NSG2113: Lectures 5 & 6

Professional Organizations, Standards, and Practice Guidelines

Outline

1. Professional Organizations
2. Professional Standards
3. Practice Standards & Guidelines
    a. Consent
    b. Documentation
    c. Confidentiality
    d. Medication
4. Quality assurance

Professional Organizations

Professions: "The internal government of a profession must lie with its own membership and it must be on the broadest possible democratic basis. No profession can continue to exist if its internal control falls into the hands of government appointees or party representatives. The power of a professional body is great; it includes the denial of entrance and, in extreme cases, the power of expulsion."

CNA

- Non-partisan national body
  - Works to integrate a national voice 
- Has no legal authority
- Writes / administers CNRE
- Produces Codes of Ethics
- Member of ICN

RNAO

- Provincial organization
- Political body
  - Meets regularly with politicians re:
    - Health issues
    - Health care issues
    - Nursing issues
  - Funds the development of Nursing BPGs
  - Analyzes political platforms during each election
- Voluntary association
  - CNPS association comes with RNAO membership

CNO (*RHPA, 1991*)

- Certain health professionals are self-governing by "colleges"
- HCPs must be members of these colleges to practice in Ontario
- Colleges are mandated to protect the public by overseeing:
  - Registration
  - Inquiries
  - Complaints
  - Reports
  - Discipline
  - Practice Standards
  - Quality Assurance

CNO (*Nursing Act, 1991*)

- For nursing, “College” denotes the CNO
- The CNO council comprises 35 to 39 individuals
  - 21 CNO members
    - 14 RNs
    - 7 RPNs
  - 14-18 appointees who are not
    - CNO members
    - Members of another RHPA designated College
    - Members of another RHPA designated Council
- CNO establishes and regulates professional and practice standards

CNO – Professional Practice (*Nursing Act, 1991*)

"*Professional practice* is defined as the care and/or services that nurses provide to clients."

"Care/services is the process of working with clients to identify care needs, and to establish, implement, and continually evaluate plans of care."

- What is the CNO describing here?

CNO: *The Standard*

CNO: Using Social Media

The report

The College received a report of termination from a hospital administrator about Petra, an RN who had posted inappropriate information on her Facebook page. Petra's performance reviews at work for the past five years were good, and her supervisor noted that she "provided excellent care to all patients and worked collaboratively with the health care team." In fact, hospital administrators had no concerns about Petra's work performance until viewing her Facebook profile where her name, RN title and the hospital's name were visible.

On her Facebook page, Petra had posted several photographs of herself and her nursing colleagues in the hospital, with captions including "Party time!" and "I'd rather be anywhere else." She had also posted complaints about providing nursing care to clients with named illnesses, and she described some clients in enough detail that the administrators recognized them.

Petra had more than 200 Facebook friends who could view the information and who had added comments such as, "Wow, remind me never to go there for treatment!" The administrators also noticed that two of Petra's Facebook friends received regular outpatient treatment at the hospital.

The College responds

After reviewing the information that Petra's facility provided to the College, the ED (Executive Director) decided that a formal investigation was not required if Petra engaged in practice reflection.

The College asked Petra to review the *Professional Standards, Revised 2002*, *Therapeutic Nurse-Client Relationship, Revised 2006* and *Confidentiality and Privacy—Personal Health Information* practice documents, and to read the articles "Technology in practice" and "Nursing 2.0," which were published in the spring 2009 and fall 2011 issues of *The Standard*, respectively.

The College also asked Petra to meet with the ED to discuss the concerns in the report and reflect on the issues, so Petra could assure the ED that she would improve her nursing practice in the future. Petra agreed to participate in practice reflection.

The member responds

In her meeting with the ED, Petra acknowledged that as a regulated nursing professional she was accountable for practising according to standards and addressing the College's concerns. She said that she was proud to be a nurse and had worked hard throughout her career

CNO: Discipline Example

KELLY ANNE HEYDENS
8519407

Allegations and plea

The College alleged that the Member breached the boundaries of the therapeutic nurse-client relationship by socializing with the client and her family on numerous occasions, accepting gifts from the client and engaging in self-disclosure with the client.

The Member admitted the allegations, and the College and the Member submitted a written statement to the Panel in which they agreed to the following facts.

Agreed facts

The Member worked as a nurse case manager for an organization providing assistance to injured clients. After an accident in which she injured her hand, the client sought assistance from the organization. The client also had a history of depression and post-traumatic stress disorder. The Member was assigned as her nurse case manager from 2003 to 2006. In her professional role, the Member monitored and assisted the

Finding

The Panel found that the facts supported a finding of professional misconduct as alleged. Given the Member's serious disregard of the therapeutic nurse-client relationship and the impact on the client, the Panel found the Member's behaviour to be dishonourable and unprofessional.

