminder: Add your completed action plan to your Quality Assurance Portfolio

My Plan for Professional Development/Growth: An Example

Goals

1. *To increase my understanding of what it means for me to be a self-regulating professional.*

2.

3.

Action plan

People or places that I can investigate for learning strategies to help me meet my goals for growth and ongoing development are:

1. *Review Learning Resources section of this module*

2. *Electronic Health Library of BC <https://ehlbc.ca/>*

3.

Specific strategies that will help me in meeting my goals are

STRATEGY	RESOURCES I NEED TO IMPLEMENT THIS STRATEGY	TARGET COMPLETION DATE	OTHER THOUGHTS
<p>Example: detailed plan</p> <p><i>1. Review documents identified in Learning Resources section of module</i></p>	<p><i>1. None – just download the documents from the Learning resources section!</i></p>	<p><i>1. Within the next week</i></p>	

Reminder: Add your completed action plan to your Continuing Competence Portfolio.

Part 4

Workbook Activities and Case Perspectives



Workbook Activities #2 – #5: *Sample Answers*

Jordan has been a nurse for 5 years and works on a busy medical floor. A skiing accident a year ago left her with chronic pain that got much worse when she worked. Frustrated that her prescribed medication was not alleviating her pain, she began using various ‘street’ drugs, telling herself it was just an “extra” to help control her pain so that she could work. Initially she restricted her use of street drugs to her days off, but lately she has begun consuming them on a regular basis. After conversations initiated by a close friend, Jordan has now realized she is addicted to the drugs and that this could negatively impact her ability to provide safe client care. She knows that she wants to be healthy, so she removes herself from practice and contacts her physician to ask for medical assistance. She also calls BCCNM to tell them that she has health issues that have implications for her fitness to practice and asks for guidance about what she should do.

Is this acceptable nursing practice?

CLINICAL PRACTICE INDICATORS

STANDARD 1

First, Jordan’s past history of working while impaired by street drugs mixed with prescribed drugs, is clearly a contravention of Professional Standards for nursing practice. That said, her willingness to acknowledge her health concern regarding addiction and to act toward changing that meet the minimal requirements for nursing practice. Specifically, her action of calling her physician and contacting BCCNM to inform them of her health issues directly reflects her intention to meet *indicator 6*: “Maintains own physical, psychological and emotional fitness to practice”. These actions also reflect her willingness to be accountable and responsible for her professional conduct (*Indicator 1*).

In addition, BCCNM requires that as a self-regulating Health Professional she would be provide written consent for BCCNM to convert her registration to non-practicing status until such time as a medical expert advised that she was medically fit to return to work and had provided return to work monitoring recommendations. To be eligible for the Early Intervention program, she would be required to:

- Convert her registration to non-practicing
- Complete primary treatment (if recommended) and not return to work until a medical expert has approved and
- Agree that BCCNM will monitor her compliance with the treatment recommendations.

2

Workbook Activities #2 – #5: Sample Answers

STANDARD 2

This standard addresses nurses' ability to use knowledge, skills and judgment in nursing practice. Although the example does not offer specific details, Jordan's admission that she is addicted to drugs and that they could impair her ability to provide safe client care, suggests that she is unable to meet many of these indicators. Her action of removing herself from practice also suggests that she recognizes this.

STANDARD 3

The details of the example are such that this standard is not relevant.

STANDARD 4

In her action of admitting her health issue, removing herself from practice, seeking assistance from her physician and guidance from BCCNM, Jordan has acted in accordance with some indicators in this Standard:

Indicator 1: She has recognized the possibility of her drug use impairing her ability to provide safe care – and so makes the client the primary concern.

Indicator 3: She has demonstrated honesty and integrity

Indicator 11: She has recognized the potential for impairment related to drug addiction (her experience) on her ability to carry out her clinical activities and she has taking action to resolve this situation.

