



College of
Registered Nurses
of Manitoba



Practice Direction:

Supervision of Undergraduate Nurse Employees

This practice direction was created in collaboration with the College of Registered Psychiatric Nurses of Manitoba.

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

The Council approves practice directions which are written statements to enhance, explain, add or guide RNs with respect to matters described in the College of Registered Nurses 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 registered nurses or RNs in Manitoba 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 to explain why you did or did not meet these expectations.

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

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

Background

Undergraduate Nurse Employees (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 registered/psychiatric nursing education program or course of instruction to obtain reinstatement of registration.

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

The ability for a UNE to perform reserved acts is authorized by the College's Regulations. UNEs can perform reserved acts only with RN or RPN supervision if they are enrolled in an approved nursing education program or, for individuals who are internationally educated or re-entering practice and seeking registration, enrolled in a course of instruction.

The UNE position provides an opportunity for the student employed as a UNE to consolidate the knowledge and skill acquired in their approved nursing education program/course of instruction.

Purpose

The UNE is a distinct role. Role clarity is necessary because of differences in the UNE role compared to other unregulated health care employees (e.g. health care aid, home health worker). 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*.

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.

The purpose of the Practice Direction: Supervision of Undergraduate Nurse Employees is to provide Registered Nurses (RN) and Registered Psychiatric Nurses (RPN) in Manitoba the practice expectations and supervision principles to determine the level of supervision required when supervising a UNE. 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 RNs and RPNs to practise in a manner that violates practice standards, codes of ethics or practice directions.

Collaborative care and team decision-making to meet the client's health care needs are also required when determining the level of supervision as the goal is patient safety and competence in the provision of care.

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

Principles of Supervision Professional Communication

1. Supervision is supported by:
 - clear role and job descriptions;
 - identification of the learning or performance expectations and objectives;
 - comprehensive orientation;

- mentoring; and
 - ready access to resources, policies, and procedures.
2. Direction and guidance are 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.

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

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.

Supervision must support patient safety and competent care.

Only if the RN or RPN assesses UNE's competency and risk to the client, then determine that they do not need to be present while the UNE performs the reserved act, may the RN or RPN choose to be available to the UNE at a distance or by telephone. The UNE must always have access to the nurse for collaboration/consultation.

Practice Expectations

The nurse is required to:

1. Understand the UNE's scope of employment
2. When assigning care responsibilities to UNE:
 - 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 supervision of, 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.

3. Only supervise the reserved acts that they are both authorized and competent to perform.
4. 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? What protocols are in place to escalate potential issues with team functioning and client care?
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. Does the RN or RPN supervising the UNE know what is expected of each of them?
8. What is the process to verify current enrollment of the UNE in an approved nursing/ psychiatric nursing education program or course of instruction for applicants who are internationally educated/re-

entering the profession and seeking reinstatement of registration? What is the process if a UNE ceases attendance in the education program or course of instruction?

9. What factors in the practice environment support or hinder collaborative care and patient safety?
10. What communication supports the clients' awareness of care expectations and staff roles?

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

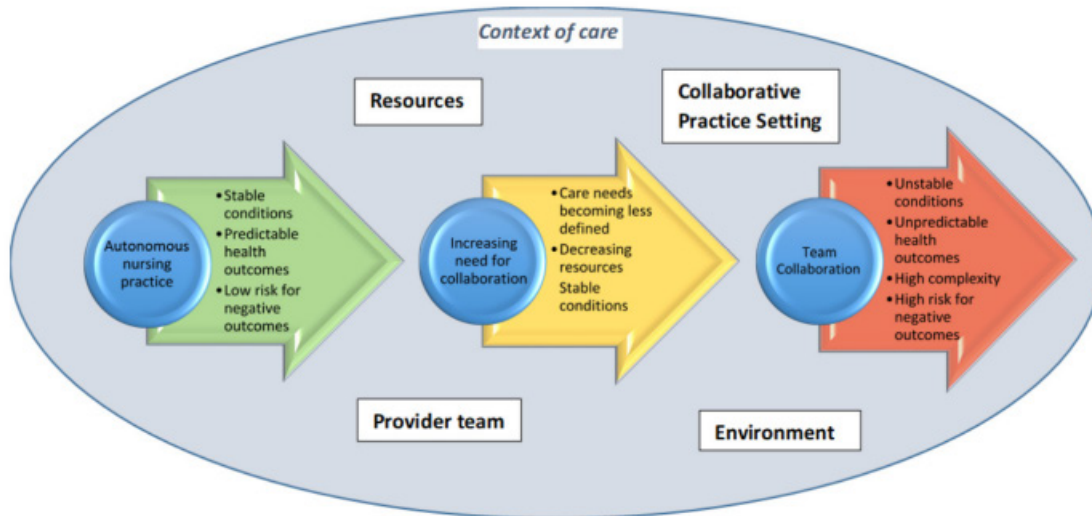
Collaborative Care when Nursing in a Team Environment

Collaborative Care is an integral part of supervision. Collaborative care occurs when multiple providers from different professions provide comprehensive services by working with clients and 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

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



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, done while providing health care, 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.

Scope of employment: Range of responsibilities defined by an employer through position descriptions and policies.

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

Undergraduate Nurse Employee (UNE): A student hired as an undergraduate nursing employee (UNE) who has the competencies for this role and is currently enrolled in a(n):

Approved nursing program, or

Course of instruction in order to obtain registration as an applicant seeking re-entry to practice/internationally educated applicant.

References

- [Assignment and Delegation to Unregulated Care Providers](#)
- [CARNA Supervision Standards](#)
- [CRNM General Regulation](#)
- [College of Registered Psychiatric Nurses of Manitoba General Regulation](#)
- [Interprofessional Collaborative Care](#)
- [Nursing in a Team Environment](#)
- [Regulated Health Professions Act](#)

Appendix A: 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 a higher degree of psychomotor skill.
- May require altering in different settings.

Unregulated Care Provider

- Has never performed the task.
- Has no related 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