



College of
Registered Nurses
of Manitoba

Practice Direction:

Practice Expectations for RNs

The College of Registered Nurses of Manitoba (the College) Council must, by regulation, establish standards of practice to regulate the quality of practice of registrants of the College.

The Council approves practice directions which are written statements to enhance, explain, add, or guide registrants with respect to matters described in the College of Registered Nurses of Manitoba General Regulations or any other matter relevant to registered nursing practice. Compliance with practice directions are required; these expectations also serve as a legal reference to describe reasonable and prudent nursing practice.

It is the responsibility of all registrants to understand all practice expectations and be accountable to apply them to their own nursing practice, regardless of roles or practice settings. Responsibility is the duty to satisfactorily complete your obligations. Accountability means being capable of explaining why you did or did not meet these expectations.

The policies of employers do not relieve individual registrants of accountability for their own actions or the primary obligation to meet practice directions. Employer's policies should not require a registrant to practise in a manner that violates practice directions.

NOTE: the use of the word registrant refers to registered nurse, registered nurse (authorized prescriber), registered nurse (nurse practitioner), registered nurse (graduate nurse practitioner), and graduate nurse.

This practice direction applies to registrants in all membership classes of the College's register.

An asterisk* indicates a standard of practice from the College's General Regulations Part 4.

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Published: 12/2017

Revised: 12/2022

Purpose

The College exists for the public's benefit with a strategic outcome for accountable, quality, professional nursing practice. That is, RNs practice in an ethical, competent, accountable, safe, and collaborative manner, consistent with the *Standards of Practice*, practice expectations, and *Code of Ethical Conduct*.

To achieve this strategic outcome and serve the public interest, this practice direction enhances and explains what the public can minimally expect of all registrants in all domains of practice. These practice expectations include the *Standards of Practice* from the College's General Regulations plus additional responsibilities that are relevant and necessary for all RNs to demonstrate when providing care.

Professional Practice

Registered nurses are accountable and responsible to demonstrate professional behaviours, attributes and values that uphold trust in the profession of registered nursing. As an RN, you must:

1. Demonstrate understanding of legislation governing registered nursing practice and your practice of registered nursing including but not limited to the *Regulated Health Professions Act (RHPA)*, the College's General Regulations, *Practice of Nursing Regulation*, and any/all other applicable legislation (e.g. *The Personal Health Information Act*).
2. Promote a practice environment that supports responsibility, accountability, professional development, and respect for others by:
 - a. Acting as a mentor, coach, preceptor and/or resource to students, nursing colleagues and other members of the health-care team.
 - b. Taking personal responsibility for your professional conduct and fitness to practice including responsibility to notify the College as

required according to College regulations and practice directions.

- c. Identifying issues which could have an injurious effect on clients or others.
- d. Participating in resolving professional practice issues that interfere with your ability to practice according to the College regulations, practice expectations, practice directions, *Code of Ethical Conduct*, and other provincial and federal legislation.
- e. Demonstrating an understanding of and adherence to your duty to report, including reporting of unsafe practice, professional incompetence, professional misconduct and incapacity or unfitness to practice.
- f. Encouraging, supporting, facilitating and/or participating in research relevant to the profession.

Competent Practice

Registered nurses are accountable and responsible to demonstrate competence in registered nursing practice. As an RN, you must:

3. Apply the entry-level competencies for registered nurses in your practice.
4. Develop your continuing competence to maintain and enhance your nursing knowledge, skill and judgment so your practice is both safe and relevant to your clients' health-care needs.
5. Demonstrate critical thinking and use of current evidence from nursing science, other disciplines and other pertinent peer-reviewed, evidence-informed sources.
6. Demonstrate critical inquiry in planning for client care needs and evaluating care provided.
7. Develop, maintain, and apply competence in technology use for healthcare, including judgment of risks/benefits for the use of the technology to meet client health needs (e.g. distinguish when use of social media or telepractice breaches practice directions; determine when to and when not to access electronic health records).

