

Consultation on the Supervision of Undergraduate Nurse Employees Practice Direction



**College of
Registered Nurses
of Manitoba**



**THE COLLEGE OF
REGISTERED PSYCHIATRIC NURSES OF MANITOBA**

The Colleges of Registered Nurses of Manitoba (CRNM) and Registered Psychiatric Nurses of Manitoba (CRPNM) have developed a practice direction to assist RNs and RPNs to understand the practice expectations when supervising students in the UNE role.

Practice Direction: Supervision of Undergraduate Nurse Employees

Background

This document outlines the expectations and limits of Registered Nurses and Registered Psychiatric Nurses¹ when supervising an undergraduate nurse employee (UNE).

The UNE is a distinct role. Role clarity is necessary because the UNE is different from other unregulated health care employees (e.g. health care aids, home health workers). If a nursing student is hired into a role other than a UNE, please refer to the *Practice Direction: Assignment and Delegation to Unregulated Care Providers*.

UNE are unregulated care providers with a scope of employment defined by their employer that includes the performance of reserved acts when supervised by a RN or RPN. It is the responsibility of the employer to ensure that the UNE is currently enrolled in an approved nursing education program.

The UNE has not yet completed their undergraduate nursing or psychiatric nursing degree, thus has not yet consolidated knowledge and competencies to the level of a graduate nurse.

Reserved acts are clinical activities listed in the RHPA that are done while providing health care. Performance of reserved acts is limited because if they are performed unsafely or incompetently, these reserved acts present a significant risk of harm. The ability for a UNE to perform reserved acts is provided for in the General Regulations² which specify that an RN or RPN may supervise the performance of a reserved act by a student who is enrolled in an approved nursing education program.

The UNE is to be supervised by an RN or RPN who can perform the reserved acts and has consented to supervise the reserved act(s). The supervising RN or RPN must be physically present and available to assist while the UNE performs the reserved act. However, the supervising RN or RPN does not need to be physically present if they determine that the UNE does not require that level of supervision. Regardless, the RN or RPN must be available for consultation while the UNE performs the reserved act.

CRPNM and CRNM do not regulate the UNE as they are not registered with a regulatory body. UNEs are accountable to their employer for their actions and decisions.

Supervision must support safe, competent care

Practice Expectations

It is the responsibility of RNs and RPNs in Manitoba to understand their standards and practice expectations. RNs and RPNs are accountable to apply their standards and practice expectations to their nursing practice, regardless of roles or practice settings. The policies of employers do not relieve RNs and RPNs of accountability for their own actions or the primary obligation to meet Practice Directions. An employer's policies should not require a RNs and RPNs to practise in a manner that violates practice standards, codes of ethics or practice directions.

¹ In this document, nurse refers to both RNs and RPNs

² [CRNM General Regulation](#). CRPNM General Regulation are available pending Manitoba Government approval.

Also, consider these resources for any situation that may compromise client care or affect the ability to provide care consistent with their Colleges' regulations or practice directions:

- *Duty to Provide Care,*
- *Code of Ethics,*
- *Responsibilities Related to Professional Practice Issues,* and
- Any other relevant CRNM or CRPNM documents.

Assignment

An RN or RPN may assign client care to UNE that is within the UNE's scope of employment. When assigning, the RN and RPN is required to:

- Use the nursing process and collaborate with the health-care team to determine an appropriate plan that includes re-assessment, monitoring and evaluation
- Understand the scope of employment of the UNE and assign only care that falls within their competence level, position description and employer policies
- Base the client's plan of care on an assessment of risk associated with the client's care, the reserved act(s) to be provided, the practice environment and the UNE's competencies
- Provide guidance to and collaboration with the UNE
- Intervene when unsafe or unethical practice is identified. Interventions may include guidance, teaching and direction, clarification of the plan of care and, if necessary, reporting.