Celeste has been an RN for six months. Although she is glad to have graduated and be working as an RN, she misses her 'student life' and being with her friends all day. She feels 'out of the loop' on what's happening and has been using social media to stay in touch. She and her friends have developed a habit of updating their Facebook status during and after a workday with humorous comments of the 'low and 'high' lights of their workday. They are careful not to use names but often refer to situations involving interactions with clients or families.

Is this acceptable nursing practice in BC?

CLINICAL PRACTICE INDICATORS

STANDARD 1

As written, Standard 1 does not offer direction or support for Celeste's nursing practice in this situation. However, if these activities are 'taking her away' from providing safe, appropriate ethical care for clients, then she is not meeting the requirements of Indicator 4. (It is not clear if her Facebook activities that occur during the day are during break time or not).

2

Workbook Activities #2 – #5: *Sample Answers*

STANDARD 2

Not directly relevant

STANDARD 3

Not directly relevant

STANDARD 4

Indicator 5: Although Celeste and her friends avoid using client names in their Facebook postings related to their workday, this activity poses a serious risk to client privacy and confidentiality. There is a very real potential that clients and families will be recognizable by other facts recounted in the posting.

Indicator 7: Focusing Facebook postings on client/family interactions is contrary to the requirement for respectful communication in all professional interactions.

Helen has recently started her first position as an educator on a busy surgical floor in a community hospital. She is surprised to discover that some of the dressing procedures are not consistent with what she understands to be best practices. When she raises this concern with the Nursing Unit Manager, the manager says, “This is the way we’ve always done it. It seems to work fine so I don’t really see what the issue is”. Helen is concerned about ‘creating waves’ in her new job and so she decides to leave things ‘as-is’ at the moment and revisit the concern ‘later’.

What is acceptable nursing practice in this situation?

EDUCATION INDICATORS

STANDARD 1

Indicator 4: Helen’s decision to ‘leave things as-is and return to them ‘later’ does not reflect ‘action that promotes provision of safe, appropriate and ethical care’.

Indicator 1: Helen’s intention to return to the issue related to dressing procedures ‘later’ does suggest that she has not fully ‘given up’ on this issue, but her actions do not reflect being fully responsible in her education role.

Indicator 5: Full responsibility would have included educating the Manager with respect to best practices and advocating for change.

2

Workbook Activities #2 – #5: Sample Answers

STANDARD 2

Indicators 1, 5, 12: Although Helen is aware of current evidence related to dressing procedures and wound care, she has not (at least at this time) offered this information to the manager in a manner that helps her see the need for change. She has not met the requirements expressed in these indicators.

Indicator: 1, 4 & 5: If Helen had been more assertive she may have been able to help the manager (who appears to be lacking current knowledge/ has a learning need). In addition, if she had gathered more information/evidence to confirm her understanding (Indicator 1), Helen's confidence may have been increased sufficiently to allow her to have a constructive conversation with the Manager.

Indicator 13: Helen has not used her knowledge of learning and communication to create an environment that would support her Manager in learning more about wound care.

STANDARD 3

Indicator 7: By choosing not to act this time, Helen has not 'acted to implement changes that improve client care...'

Indicator 10: If Helen had chosen to pursue the discussion with her manager at this time, her actions would have 'assisted colleagues ... to learn about nursing practice and health care services'.

STANDARD 4

Indicator 11: Helen has not pursued the discussion about appropriate dressing procedures with her Manager because she 'doesn't want to create waves'. She may find it helpful to reflect on this decision and to understand what values and experiences are influencing this opportunity for education.

David has recently begun a new role as unit manager. He is surprised to find that there is not a tool for him to use for staff performance appraisal. Over the next few months, he works with a group of administrators in the health care agency to research relevant literature, review existing tools being used in other disciplines, and talk to nurses about what they would like to see in a performance appraisal tool. Together, they design and develop a performance appraisal tool that reflects the Professional Standards. As a final phase of development, David agrees to pilot its use with the staff of his nursing team, evaluate its effectiveness and share the information with other administrators.

Do David's actions reflect acceptable nursing practice?

2

Workbook Activities #2 – #5: Sample Answers

ADMINISTRATION INDICATORS

STANDARD 1

Indicator 4: David's decision to advocate for and help develop a standardized performance appraisal tool will support safe, appropriate and ethical care.

