

# Nursing in a Team Environment

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The College of Licensed Practical Nurses of Manitoba (CLPNM), College of Registered Nurses of Manitoba (CRNM) and College of Registered Psychiatric Nurses of Manitoba (CRPNM) developed this document.

## Purpose

The CLPNM, CRNM and CRPNM (Colleges) receive questions about how to best understand the roles and scope of licensed practical nurses (LPN), registered nurses (RN) and registered psychiatric nurses (RPN) in a specific practice setting. In today's complex health care environment, the answer to this question requires consideration of several factors including professional scope of practice, individual nurse competence, practice context and the resources available for collaboration.

The purpose of this document is to provide a framework to support nurses, employers/administrators and other health care personnel to understand how these factors influence the optimization of nursing resources, decisions, and nursing staff mix.

## Scope of Practice

Nurses' professional scope of practice outlines what nurses are authorized to do. Factors that influence individual nurses' scope of practice are depicted in [Figure 1](#).

Nursing practice is most broadly influenced by the health needs of the population. For nursing professions to be part of the system of care, and to meet the health needs of the population, legislation defines the scope of practice for each of the three nursing professions (see [References](#) for a list of these Acts and Regulations).

There is overlap in scope of practice between the nursing professions. In some practice settings, this overlap can make it difficult to recognize that there are also differences.

It is important to consider that there are differences in entry-level competencies (ELCs), basic education, and scope of practice between each of the three nursing professions. This means that there are also differences in the knowledge, skills, judgment, and personal attributes of each individual nursing professional.

There may be situations where members of all three nursing professions have similar education and scope for a particular aspect of nursing care or for nursing practice in a certain health care environment. In other situations, one nursing profession (or provider) may be better positioned to provide care over another due to the depth and breadth of their education and a broader or more specialized professional scope of practice.

In Canada, each nursing professional is educated and registered to meet the full scope of their profession, with foundations in the profession's full ELCs. Similarities between nursing roles in some practice environments should not be interpreted to mean that each nurse would be equally prepared, safe and competent for practice in all other nursing environments. Each individual nurse is accountable to meet the ELCs and practice expectations/standards of their own profession in order to provide safe, ethical care.

Differences between the professions, and between individual nurses, are more distinguishable with a competency-based approach to understanding scope of practice.

## Competency

A competency-based approach to scope of practice focuses on the competencies of each nursing profession as well as the competency of the individual nurse.

Competency includes the use of one's knowledge, skill and judgment. In other words, the nurse's competence is a sum not only of the skills they have, but also of the knowledge, and judgment the nurse applies to the skills and to all other care they provide.

Competence in practice is demonstrated when the nurse applies the knowledge, skills and judgment required to perform the care activity as well as manage both the expected and unexpected outcomes of that care. That is, competent nursing care includes the use of one's judgment in addition to knowledge and skill. Such judgment is demonstrated when the nurse:

- recognizes and analyzes important information (e.g. assessment of the client's health status),
- generates potential solutions for providing care (e.g. diagnosis and care planning),
- makes decisions about when to involve others in the provision of care,
- takes action to prioritize and provide care,
- evaluates the outcomes of the care provided, and
- recognizes the limits to their individual competence and when to consult or collaborate with other team members.

A competency-based approach to scope of practice focuses on understanding:

- the ELCs of each nursing profession,
- the broader competencies that fall within the scope of practice of each profession, which might vary from one member of that profession to another, and
- the competence of the individual nurse.

## Entry-Level Competencies and Education

Each of the three Manitoba nursing Colleges publishes ELCs that describe the minimum knowledge, skill and judgment required of a member of their profession for safe, competent and ethical practice. Manitoba's nursing education programs are designed to provide all the ELCs of their respective professions. Students are evaluated throughout the programs, including within clinical practice environments, to confirm their competencies.

Just as there is overlap in the scopes of the professions, there is overlap in the foundational education of Manitoba's nursing professions and in the ELCs. This is because all nurses are educated from the same general body of nursing knowledge. As well, all nurses are educated to apply the same framework in their practice (assessment, diagnosis/determination, planning, implementation, and evaluation). However, because of differences in the emphasis of Manitoba's nursing professions, and corresponding differences in the depth and breadth of their entry-level programs, there are also differences in the ELCs.

