RN Continuing Competency Program Forms

A framework supporting registered nurses to maintain standards, enhance practice and promote high standards of knowledge and skill.

Self-Assessment
Complete a self-assessment based on the practice expectations for RNs and assess your readiness to practise under The Regulated Health Professions Act.

Self-Development Plan
Set at least one learning goal, complete at least one learning activity and identify how your learning impacted your practice.

Learning Activities (optional)
Keep track of the activities you’ve done this year that help enhance your practice but do not relate to your self-development plan.

Jurisprudence Learning Module Notes (optional)
Write down notes and key concepts you learned from this year’s jurisprudence learning module.

Practice Hours
Use this optional worksheet to help you estimate the number of hours you have worked in 2018.

Completing parts A and B and the jurisprudence learning module titled “Reserved Acts in Practice” is required in order to renew your registration for 2019. You must keep your CCP forms for five years as proof of completion. If you are selected for the CCP review, you will need to refer to these forms.

FULL NAME: ____________________________
REGISTRATION NUMBER: __________________
Part A: Self-Assessment

On May 31, 2018, *The Registered Nurses Act and Regulations* will be replaced by *The Regulated Health Professions Act* (RHPA), the *College of Registered Nurses of Manitoba General Regulation* and the *Practice of Registered Nursing Regulation*.

Revised standards of practice can be found in the *College of Registered Nurses of Manitoba General Regulation*. In addition to the new regulations, you will need to review a number of new documents to ensure you are aware of and practising according to the nursing practice expectations.

Instructions

Completing a self-assessment each year helps you review the practice expectations for RNs and monitor your progress from one year to the next. There are two steps to the self-assessment.

**STEP 1: DOCUMENT REVIEW**

Review the following documents as they become available on our website and mark down the date you reviewed them. Reviewing these documents is for your own knowledge and is not a requirement of the CCP review process should you be selected for it in the future. We recommend you review these documents at least once a year or when we notify you that content has changed.

<table>
<thead>
<tr>
<th>Document</th>
<th>Date Reviewed</th>
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<tbody>
<tr>
<td><em>Code of Ethics for Registered Nurses (2017 Edition)</em></td>
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<tr>
<td><em>Scope of Practice for Registered Nurses</em></td>
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<tr>
<td><em>Practice Direction: Criteria for Reserved Acts Additional Education</em></td>
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<td><em>Practice Direction: Assignment and Delegation to Unregulated Care Providers</em></td>
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<td><em>Duty to Report</em></td>
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### STEP 2: SELF-ASSESS YOUR PRACTICE

Reflect on your practice and rate yourself on a scale from 1-5 for each question below. You can use the space at the end of this section to write notes if needed.

**Professional Practice**

| I understand and apply applicable practice directions to my practice. | 1  | 2 | 3 | 4 | 5 | n/a |
| I understand and apply applicable provincial and federal legislation to my practice. | 1  | 2 | 3 | 4 | 5 | n/a |
| I take responsibility for my own actions and decisions. | 1  | 2 | 3 | 4 | 5 | n/a |
| I ensure I have the necessary physical, mental or emotional capacity to practise safely and competently. | 1  | 2 | 3 | 4 | 5 | n/a |
| I acknowledge my limitations in skill, knowledge and judgment and practise within those limitations. | 1  | 2 | 3 | 4 | 5 | n/a |
| I manage my workload effectively to meet the needs of my clients. | 1  | 2 | 3 | 4 | 5 | n/a |
| I respect and welcome the opinions, values and beliefs of others. | 1  | 2 | 3 | 4 | 5 | n/a |
| I demonstrate professional behaviours (e.g. trustworthiness, respect, accountability, transparency). | 1  | 2 | 3 | 4 | 5 | n/a |
| I promote a practice environment that supports responsibility, professional development and a respectful attitude. | 1  | 2 | 3 | 4 | 5 | n/a |
| I establish and maintain appropriate therapeutic nurse-client and/or professional colleague relationships. | 1  | 2 | 3 | 4 | 5 | n/a |
| I act as a mentor, coach, preceptor and/or resource to students, nursing colleagues and other members of the health-care team. | 1  | 2 | 3 | 4 | 5 | n/a |
| I encourage, support, facilitate and/or participate in research relevant to the profession. | 1  | 2 | 3 | 4 | 5 | n/a |
| I identify professional practice issues. | 1  | 2 | 3 | 4 | 5 | n/a |
| I work to resolve any identified professional practice issues. | 1  | 2 | 3 | 4 | 5 | n/a |
| I understand when I have a duty to report. | 1  | 2 | 3 | 4 | 5 | n/a |
| I take action to develop and ensure that I have the competence required to meet the needs of my clients. | 1  | 2 | 3 | 4 | 5 | n/a |
| I use current evidence from nursing science, other disciplines and other sources to improve and enrich my competence in registered nursing practice. | 1  | 2 | 3 | 4 | 5 | n/a |
I protect the privacy and confidentiality of information as required by legislation, my employer and the Code of Ethics.