Direction and guidance are provided by answering questions, consultation, oversight and constructive feedback

Principles of Supervision

1. Supervision is supported by:
 - a. clear role and job descriptions;
 - b. identification of the learning or performance expectations and objectives;
 - c. comprehensive orientation and mentoring; and
 - d. ready access to resources, policies and procedures.
2. Direction and guidance is provided by answering questions, consultation, oversight and constructive feedback.
3. The focus of supervision is the provision of safe, competent, and ethical care to clients.
4. Assessment of client needs, safety and risks are the priority considerations.
5. Effective communication between the health-care team is required for appropriate supervision and safe client care.
6. Appropriate supervision assists the consolidation of the UNE's knowledge, judgement and skill.
7. A quality practice environment facilitates supervision and safe client care.
8. Supervision facilitates continuity of care.

Supervision of Reserved Acts

Legislation requires the RN or RPN to supervise the UNE's performance of reserved acts. Supervision is important to ensure the UNE applies the requisite skills for safe client care. Assessment of the risks with respect to the client, the reserved act, the UNE's competencies and the care environment support safe,

competent care (See the Appendix). The RN and RPN must not only understand the UNE position description, but also the specific competency level of each UNE that the RN or RPN will supervise.

In addition, the RN or RPN also may only supervise a reserved act that is within their legislated scope of practice and for which the RN or RPN is competent to perform.

Only if the RN or RPN determines through assessment of the UNE's competency and risk to the client, that the nurse need not be present while the UNE performs the reserved act, may the nurse choose to be available to the UNE at a distance or by telephone. Throughout, the UNE must always have access to the nurse for collaboration/consultation.

Expectations of the Supervising RN and RPN

The RN and RPN must:

1. only supervise the reserved acts they are both authorized and competent to perform, and
2. use critical judgement to decide the level of supervision required based on:
 - assessment of client health-care needs
 - current competencies of the UNE
 - nursing and psychiatric nursing care required
 - reserved act to be performed
 - practice setting
 - level of risk with the UNE performing the reserved act, and
 - the need to meet practice standards and expectations.

Guidance for Employers

Before and during implementation of the UNE role, the employer should address questions such as:

1. What are the health care needs of the clients?
2. What competencies and resources are necessary to meet the clients' needs?
3. What mitigation strategies are available as care increases in complexity?
4. How readily accessible are team members to support care collaboration and supervision?
5. How are conflicts within the team managed and resolved?
6. Is there an understanding with all team members of the team's structure and care expectations, including the role of the UNE?
7. Is the RN or RPN supervising the UNE aware of their expectations?
8. What is the process to verify current enrollment of the UNE in an approved nursing/psychiatric nursing program. What is the process if a UNE ceases attendance in the approved nursing/psychiatric nursing program?
9. What factors in the practice environment support or hinder collaboration and safe care?
10. What communication supports the clients' awareness of care expectations and staff roles?

Collaborative Care when Nursing in a Team Environment

Collaborative Care is integral a part of supervision. Collaborative care occurs when multiple providers from different professions provide comprehensive services by working with clients, their support networks to deliver quality care. As outlined in the Practice Direction: *Interprofessional Collaborative Care*, nurses are expected to apply the following collaborative care expectations:

- Client Centered Care

- Role Clarification
- Team Functioning
- Collaborative Leadership
- Interprofessional Communication
- Interprofessional Conflict Resolution

The UNE is developing entry-level competencies for their chosen nursing profession. It cannot be expected that they have achieved all of the entry-level competencies because they have not yet completed their education program.

Nursing in a Team Environment discusses the application of these expectations when nurses with varied scopes of practice and competencies work together. Figure 1 illustrates the care continuum. The gray oval represents the context of care; the arrows represent growing client health care needs, while the blue circles identify the corresponding need to increase collaboration. Collaboration is always expected and must enhance as care becomes more complex.