Entry-to-practice education for LPNs in Manitoba is a diploma-level program where they study physical, biological, and nursing sciences. The focus of the program is on assessment, application, analysis, planning, and evaluation. Practicum experiences are threaded throughout the program, always building on previous knowledge, and expanding to include a broader variety of patient populations and nursing practice areas. At entry level, Manitoba LPNs are prepared to provide safe, competent, and ethical nursing care in a variety of practice settings to clients across the lifespan. [The entry-level competencies of Manitoba's LPNs can be reviewed on the CLPNM website.](#)

Entry-to-practice education for RNs in Manitoba has a strong foundation in nursing theory, concepts and knowledge; health and sciences; humanities, research, and ethics at the baccalaureate level. Entry level RNs are prepared as generalists to practice in situations of health and illness, with all people across the lifespan, caring for individuals, families, groups, communities, and populations, across diverse practice settings using evidence informed care. [The entry-level competencies for Manitoba RNs can be reviewed on the CRNM website.](#)

Entry-to-practice education for RPNs in Manitoba, is a baccalaureate program where students focus on mental and neurodevelopmental health, mental illness and addictions and use the nursing process and bio-psycho-social and spiritual models of assessment for a holistic approach to care. Entry level RPNs are also prepared with a foundational knowledge of nursing and medical-surgical nursing practice. RPNs are committed to the prevention of illness and to the promotion and maintenance of optimal health, rehabilitation and recovery. Psychiatric nursing education programs prepare entry-level RPNs to begin their practice in a variety of practice settings, with diverse populations, and across the lifespan.

[The entry-level competencies of Manitoba's RPNs can be reviewed on the CRPNM website.](#)

## Broader Nursing Competencies

Education does not end at entry level. Nurses continue to develop their competence throughout their careers. Each Manitoba nursing profession has continuing competence expectations which are enshrined in legislation. This means that, beyond entry to practice, nurses will possess a range of competencies within their profession's scope of practice that are broader and deeper than the ELCs, and which are unique to them as an individual.

An individual nurse's competence is influenced by many factors, including practice experience and exposure, currency of practice, personal attributes such as commitment to lifelong learning, support from employers to engage in additional learning, and the successful completion of post-basic and additional education.

All nurses are expected, and held accountable, for self-assessing and for engaging in the practice of their profession only to the extent that they are competent. Employers also play an important role in supporting competent practice by:

- providing nursing staff with access to educational opportunities, when necessary, to assist them in meeting the needs of the client,
- evaluating their nursing staff,
- providing support if competencies appear to be falling below the ELCs or those required for safe practice in the environment,
- evaluating applicants for nursing positions to confirm they possess the competence needed for the specific role, prior to hiring; and
- when serious competency concerns surface or when other attempts to support the nurse prove unsuccessful, reporting incompetent or unprofessional practice to the applicable nursing regulatory college.