Indicator 5: In the example David initiated the work toward developing a Standardized Performance Appraisal tool, participated in its development, and will conduct a pilot program to evaluate the tool. All of these actions reflect a clear intention to support development of practices consistent with the standards for the profession.

STANDARD 2

Indicator 1: David and the administrator group have reviewed literature related to performance appraisal and are basing the tool they are developing on current evidence.

Indicator 2: Using the Professional Standards document to guide the development of the performance appraisal tool supports provision of safe, appropriate and ethical care.

Indicators 7 & 11: David noted the lack of a standardized performance appraisal tool, recognized the implications of this within the organization (nursing unit). He initiated and then participated in a process to address the concern.

Indicator 10: David has agreed to pilot the performance appraisal tool for the larger group, to evaluate its effectiveness and share that information with other administrators in the group.

STANDARD 3

Indicator 1: David and his colleagues consulted with the nurses in the process of developing the performance appraisal tool.

Indicator 7: By participating in the creation of a performance appraisal tool, David is setting up a process in which nurses will receive feedback on their performance. By extension, it is likely that this will also 'improve client care'.

STANDARD 4

Not relevant

Case Scenario #1

Jackie and a Public Health Nursing Team

Relevant standards

All Standards offer direction and support for nurses' practice in this scenario.

Indicators

The indicators for clinical practice and administration offer direction and support for the nurses in this example.

PUBLIC HEALTH NURSES (PHN) ROLES: CLINICAL PRACTICE

STANDARD 1

By raising concerns about increased incidence of bullying reported in the school health clinics, the PHNs are being accountable in fulfilling expectations of their nursing role (*Indicator 1*). This first step of raising concerns, along with all of the following actions (discussion at initial staff meeting, planning and implementing a three phase project to address the issue) clearly reflects *Indicator 4*. The PHNs are taking action to promote provision of safe, appropriate and ethical care for clients (the students). Their action in working with the stakeholders to establish and align anti-bullying policies and practices is also consistent with *Indicator 5*.

STANDARD 2

As part of the 'information gathering' phase of their response to this issue, the PHNs reviewed several relevant sources of information (including current literature related to bullying in schools, relevant legislation, and BCCNM Professional Standards). These actions ensure that their practice is based in current evidence and demonstrate their capacity to locate and use relevant information in providing safe, appropriate and ethical care (*Indicators 1 & 2*). Their strategy of meeting with schools, students and parent representatives is a great example of *Indicator 4* as it helped them build a good understanding of the students' (client) situation. Further, we see direction offered by *Indicators 5, 7, 8 & 12* as they used the information they gathered to direct Phase 2 and 3 of their plan (providing education, support, and resources for all stakeholders and other PHNs, and then evaluation of all perspectives). Finally, although it is not made explicit in the scenario, there is a strong sense that their actions were supported by careful and critical thinking throughout (*Indicator 3*).

STANDARD 3

The PHN's clearly work with 'others' in order to provide health care services that are in the best interest of the students (and also the schools and parents). They have engaged in a strongly consultative and collaborative process (*Indicator 1*), and participated in changes to improve client care and nursing practice (*Indicator 7*). Further, their actions in providing support, education and resources for other PHNs reflects *Indicator 6*. Although it is not explicit in the case, it is possible that their actions of working with all stakeholders may also have assisted 'others' in understanding the role of nursing in student health (*Indicator 9*).

Case Scenario #1

Jackie and a Public Health Nursing Team

STANDARD 4

Through their willingness to raise concerns related to increased prevalence of student bullying and through their subsequent planning and actions, the PHNs have placed student health as the central focus of their actions. This is consistent with **Indicator 1**. Given that the issue was one of emotional and physical violence between students, this issue has a strong ethical component to it. With this in mind, the PHNs actions also reflect their capacity to identify ethical issues, to consult appropriately and to take action to resolve the issue. They have also planned to evaluate the effectiveness of those actions. This is **Indicator 12** in action! Finally, although it is not explicit in the case, the consultative and collaboration process that the PHNs engaged in reflects promotion and maintenance of respectful communication in professional interactions (**Indicator 7**).