The care continuum

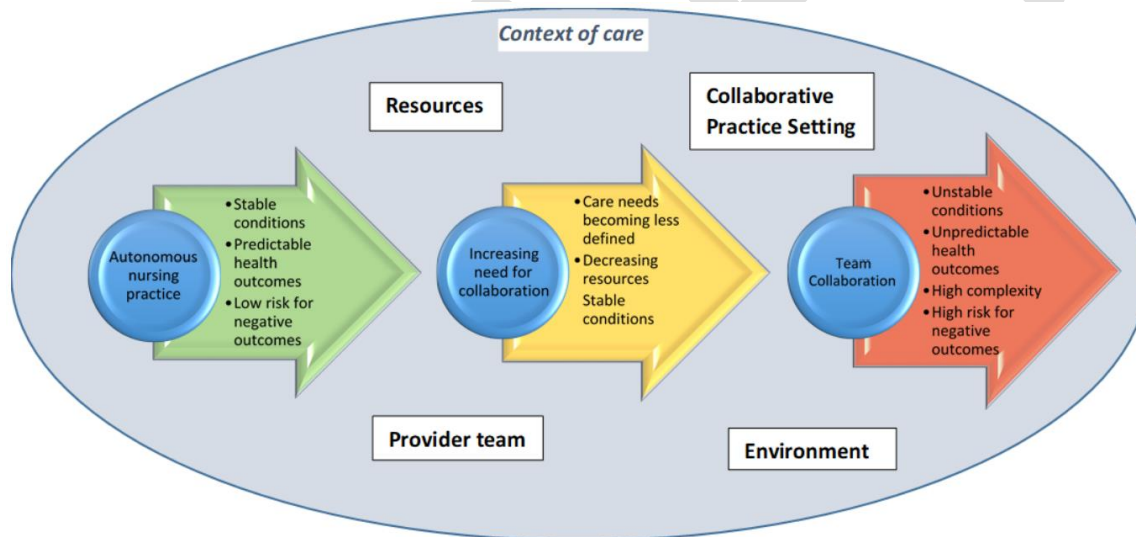


Figure 1

Definitions

Assignment: Allocation of clients or specific client care tasks to health-care providers. Occurs within the scope of practice of a regulated professional and within the scope of employment of an unregulated care provider.

Reserved acts: Clinical activities that are determined to present a significant risk of harm to the public when performed incompetently and as such, are reserved in legislation, in section 4 of *The Regulated Health Professions Act*, to only be performed for qualified and competent health professions.

Unregulated Care Provider: an authorized health-care provider who is authorized to provide care as determined by their scope of employment.

Unregulated Nurse Employee: A student in an approved nursing program, who has competencies attained in their approved nursing program, required for the role of undergraduate nursing employee (UNE) as outlined in the employer job description.

References

[Assignment and Delegation to Unregulated Care Providers](#)

[CARNA Supervision Standards](#)

[CRNM General Regulation](#)

[Interprofessional Collaborative Care](#)

[Nursing in a Team Environment](#)

DRAFT

Appendix

Factors to Consider when Assessing Risk to the Client

Lower Risk

Client

- Health status is well-defined and their condition is not expected to change negatively.
- Willing and able to direct care.

Task

- Has been established as routine and is performed as part of daily care.
- Is not expected to endanger the client's health or wellbeing when performed properly.
- Involves few steps and minimal technical psychomotor skill.
- Has predictable outcomes.
- Not altered in different settings.

Unregulated Care Provider

- Has previous experience performing the task.
- Has relevant foundational education.

Environment

- Receives frequent ongoing assessment and care planning by a regulated professional.
- Allows for adequate time for training, evaluation and ongoing maintenance of competence.
- Contains clearly written procedures and policies.
- Enables supervision and supports that allow monitoring of the unregulated care provider as well as opportunity for the unregulated care provider to consult as necessary.

Higher Risk

Client

- Health status is not well-defined and/ or changes or atypical responses may be anticipated.
- Has multiple health care needs.
- Unwilling or unable to direct care.

Task

- Is not routine and may vary in need.
- May endanger the client's health, mental health or overall well-being.
- Involves numerous steps and a high degree of technical/psychomotor skill.
- Has risk of unpredictable outcomes.
- Requires high degree of technical/psychomotor skill.
- May require altering in different settings.

Unregulated Care Provider

- Has never performed the delegated task.
- Has no related foundational education/competencies.

Environment

- Has limited or unavailable ongoing assessment, care planning and evaluation by a regulated health care provider.
- Has a limited amount or type of training provided.
- Does not contain written policies and procedures or has inadequate written policies and procedures.
- Does not allow for adequate supervision and support