## Context of the Practice Setting

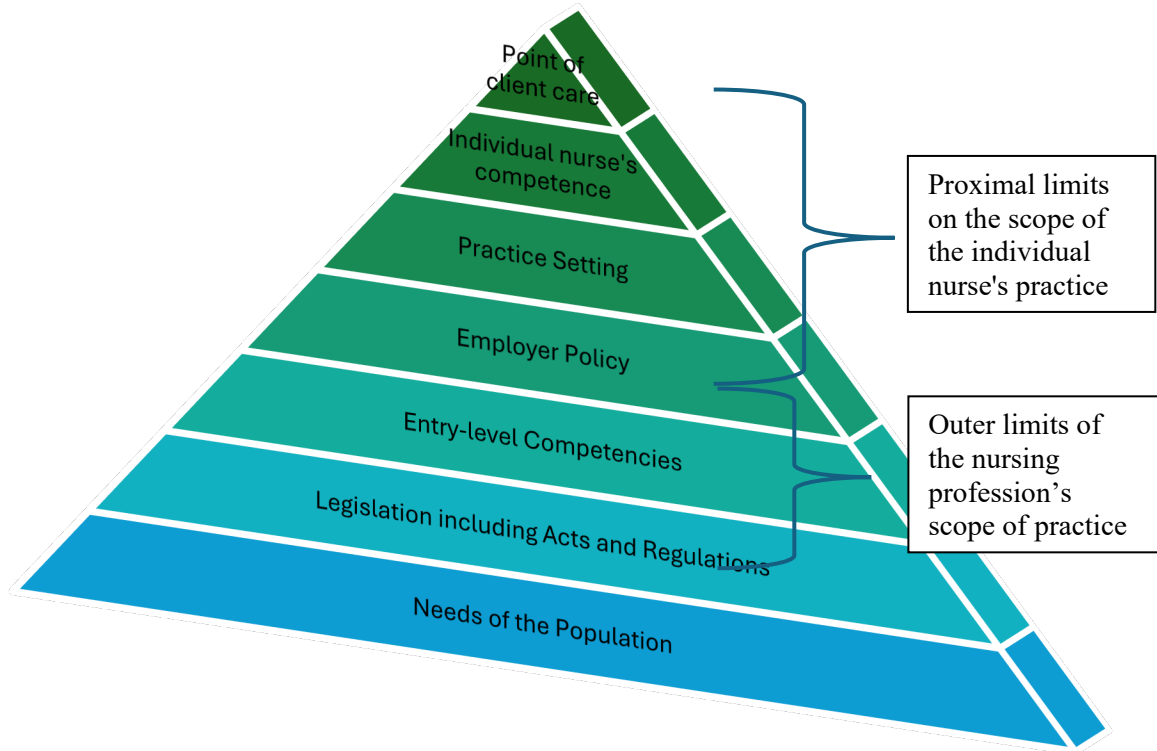
Context of practice refers to the conditions where the client is receiving care. Employers need to consider the context of the nurse, the client and the setting when utilizing a competency-based framework for decision-making. The practice setting includes the nurse, the client and the environment. The practice of all nurses is based on the integration of knowledge, skill, judgment and personal attributes. It cannot be reduced to a list of tasks.

- **The Nurse:** The nurse can only work within the scope of practice for their profession. Although there is overlap in the ELCs, they are not the same for each nursing profession. When determining the appropriate nurse to provide care, the focus should be centered on the needs of the client. Employers must also consider the individual's competence as nurses build on ELCs throughout their career and will gain additional competencies based on additional training and education. The nurse's individual competence impacts the care they can safely provide within the specific environment. For example, if a nurse is working in a practice setting that does not limit a nurse's scope and has equipment for the provision of care, but the nurse does not have the knowledge, skill and judgment to know when or how to use the equipment (or any other resources), the nurse will not be able to provide that element of the client's care.

- **The Client:** The client is generally seen as the person. Nurses apply their competencies to address the needs of the person within the context of the family, group, community or population. The assessment, planning, implementation and evaluation of nursing care all focus on the person while taking their natural support systems into consideration. The competencies of the nurse will ideally reflect their client's needs for nursing care. It is understood that competencies and expertise develop over the course of a nurse's career. As nurses gain knowledge and experience, they become experts in their practice within their regulated nursing profession; however, the building of competencies through continuing education and experience does not mean that LPNs, RNs or RPNs will acquire all the competencies, or the same depth and breadth of competency as another nursing discipline. The client's complexity, predictability and the risk for negative outcomes determine the nursing knowledge and competencies required to provide safe, quality care. The more complex, the less predictable, the higher the risk for negative outcomes and the more dynamic the environment, the greater the need for more in-depth nursing knowledge, skills, judgment and consultation.
- **The Environment:** The environmental or setting context is typically where nursing practice takes place. A nurse may work for a large organization where there may be an orientation process, well defined policies and procedures, an education department, and a mix of novice and expert nurses and other health care professionals available for consultation. Alternatively, a nurse may work in an environment, such as the community, where the nurse must be autonomous and self-directed, and where there may be few consultation resources or supports available. An individual nurse's competence for practice in this type of environment will depend on their educational preparation, individual competence, focus and approach. The resources available in the practice setting also impact the nurse's individual scope of practice given that the availability, or lack, of resources (e.g. protocols, equipment, technology) can further impact the services the nurse is able to safely and competently provide.