I demonstrate critical inquiry in planning for client needs and evaluating care (or services if applicable) provided.

**Professional Communication**

I introduce myself by full name and designation.

I communicate and share the nursing perspective with the client, other health-care professionals and the public.

I communicate (in all its forms) and collaborate with the client and other team members in a timely manner to promote continuity and delivery of safe, competent and ethical care.

I identify barriers to clear communication and take steps to manage them.

**Ethical Practice**

I practise according to the following values:

- Providing safe, compassionate, competent and ethical care
- Promoting health and well-being
- Promoting and respecting informed decision-making
- Honouring dignity
- Maintaining privacy and confidentiality
- Promoting justice
- Being accountable

I communicate with others and problem solve when needed to ensure that clients receive safe, competent and ethical care.

I intervene when unsafe or unethical practice is identified.

I anticipate client/population health problems or issues and advocate in the best interest of the public.

I consult or collaborate with others to analyze and plan for complex issues.

I follow policies and procedures when communicating with others within and across the health-care agency (i.e. when using email, fax, webinar, social media).
Client-Centered Practice

I apply the nursing process framework in my practice, which includes assessment, diagnosis or determination, planning, implementation and evaluation whether I am working in a clinical, administrative, education or research domain.

I provide client-centred care based on the client’s needs, language, health literacy, abilities and culture.

I support my client in making informed decisions by providing information, resources and referrals as needed.

I support culturally safe practice environment(s).

Clinical Practice

(only complete this section if you work directly with patients/residents):

The care I provide includes:

- an assessment to determine the needs and circumstances of the client;  

- a care or treatment plan with the client or their representative and any other person who the client wishes to involve, which takes into account the client’s needs, circumstances, preferences, values, abilities and culture;

- an evaluation of the outcomes of the care or treatment plan and the modification or discontinuance of the care or treatment plan as required and as discussed with the client or their representative;

- sufficient and timely communication with the client or their representative that takes into account the client’s needs, circumstances, understanding and use of health information and enables the client or their representative to make informed decisions about the client’s health care;

- a referral of the client to another health-care professional when appropriate; and

- support for the client in self-management of their health care by providing information, resources and referrals to enable informed decision-making by the client or his or her representative.

Collaborative Care

I work collaboratively and cooperatively with clients, caregivers and other health-care providers in providing for the needs of the client.

I understand my role within the practice setting and context that I work in.

I understand the role and recognize the skill, knowledge and judgment of those that I collaborate with.
I explain to the client or their representative my role and responsibility in the context of my practice environment. 1 2 3 4 5 n/a

I comply with employer policies, procedures and any collaborative care decision tool in place at my practice setting. 1 2 3 4 5 n/a

I adhere to my responsibilities when assigning or delegating to others. 1 2 3 4 5 n/a

**Follow-Up to Diagnosis and Test Results**
*(complete this section only if it is applicable to your practice)*

I adhere to collaborative care decision tools (including clinical decision tools), provincial and agency standards for ordering, documenting and reporting results of screening and diagnostic tests. 1 2 3 4 5 n/a

I work with my employer to ensure that a system is in place to efficiently review test results and the results of referrals that I have made. 1 2 3 4 5 n/a

I ensure that reasonable arrangements are in place to follow-up with the client. 1 2 3 4 5 n/a

I accept responsibility for the follow-up care related to an ordered diagnostic test until another health-care professional to whom the copy of the result is directed has agreed to accept responsibility for the client’s follow-up care. 1 2 3 4 5 n/a