Submissions on order

The College and the Member sought an oral reprimand and a two-month suspension. The Member would be required to complete remediation activities in preparation for two meetings with a regulatory expert. For 12 months after returning to practice, the Member would be required to advise the College of her employers, provide employers with a copy of the Panel's decision and reasons, and only practise for an employer who agreed to advise the College if the Member breached the standards of practice of the profession.

CNO: Discipline Example

JULIE POUGET
9706144

Allegations and plea

The College alleged that the Member worked on several occasions in an unfit condition, slept while on duty and failed to keep records regarding three clients as required.

The Member admitted the allegations, and the College and the Member submitted a written statement to the Panel in which they agreed to the following facts.

Professional Standards

What are Standards?

"A standard is an authoritative statement that sets out the legal and professional basis of nursing practice."

"Nursing standards are expectations that contribute to public protection. They inform nurses of their accountabilities and the public of what to expect of nurses. Standards apply to all nurses regardless of their role, job description, or area of practice."

- All nurses must:
  - Meet the established standards
  - Articulate how they meet the established standards

CNO, *Professional Standards*

Professional Standards (7)

- Accountability
- Continuing competence
- Ethics
- Knowledge
- Knowledge application
- Leadership
- Relationships

CNO, *Professional Standards*

Prof. Standards – Accountability

"Each nurse is accountable to the public and responsible for ensuring that her/his practice and conduct meets legislative requirements and the standards of the profession."

- Nurses are responsible for:
  - Their actions
  - The consequences of their actions
  - Personal conduct that promotes respect for the profession

CNO, *Professional Standards*

Prof. Standards – Accountability

A nurse demonstrates the standard by:

- Providing, facilitating, advocating, and promoting the best possible care for clients;
- Ensuring practice is consistent with CNO's standards of practice and guidelines as well as legislation;

Particularly for novice students

- Identifying her/himself and explaining her/his role to clients;
- Seeking assistance appropriately and in a timely manner;
- Maintaining competence and refraining from performing activities that she/he is not competent in;

CNO, *Professional Standards*

Prof. Standards – Continuing Competence

"Each nurse maintains and continually improves her/his competence by participating in the College of Nurses of Ontario's Quality Assurance (QA) Program."

- Competence involves:
  - Knowledge
  - Skill
  - Judgment
  - Attitudes
  - Values
  - Beliefs
- Competence ensures appropriate care in various roles, situations, and practice settings

CNO, *Professional Standards*

Prof. Standards – Continuing Competence

- A nurse demonstrates the standard by:
  - Investing time, effort, and other resources to improve knowledge, skills, judgment
  - Engaging in a learning process to enhance personal practice
  - Participating in the CNO's QA program
  - Advocating for quality practice improvements in the workplace

<u>Particularly for novice students</u>

- Assuming responsibility for her/his own professional development and for sharing knowledge with others

CNO, *Professional Standards*

Profession: "'Every calling has its mile of compulsion, its daily round of tasks and duties, its standard of honest craftsmanship, its code of man-to-man relations, which one must cover if he is to survive. Beyond this lies the mile of voluntary effort, where men strive for excellence, give unrequired service to the good, and seek to invest their words with a wide and enduring significance. It is only in this second mile that a calling may attain to the dignity and the distinction of a profession."

Klass AA. What is a profession? CMAJ 1961, 85:698-701.

Prof. Standards – Ethics

"Each nurse understands, upholds and promotes the values and beliefs described in the CNO's Ethics practice standard."

- Ethical nursing practices means:
  - Promoting the values of client well-being
  - Respecting client choice
  - Assuring privacy and confidentiality
  - Respecting the sanctity and quality of life
  - Maintaining commitments
  - Respecting truthfulness
  - Ensuring fairness in the use of resources

CNO, *Professional Standards*

Prof. Standards – Ethics

- What is fairness?
  - Equality

  - Equity

Prof. Standards – Ethics

- A nurse demonstrates the standard by:
  - Identifying ethical issues and communicating them to the health care team
  - Identifying options to resolve ethical issues

<u>Particularly for novice students</u>

  - Identifying personal values and ensuring they do not conflict with professional practice

CNO, *Professional Standards*

Prof. Standards – Knowledge

"Each nurse possesses, through basic education and continuing learning, knowledge relevant to her/his professional practice."

- Nurses a great breadth and depth of knowledge in:
  - Clinical practice
  - Decision-making
  - Critical thinking
  - Research utilization
  - Leadership
  - Healthy care delivery systems
  - Resource management

CNO, *Professional Standards*

Prof. Standards – Knowledge

- A nurse demonstrates the standard by:
  - Providing a theoretical and/or evidence-based rationale for all decisions
  - Seeking and reviewing research in nursing, the health sciences, and related disciplines
  - Using research to inform practice/professional service

<u>Particularly for novice students</u>

  - Being informed about nursing and its relationships in the health care delivery system
  - Understanding the legislation and standards relevant to nursing and the practice area
  - Understanding the knowledge required to meet the needs of complex clients