Employer policies also inform the context of practice, as such policies set out what the nurse is expected to do. Employer policies can also limit the scope of a nurse's practice: for example, an employer policy that stipulates that nurses must take additional training or certification before administering vaccines, or a nurse requiring authorization to administer an over-the-counter medication when it is fully within the scope of the nursing profession. However, employer policies must not be contrary to legislation, regulations, by-laws, scope of practice, standards of practice, codes of ethics (ethical conduct) and practice directions.

Figure 1



A client's health care needs will always be broader than the individual scope of the nurse. This is because clients require more than what an individual nurse can provide; for example, physicians to prescribe medications and pharmacists to dispense medication orders. Meeting the needs of the populations, communities, service areas and clients we serve are strong motivators for the individual nurse to expand their own competence while understanding the limits of where their ability to provide care might end and collaboration with another professional might begin.

## Collaboration

For effective collaboration, the [Practice Direction Interprofessional Collaborative Care](#) describes the expected competencies of the health care team:

- **Relationship-focused care:** Fostering purposeful relationships among and between care partners and persons participating in/receiving care
- **Team communication:** Communicating in a cooperative, responsive, and respectful manner while mindful of the content and relational elements of communication
- **Role clarification/negotiation:** Understanding and negotiating one's own role and the roles of others, using their knowledge, skills, expertise, and values to establish and achieve collaborative relationship-focused care
- **Team functioning:** Understanding that team members work interdependently and bring their shared perspectives to cooperate, coordinate, and collaborate toward shared goals through shared decision-making
- **Processing of team differences/disagreements:** Actively engaging in constructively addressing disagreements
- **Collaborative leadership:** Valuing each other's knowledge, skills, expertise, and acknowledging that everyone contributes different strengths and perspective; being accountable in sharing decision-making and responsibilities to reach common goals and achievable or desired outcomes.

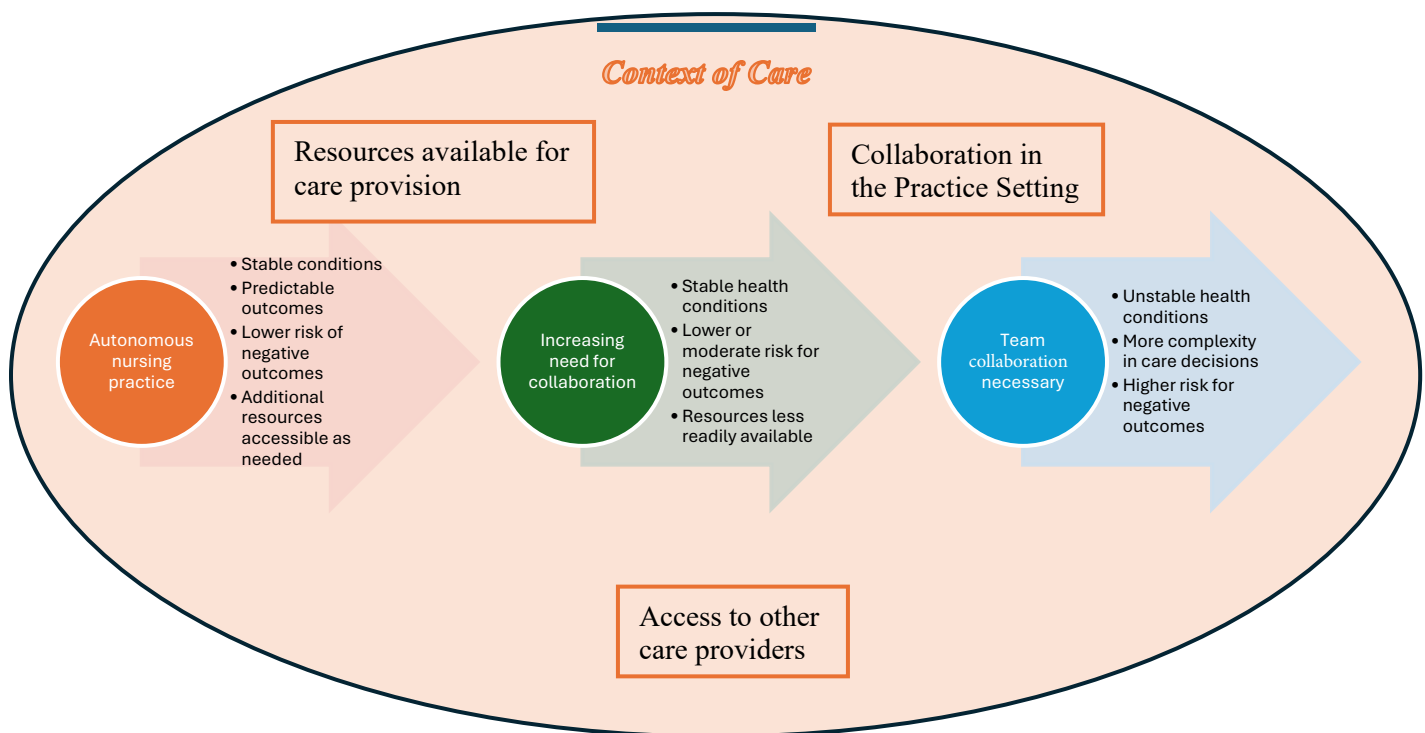
As client care needs increase in complexity, unpredictability, acuity, or increasing risk of negative outcomes, there is a greater need for enhanced collaboration even as, or especially as nurses practice to the limits of their competence and scope of practice. Because there is overlap in the scopes of practice of the three regulated nursing professions, in some health care situations all three may possess the knowledge, skills, judgment and personal attributes to provide care. In other situations, the knowledge, skills, judgment and personal attributes required to meet a broader range of client needs may be unique to members of one of the regulated nursing professions. In these situations, employers need to be aware of and respond to the needs of the client or population they serve to determine which available nursing provider, or mix of providers, might be in the best position to meet the client's comprehensive needs for nursing care.