JACKIE'S ROLE: ADMINISTRATION

STANDARD 1

In the case, Jackie heard and responded to the concerns raised by the PHNs regarding an increased incidence of bullying reported in the school health clinics – actions that reflect her accountability in fulfilling expectations of her administrative nursing role (**Indicator 1**). As the case unfolds, we see her working with and leading the PHN team through a process of identifying the issues and then planning and implementing a three phase project to address these. These actions reflect **Indicator 4**. (She is taking action to promote provision of safe, appropriate and ethical care for clients). Further, she has advocated for and worked with the stakeholders to develop and align anti-bullying policies and practices that reflect PHN roles, scope of practice and BCCNM Professional Standards (**Indicator 5**).

STANDARD 2

During the first phase of their response, Jackie worked with the PHNs in reviewing relevant sources of information, including, current literature related to bullying in schools, relevant legislation, and BCCNM Professional Standards. Gathering this information allowed her to use current evidence to support and confirm her earlier decision to direct resources to this issue (**Indicator 1**). It also demonstrates her capacity to locate and use relevant information in providing safe, competent and ethical nursing practice and client care (**Indicator 2**).

Throughout the case, Jackie has continued to collect information from a variety of sources, including schools, students and parent representatives and the PHNs (**Indicator 4**) and used this information to confirm the nature of the issue, (**Indicator 5**). She worked with the PHN team to plan and implement relevant strategies with stakeholders (**Indicators 7, 8 and 9**) and with other PHNs (**Indicator 12**) and to plan for evaluation of the effectiveness of those strategies (**Indicator 10**). Although the case does not reveal specific details, there is a strong impression that Jackie has supported the PHNs in their

Case Scenario #1

Jackie and a Public Health Nursing Team

actions throughout this process. If this is true, then she has created and supported an environment in which co-operation and respect flourishes (*Indicator 13*). Finally, although not explicit in the scenario, there is a strong sense that Jackie's actions were supported by careful and critical thinking throughout (*Indicator 3*).

STANDARD 3

From the beginning, Jackie has clearly communicated with and engaged in a strongly consultative and collaborative process with the PHN team and 'others' (i.e. school, student and parent representatives). This is consistent with the direction provided by *Indicator 1*. Within the collaborative process with the PHNs, she has guided them in planning, implementing and evaluating client (student) care (*Indicator 6*) and both directed and participated in changes to improve client care and nursing practice (*Indicator 7*). Although not explicit in the case, it is possible that Jackie's discussions with all stakeholders may have assisted them in understanding the role of nursing in promoting student health (*Indicator 9*), and about nursing practice and health services in general (*Indicator 10*).

STANDARD 4

Student bullying and its associated emotional and physical violence is, by nature, an ethical issue. By engaging with the PHN team to better understand this issue and to plan, implement and evaluate relevant strategies to address the issue, Jackie has supported a practice environment that enabled the PHNs to meet their ethical obligations (*Indicator 1*). She has also actively supported the PHNs in recognizing and resolving an ethical issue (*Indicator 12*). Further, by working with stakeholders to establish and align anti-bullying policies and practices, Jackie has laid the foundation for nurses to do this in the future. Finally, although not explicit in the case, the consultative and collaboration process that Jackie engaged in with the PHNs reflects her awareness of their contribution to client care (*Indicator 9*) and appears to be grounded in respectful communication in professional interactions (*Indicator 7*).

Case Scenario #2

Tom and a Client Experiencing Multiple Trauma

Relevant standards

All Standards offer direction and support for nurses' practice in this scenario. Standards 1, 2 and 3 are particularly relevant.

Indicators

The indicators for clinical practice and education offer direction and support for the nurses in this example.