I seek information to ensure I understand test results and diagnostic interpretation by specialist(s) and follow-up as necessary. 1 2 3 4 5 n/a

**Practice Environment**

I follow infection control procedures. 1 2 3 4 5 n/a

I identify safety concerns in the environment. 1 2 3 4 5 n/a

I take action to prevent harm from any safety concerns in the environment. 1 2 3 4 5 n/a

I report near misses and errors to the appropriate authority. 1 2 3 4 5 n/a

I report near misses and errors to the client. 1 2 3 4 5 n/a

**Client Records**

I follow the College of Registered Nurses of Manitoba Documentation Guidelines. 1 2 3 4 5 n/a

REGISTRATION NUMBER: ____________________________

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Notes (optional):

Use this space to identify strengths, areas for improvement and any plans to improve your scores.

Example: When reflecting on the question about reporting near misses and errors, I realize that I did not report a near miss fall to the client or their caregiver. I think it would have been beneficial for the client and their family to know that there was a potential for a fall. I recognize the importance of involving and informing the client and their caregivers to prevent a similar situation from happening in the future. I plan to focus on better informing the client and their caregiver about potential safety risks.
Part B: Self-Development Plan

Instructions:
1. Set at least one learning goal to enhance your RN practice.
2. Complete at least one learning activity related to your goal.
3. Identify how your learning impacted your RN practice.

*Tip:* It is recommended that your self-development plan be SMART (Specific, Measurable, Attainable, Relevant and Timely). Check out the CCP Guide for details.

**Learning Goal(s) and Activity(ies)**

<table>
<thead>
<tr>
<th>Learning goal(s)</th>
<th>Learning activity(ies) (be as specific as possible)</th>
<th>Expected date of completion</th>
<th>Date completed</th>
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REGISTRATION NUMBER: ____________________________
Impact on my Nursing Practice

How did completing your learning activities impact your RN practice? Include at least one specific example. If you are not currently working, anticipate how your learning will impact your practice when you return to work.
Part C: Practice Hours

Use this worksheet to help you estimate the number of hours you have worked in 2018. If you worked casually or have unpredictable hours, make sure you track the number of hours you worked throughout the year.

*Use this estimate when self-reporting your hours in your online application during registration renewal.*

**Total RN Practice Hours**

Number of hours **worked** per week: __________

Multiply by: __________

Weeks: __________

Add overtime hours: __________

Subtract vacation time: __________

Subtract sick time: __________

Subtract statutory holidays: __________

*Total estimated RN practice hours: __________

**Practice Hours Related to an Approved Education Program**

**Degree program in nursing or related discipline (such as education):**

Number of credit hours completed __________ x 60 = __________ (to a maximum of 1821 practice hours per year to a maximum of two years per program).

**Non-degree nursing education program (where active practicing registration with the College is required for enrollment such as the Intensive Care Nursing Course):**

Number of hours of classroom study completed __________ x 1= __________ (to a maximum of 1821 practice hours per year to a maximum of two years per program).

*For additional information about practice hours, including volunteer and on-call hours, please review the CCP Guide.*

*If you are selected for the CCP review, your hours will need to be verified to confirm that you have worked enough hours to meet the minimum requirement. Hours must be verifiable by your employer(s). If you are self-employed, your hours must be verifiable by an independent third party. Education hours accrued for the purpose of registration renewal must be verifiable by the institution offering the educational program.*
Part D: Jurisprudence Learning Module Notes (optional)

Completing this year’s jurisprudence learning module titled “Reserved Acts in Practice” is mandatory. Use this section to take notes while completing the module. Consider recording any new information, interesting topics, potential areas for improvement in your practice, topics that you would like more information about or topics that you would like to discuss with your colleagues.

*Note: completing this notes section is optional.*
**Part E: Learning Activities (optional)**

Use this section to document learning activities that are not related to your self-development plan (e.g. required certifications for employment such as CPR, orientation dates, informal or unplanned learning opportunities).

*Note: completing this section is optional.*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date Completed</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Example: CPR</td>
<td>Jan. 15, 2018</td>
<td>Expires Jan. 15, 2019</td>
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