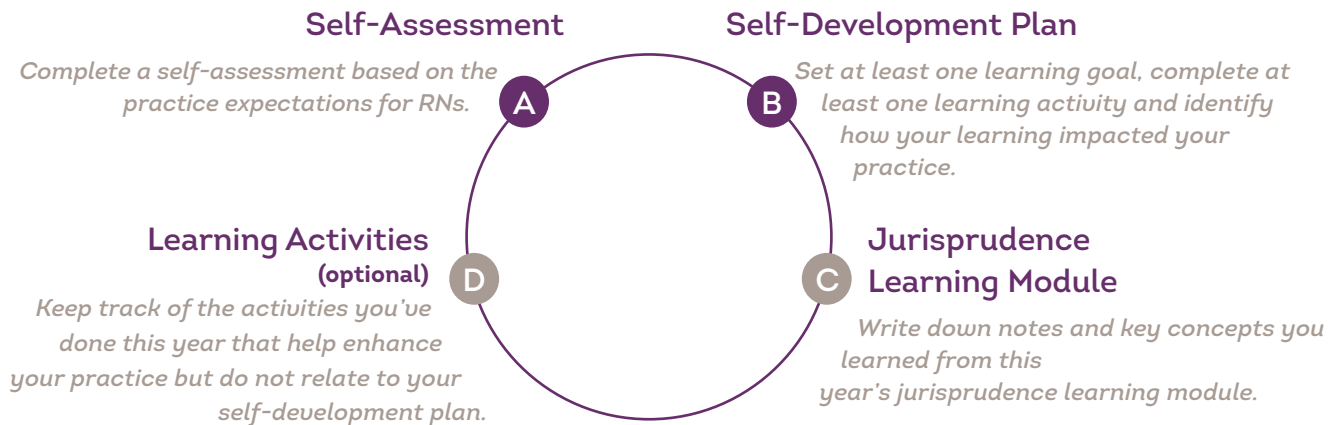




College of
Registered Nurses
of Manitoba

2023 RN Continuing Competency Program Forms

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



Completing parts A and B and the jurisprudence learning module titled Health Equity and Cultural Humility (available April 2023) is required in order to renew your registration for 2024. 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

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: NEW/UPDATED 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 essential to ensure you are up to date. These documents, along with other relevant resources, can be found on the [resource page of the CRNM website](#).

Document	Date Reviewed
<i>Scope of Practice for RNs</i> <i>Scope of Practice for RN(AP)s</i>	
<i>Medical Assistance in Dying</i>	
<i>Assignment and Delegation to Unregulated Care Providers</i>	
<i>Criteria for Reserved Acts Requiring Additional Education</i>	

REGISTRATION NUMBER: _____

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	1 - Not at all			5 - Always		
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

REGISTRATION NUMBER: _____

1 - Not at all **5 - Always**

I protect the privacy and confidentiality of information as required by legislation, my employer and the *Code of Ethics*. 1 2 3 4 5 n/a

I demonstrate critical inquiry in planning for client needs and evaluating care (or services if applicable) provided. 1 2 3 4 5 n/a

Professional Communication

I introduce myself by full name and designation. 1 2 3 4 5 n/a

I communicate and share the nursing perspective with the client, other health-care professionals and the public. 1 2 3 4 5 n/a

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. 1 2 3 4 5 n/a

I identify barriers to clear communication and take steps to manage them. 1 2 3 4 5 n/a

Ethical Practice

I practise according to the following values:

- Providing safe, compassionate, competent and ethical care 1 2 3 4 5 n/a
- Promoting health and well-being 1 2 3 4 5 n/a
- Promoting and respecting informed decision-making 1 2 3 4 5 n/a
- Honouring dignity 1 2 3 4 5 n/a
- Maintaining privacy and confidentiality 1 2 3 4 5 n/a
- Promoting justice 1 2 3 4 5 n/a
- Being accountable 1 2 3 4 5 n/a

I communicate with others and problem solve when needed to ensure that clients receive safe, competent and ethical care. 1 2 3 4 5 n/a

I intervene when unsafe or unethical practice is identified. 1 2 3 4 5 n/a

I anticipate client/population health problems or issues and advocate in the best interest of the public. 1 2 3 4 5 n/a

I consult or collaborate with others to analyze and plan for complex issues. 1 2 3 4 5 n/a

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). 1 2 3 4 5 n/a

REGISTRATION NUMBER: _____

Client-Centered Practice

	1 - Not at all			5 - Always		
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.	1	2	3	4	5	n/a
I provide client-centred care based on the client's needs, language, health literacy, abilities and culture.	1	2	3	4	5	n/a
I support my client in making informed decisions by providing information, resources and referrals as needed.	1	2	3	4	5	n/a
I support culturally safe practice environment(s).	1	2	3	4	5	n/a

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; | 1 | 2 | 3 | 4 | 5 | n/a |
| • 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; | 1 | 2 | 3 | 4 | 5 | n/a |
| • 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; | 1 | 2 | 3 | 4 | 5 | n/a |
| • 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; | 1 | 2 | 3 | 4 | 5 | n/a |
| • a referral of the client to another health-care professional when appropriate; and | 1 | 2 | 3 | 4 | 5 | n/a |
| • 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. | 1 | 2 | 3 | 4 | 5 | n/a |