TOM'S ROLE: CLINICAL PRACTICE

STANDARD 1

Tom is responsible and accountable in his nursing practice (*Indicator 1*). He is aware of his own experience and level of competence related to caring for clients experiencing multi-trauma and uses his initial assessment of Josef to further assess how well his own knowledge and experience supports him in providing care for Josef and his family. (*Indicators 2 and 3*). He creates a plan that addresses his need for additional information (consulting the intranet, his nursing colleague and the Trauma Nurse Educator at the Tertiary Health care agency) and, through these actions, promotes the provision of safe, and appropriate care for Josef. His plan to ask the ER physician to meet with Josef's family also promotes provision of safe, competent and ethical care for the family members (*Indicator 4*).

STANDARD 2

Tom's actions reflect his intention to engage in knowledge-based practice. He begins by reviewing Josef's chart and then assessing Josef in order to understand his current status and needs (*Indicator 4*), and then considers his findings. These conclusions prompt him to seek more information to guide him in providing care (*Indicators 3 and 5*). His steps toward acquiring that necessary information definitely indicate that he knows how and where to access information (*Indicator 2*). During his conversation with the Trauma Clinical Nurse Educator, Tom uses data from his assessment to inform her about Josef's condition (*Indicator 6*). Tom also documents his assessment findings and the conversation with the Clinical Educator and updates the Care Kardex (*Indicator 11*).

STANDARD 3

Throughout the case example, it is clear that Tom is focused on providing nursing care that is in Josef's best interest – and he works with other health care team members toward that goal. Tom has collaborated and consulted with several people in this process (*Indicator 1*). First, he discusses Josef's care with the other RN who is working with him that day. Secondly, he calls the Trauma Nurse Educator in the Tertiary Health Care Agency – highlighting the fact that collaboration can extend

Case Scenario #2

Tom and a Client Experiencing Multiple Trauma

beyond the physical boundaries of a health care agency. Third, he plans to ask the ER physician to speak with Josef's family – an example of interdisciplinary collaboration and consultation. Finally, in his plan to attend the meeting between the physician and the Josef's family, he is supporting continuity of client care (*Indicator 2*).

STANDARD 4

Tom's practice consistently upholds ethical standards. He has clearly made Josef's health and well-being a primary concern in his nursing care (*Indicator 1*). His collaborative actions reflect an understanding of the contribution of other health care team members (*Indicator 9*). In his interactions with Josef and his family he introduced himself (*Indicator 4*) and appears to have maintained respectful communications (*Indicator 7*).

TRAUMA CLINICAL NURSE EDUCATOR'S ROLE: EDUCATION

STANDARD 1

The Trauma Clinical Nurse Educator (CNE) has responded to Tom's request for assistance and offers him information. In doing this, she is promoting the provision of safe, competent and ethical care for Josef (*Indicator 4*).

STANDARD 2

The CNE begins her conversation by assessing Tom's knowledge and experience level, the resources available to him on site, and the specific situation (Josef's condition and other factors). In other words, she develops a sense of Tom's learning needs related to the situation (*Indicators 4 and 7*). She offers Tom specific information related to Josef's care and plans to fax him some current literature to augment her verbal advice. In these actions she is sharing nursing knowledge with colleagues (*Indicator 12*) and bases her education on current evidence (*Indicator 1*). In closing her conversation with Tom, she asks him to summarize the key points – allowing her to evaluate his "learning" and understanding in this situation (*Indicator 10*). Although not specifically noted in the case, there is an implicit sense that the CNE's decisions and actions were well thought out and specific to the situation (*Indicator 3*).

2

Applying My Learning: Perspectives

Case Scenario #2 Tom and a Client Experiencing Multiple Trauma

STANDARD 3

The CNE is clearly willing to be consulted and to collaborate with Tom in ensuring Josef receives appropriate care (*Indicator 1*).

STANDARD 4

Although we are not offered details in the case, it appears that the CNE has been respectful in her communication with Tom (*Indicators 7 and 8*). Her inquiry regarding who else was working with him on that shift and her assessment of his specific knowledge and experiences, reflects an awareness of the contribution of others in the health care team (*Indicator 9*).