## Care Continuum

Figure 2 below depicts a care continuum within the context of care. The oval circle represents the context of care and includes resources available for care provision, collaboration within the practice setting, and access to other health care providers in the team and the environment.

The arrows in the care continuum represent growing client health care needs, while the blue circles identify the corresponding need for nurses to enhance collaboration. Collaboration is expected in all care and is enhanced as care becomes more unstable, complex or at-risk for negative outcomes.

Figure 2



## Team Functioning

Collective competence is complementary to a nurse's individual competence. It includes the abilities of each team member however it is more than the sum of individual competencies because it involves the processes for collaboration as well as the relationships among the team. Client care is dependent on teams and networks of individuals working together. It is necessary to establish and maintain effective and healthy working relationships with clients and practitioners whether or not a formalized team. Health care providers are responsible to communicate with others in a collaborative, responsive and responsible

manner. Teams often need more formalized systems to ensure adequate communication between the team members to ensure client needs are addressed.

## Employer Responsibilities

1. What are the health care needs of the clients?
2. As specifically as possible, what type of care, exactly, do the clients need? Assessment, diagnostics, planning, treatments, evaluations?
3. What knowledge, skill and judgment are necessary within the health care team to meet those client needs?
4. What is the level of competence in the team as a whole?
5. Are the members of the health care team utilized to their full capacity/scope of practice?
6. What members of the health care team are available for collaboration? How well do team members know when and how to call on each other to collaborate?
7. What are other environmental factors or risks that need to be considered?
8. What resources are necessary for nurses to safely provide care?
9. What is the proportion of novice to more experienced nurses?
10. Are members of the team accessible? How readily?
11. Are members of the team known to each other? If not, what systems are in place to facilitate communication?
12. Is there an understanding within all team members about the team's structure and processes?
13. How are conflicts within the team managed and resolved?
14. When hiring a new nurse, has the individual been assessed through the interview and reference check process to determine if they possess the competencies required to provide safe care in the specific nursing position?
15. If available applicants do not possess all of the necessary competencies, is support and education available to assist the nurse to develop the necessary competence, within the boundaries of their professional scope of practice?

## Conclusion

Determining the appropriate healthcare providers to involve in care is complex and dependent on clients' current healthcare needs. The scope of nursing practice provides a broad starting point to assist with these decisions, but is not a definitive formula as:

- there is overlap in professional scopes of practice, and
- decisions about appropriate providers must factor in a broader range of considerations, such as individual nurse factors, client factors, the practice environment, and the availability of other providers for support and consultation.

Collaboration is expected in the provision of care and must be done with increasing expertise as the client becomes more unstable, and care requirements become more complex or at-risk for negative outcomes.

For consultation on individual cases please contact a practice consultant at the appropriate College:

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