Professional Communication

Registered nurses are accountable and responsible to effectively communicate with the client, other health care providers, and the public, integrating the nursing perspective into professional communication. As an RN, you must:

8. Introduce yourself to clients and the health care team with your full name and professional title.
9. Establish and maintain therapeutic nurse-client relationships, and end nurse-client relationships as necessary.
10. Engage in active listening and other evidence-informed communication skills to demonstrate respect, compassion and empathy for clients' experiences, cultures, preferences and goals.
11. Communicate effectively in complex and changing situations to promote care continuity and delivery of safe, competent and ethical care. Demonstrate willingness to answer clients' questions about their health care.
12. Take steps to manage communication barriers including the modification of your communication so that it is understood by clients of varying needs, abilities, cultures and socioeconomic backgrounds.
13. Demonstrate skill in written and/or electronic communication that promotes quality documentation and communication between team members.

Ethical Practice

Registered nurses recognize, promote, and uphold the ethical standards of the nursing profession. As an RN, you must:

14. Practise in accordance with the values outlined in the *Code of Ethical Conduct*.
15. Demonstrate accountability and responsibility in

protecting personal health information.

Cultural Safety, Cultural Humility and Anti-racism in Practice

Registered Nurses reflect, learn, act, and work collaboratively to create an environment to promote cultural safety and anti-racism in all domains of registered nursing practice. As an RN, you must:

16. Reflect on your values, assumptions, beliefs, and privileges embedded in your own knowledge and practice, and consider how this may impact therapeutic relationships with Indigenous Peoples and with clients vulnerable to discrimination and health inequity.
17. Continue to improve your ability, through continual education, to provide culturally safe care for Indigenous Peoples and for clients vulnerable to discrimination and health inequity.
18. Take active steps to identify, address, prevent, and eliminate any form of racism including Indigenous specific racism.
19. Create an environment to promote culturally safe health care experiences where clients' physical, mental/emotional, spiritual, and cultural needs can be met.
20. Develop and apply knowledge about different types of traumas and its impact on both Indigenous Peoples and clients vulnerable to discrimination and health inequity, including:
 - a. How intergenerational and historical trauma affects clients, and
 - b. The benefits of a focus on the resilience and strength the client brings to health care encounters.

*Client-centered Practice

The practice of registered nursing encompasses several domains such as clinical practice, education, administration, and research. Your client may be an individual, a family, a group of people, a community, or a population. Depending on your domain(s) of practice, a client may be a patient, a nursing student, a research participant, another member or other health-care provider. As

an RN:

21. You may engage in the practice of registered nursing only if you are legally permitted, competent and fit to do so.
22. You must acknowledge your limitations in skill, knowledge and judgment and must ensure that you practice registered nursing within those limitations.
23. When engaging in the practice of registered nursing, you must apply, as a framework, the nursing process, which is the systematic approach to the practice that encompasses all steps taken by RNs in planning for the needs of your client, including assessment, diagnosis or determination, planning, implementation and evaluation.
24. The principles of client-centered practice in a clinical practice setting also apply to the practice of registered nursing in the other domains, such as education, administration and research.
25. When engaging in the practice of registered nursing in a clinical practice setting, you must provide nursing care that includes:
 - a. an assessment to determine the needs and circumstances of the client;
 - b. 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;
 - c. 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;
 - d. 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 their health care;

- e. a referral of the client to another RN or healthcare professional when appropriate; and
- f. support for the client in self-management of their health care by way of the provision of information, resources and referrals to enable informed decision making by the client or their representative.

***Collaborative care**

As an RN, you must:

26. When involved in providing for the health care of a client:
 - a. Work collaboratively and cooperatively with clients, families and other health-care providers in providing for the health care of the client and communicate effectively and appropriately with them;
 - b. Ensure that you understand your role and the role of other health-care providers in providing for the health care of the client;
 - c. Explain to the client or their representative your role and responsibility;
 - d. Comply with any collaborative care decision tool in place at the practice setting where you and other health-care providers are providing for the health care of the client;
 - e. Give your full name and designation of membership class to the client, their representative and any other person involved in the client's health care;
 - f. Treat other health-care providers with respect; and
 - g. Recognize the skill, knowledge, judgment, and roles of others involved in the client's care.
27. Document on the client's record the nursing care you provided with enough information for another health-care professional to be sufficiently informed of the care

provided.