Collaborative Care

I work collaboratively and cooperatively with clients, caregivers and other health-care providers in providing for the needs of the client.	1	2	3	4	5	n/a
I understand my role within the practice setting and context that I work in.	1	2	3	4	5	n/a
I understand the role and recognize the skill, knowledge and judgment of those that I collaborate with.	1	2	3	4	5	n/a

REGISTRATION NUMBER: _____

	1 - Not at all			5 - Always		
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

(for RN(AP)s only: complete this section only if you have completed Red River College's Nurse Prescriber Program and have applied for this notation with the College)

I only order screening and diagnostics listed in Appendix C in the Practice Expectations for RN(AP)s for my **specific client population** to:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| a) Confirm the diagnosis of a short term, episodic illness or injury as suggested by the client's history and/or physical findings | 1 | 2 | 3 | 4 | 5 | n/a |
| b) Rule out a potential diagnosis that, if present, would require consultation with an appropriate physician for treatment | 1 | 2 | 3 | 4 | 5 | n/a |
| c) Assess/monitor ongoing conditions of clients with chronic illness | 1 | 2 | 3 | 4 | 5 | n/a |
| d) Carry out screening activities | 1 | 2 | 3 | 4 | 5 | n/a |

I have developed efficient processes for receiving and tracking the results of screening and diagnostic tests.	1	2	3	4	5	n/a
--	---	---	---	---	---	-----

I consider the best practice evidence on appropriateness, contraindications, safety and cost-effectiveness when ordering screening and diagnostic test for my specific client population .	1	2	3	4	5	n/a
---	---	---	---	---	---	-----

REGISTRATION NUMBER: _____

I explain to clients the reasons for ordering specific screening and diagnostic tests and the associated risk and benefits.	1	2	3	4	5	n/a
I adhere to provincial or agency standards for ordering, documenting and reporting results of screening and diagnostic tests.	1	2	3	4	5	n/a
I seek information to ensure my understanding of test results and diagnostic interpretation by specialists(s) and follow up as necessary.	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

Prescribing Drugs and Devices

I prescribe drugs relevant to my specific client population in accordance with relevant provincial and federal standards and legislation.	1	2	3	4	5	n/a
I use current evidence to support safe prescribing practices.	1	2	3	4	5	n/a
I only prescribe those drugs listed in Appendix A in the Practice Expectations for RN(AP)s for my specific client population .	1	2	3	4	5	n/a
I only prescribe those devices listed in Appendix B in the Practice Expectations for RN(AP)s for my specific client population .	1	2	3	4	5	n/a
I prescribe drugs for clients for whom I have relevant knowledge of the client's health history based on assessment obtained through direct client contact.	1	2	3	4	5	n/a
I complete prescriptions accurately, completely and legibly and include:	1	2	3	4	5	n/a
a) date of issue,						
b) name and address of the person for whom the drug is prescribed,	1	2	3	4	5	n/a
c) weight of client if client is a child or weight has bearing on the dosage of the prescribed drug,	1	2	3	4	5	n/a
d) age of the client if age has bearing on the dosage of the prescribed drug,	1	2	3	4	5	n/a
e) name, strength and quantity of the prescribed drug,	1	2	3	4	5	n/a

REGISTRATION NUMBER: _____

f) directions for use, including the dosage, frequency, route of administration, duration of drug therapy and special instructions,	1	2	3	4	5	n/a
g) the number of allowable refills and interval between refills, where applicable. If a prescription includes more than one drug, I clearly identify the number of allowable refills for each drug,	1	2	3	4	5	n/a
h) prescriber's name, regulated title, address, telephone number and fax number,	1	2	3	4	5	n/a
i) the treatment goal and/or diagnosis and/or clinical indication, and	1	2	3	4	5	n/a
j) my signature in one of the following formats:	1	2	3	4	5	n/a
i) hand-written signature	1	2	3	4	5	n/a
ii) electronic image if the prescription is sent directly to a single pharmacy of the client's choice through an approved electronic medical record, and there is no hard copy of the prescription.	1	2	3	4	5	n/a
I monitor adverse drug reactions and report in accordance with Health Canada reporting requirements.	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: _____

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.

REGISTRATION NUMBER: _____

Part B: Self-Development Plan

Instructions:

1. Set at least **one self-directed** learning goal to enhance your RN practice.
2. Complete at least **one self-directed** learning activity related to your goal.
3. Identify how your learning impacted your RN practice.

Tips: Goals and activities required by your role and/or employer are not self-directed.

*Your goal needs to be able to affect your **current** practice.*

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

Learning Goal(s) and Activity(ies)

Learning goal(s)	Learning activity(ies) <i>(be as specific as possible)</i>	Expected date of completion	Date completed

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.

REGISTRATION NUMBER: _____

Part C: Jurisprudence Learning Module

Completing this year's jurisprudence learning module titled *Health Equity and Cultural Humility* 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.

REGISTRATION NUMBER: _____

Part D: 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.

Activity	Date Completed	Notes

REGISTRATION NUMBER: _____