*Follow-up to diagnosis and test results

As an RN who orders a diagnostic test or makes a referral, you must:

28. Have a system in place to review the test results and the results of referrals and have reasonable arrangements in place to follow-up with the client.
29. Remain responsible for any follow-up care required if you direct a copy of the result to another health-care professional, unless the health-care professional to whom the copy of the result is directed has agreed to accept responsibility for the client's follow-up care.

*Practice environment

30. As an RN, in providing nursing care you must demonstrate procedures that safeguard the hygiene and sanitation of the practice environment and the hygiene and sanitation of the equipment used in that nursing care.

*Client records

31. As an RN, you must appropriately document the nursing care you provided in a record specific to each client as the nursing care is

provided or as soon as possible after the care is provided.

Glossary

Anti- Racism: The practice of actively identifying, challenging, preventing, eliminating, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism. It is more than just being “not racist” but involves taking action to create conditions of greater inclusion, equality, and justice.

***Client:** Clients include the individual, family, group of people, community, or population. Depending on the RN's domain or domains of practice, a client may be a patient, a nursing student, a research participant, another member or other health-care provider.

Client-centered: A partnership between a health provider or a team of health providers and a patient where the client retains control over their care and is provided access to the knowledge and skills of provider(s) to arrive at a realistic plan of care and access to resources to achieve the plan.

Client record: A record of client information and care provided.

Council: The governing body of the College. Formerly known as the Board of Directors.

Critical inquiry: This term expands on the meaning of critical thinking to encompass critical reflection on actions.

Critical thinking: A cognitive skill which involves analysis, logical reasoning and clinical judgment, geared towards the resolution of problems, and standing out in the training and practice of the nurse with a view to accurate clinical decision-making and the achieving of effective results.

Cultural Humility: A life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. While western models of medicine typically begin with an examination of the patient, cultural humility begins with an in-depth examination of the provider's assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship. Undertaking

cultural humility allows for Indigenous voices to be front and centre and promotes patient/provider relationships based on respect, open and effective dialogue, and mutual decision-making. This practice ensures Indigenous peoples are partners in the choices that impact them, and ensures they are part of and present in their course of care.

Cultural Safety: A culturally safe environment is physically, socially, emotionally and spiritually safe. There is recognition of, and respect for, the cultural identities of others, without challenge or denial of an individual’s identity, who they are, or what they need. Culturally unsafe environments diminish, demean, or disempower the cultural identity and well-being of an individual.

Domain: Specified area of practice, activity or knowledge.

Duty to report: The legal responsibility to notify the Registrar/CEO in writing.

***Health-care professional:** A person who engages in health care as a practising member of a health profession under *The Regulated Health Professions Act* or a profession-specific Act listed in Schedule 2 of the Act.

Indigenous: First Nations, Métis, and Inuit Peoples in Canada.

Indigenous specific racism: The unique nature of stereotyping, bias, and prejudice about Indigenous peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous peoples in Canada that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from the colonial policies and practices.

Intergenerational Trauma: Historic and contemporary trauma that has compounded over time and been passed from one generation to the next. The negative cumulative effects can impact individuals, families, communities, and entire populations, resulting in a legacy of physical, psychological, and economic disparities that persist across generations. For Indigenous peoples, the historical

trauma includes trauma created as a result of the imposition of assimilative policies and laws aimed at attempted cultural genocide and continues to be built upon by contemporary forms of colonialism and discrimination.

***Nursing care:** The health care that a member provides in the course of his or her practice of registered nursing.

Registrant: A regulated member on the College Register.

Racism: The belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to discriminatory behaviours and policies that oppress, ignore or treat racialized groups as ‘less than’ non-racialized groups.

***Representative:** A person referred to in section 60 of the *Personal Health Information Act*.

Register of Regulated Members

Subregister	Membership Class
Registered Nurses	registered nurse
	registered nurse (interim practice)
	registered nurse (temporary practice)
Graduate Nurses	graduate nurse
Extended Practice	registered nurse (nurse practitioner)
	registered nurse (nurse practitioner – interim practice)
	registered nurse (nurse practitioner – temporary practice)
Graduate Extended Practice	registered nurse (graduate nurse practitioner)

A registered nurse (authorized prescriber) or RN(AP) is part of the registered nurse membership class.

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