CNO, *Professional Standards*

Prof. Standards – Knowledge Application

- "Each nurse continually improves the application of professional knowledge."
- Nursing practice is the application of knowledge to clinical situations
  - Skill and knowledge and inextricable
- Knowledge is applied using:
  - Frameworks
  - Theories
  - Processes

CNO, *Professional Standards*

Prof. Standards – Knowledge Application

- A nurse demonstrates the standard by:
  - Ensuring that practice is based in theory and evidence and meets all relevant standards/guidelines
  - Assessing/describing the client situation using a theory, framework, or evidence-based tool
  - Identifying/recognizing abnormal or unexpected client responses and taking action appropriately
  - Creating plans of care that address client needs, preferences, wishes, and hopes
  - Evaluating/describing the outcomes of specific interventions and modifying the plan/approach
  - Integrating research findings into professional service and practice

CNO, *Professional Standards*

Prof. Standards – Leadership

- "Each nurse demonstrates her/his leadership by providing, facilitating, and promoting the best possible care/service to the public."
- Leadership requires
  - Self-knowledge / awareness
  - Respect
  - Trust
  - Integrity
  - Shared vision
  - Learning
  - Participation
  - Good communication techniques
- This standard is not limited to nurses in formal leadership positions

CNO, *Professional Standards*

Prof. Standards – Leadership

- A nurse demonstrates the standard by:
  - Role-modelling professional values, beliefs, and attributes
  - Advocating for clients, the workplace, and the profession
  - Collaborating with clients and the health care team to provide professional practice that respects the rights of clients

CNO, *Professional Standards*

Prof. Standards – Relationships (RN-Client)

- "Each nurse establishes and maintains respectful, collaborative, therapeutic, and professional relationships."
- Nurses must:
  - Focus on client needs
  - Foster trust, respect, intimacy, the appropriate use of power
  - Demonstrate empathy and caring
  - Establish and *maintain* the therapeutic relationship

CNO, *Professional Standards*

Prof. Standards – Relationships (RN-Client)

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CNO, *Professional Standards*

Prof. Standards – Relationships (RN-Client)

- A nurse demonstrates the standard by:
  - Maintaining boundaries between professional therapeutic relationships and non-professional personal relationships
  - Ensuring clients' needs remain the focus of the RN-client relationships
  - Ensuring that personal needs are met outside the therapeutic RN-client relationships
  - Preventing abuse
  - Taking action to stop abuse and reporting it appropriately

CNO, *Professional Standards*

Prof. Standards – Relationships (Colleagues)

- A nurse demonstrates the standard by:
  - Role-modelling positive collegial relationships
  - Demonstrating knowledge of and respect for each other's roles, knowledge, expertise, and unique contribution to the health care team
  - Developing networks to share knowledge of best practices

CNO, *Professional Standards*

Practice Standards & Guidelines

Practice Standards / Guidelines

- Consent
- Documentation
- Confidentiality

Consent

Consent – *Health Care Consent Act, 1996*

- Consent must be obtained by (S.2.1):
  - "… member[s] of a College under the *Regulated Health Professionals Act 1991.*"

- No treatment without consent (S.10.1)

A health practitioner who proposes a treatment for a person shall not administer the treatment, and shall take reasonable steps to ensure that is it not administered, unless,

(a) he/she is of the opinion that the person is capable with respect to the treatment, and the person has given consent; or

(b) he/she is of the opinion that the person is incapable with respect to the treatment, and the person's substitute decision-maker has given consent on the person's behalf in accordance with this Act.

Consent: Defining Treatment (CNO)

"Anything done for a therapeutic, cosmetic, or other health-related purpose. It includes a course of treatment or plan of treatment."

- The following items are not listed in the *HCCA, 1996* ***
  - Assessing capacity to consent
  - Taking a health history (oral or physical)
  - Communicating an assessment / diagnosis
  - Admission
  - Providing treatment that poses little / no risk

***Professional standards and common law still mandate consent for these activities

Consent *(HCCA, 1996)*

- Elements of consent (Section 11, subsection 1)
  1. The consent must be relate to the treatment.
  2. The consent must be informed.
  3. The consent must be given voluntarily.
  4. The consent must not be obtained through misrepresentation or fraud.

- Section 11, subsection 2

  A consent to treatment is informed if, before giving it,

  (a) the person received the information about the matters set out in subsection (3) that a reasonable person in the same circumstances would require in order to make a decision about treatment; and

  (b) the person received responses to his/her requests for additional information about those matters.

Informed Consent (HCCA, 1996)

- Section 11, subsection 3
  1. The nature of the treatment.
  2. The expected benefits of the treatment.
  3. The material risks of the treatment.
  4. The material side effects of the treatment.
  5. Alternative courses of action.
  6. The likely consequences of not having the treatment.

- What 'risks' must be communicated?
  - "The general range is from a high risk of a mild effect to a remote effect of a serious consequence." (http://www.cpso.on.ca/policies/policies/default.aspx?ID=1544)

Types of Consent *(HCCA, 1996)*

- Express (s.11.4)
  - "Express consent is directly given, either orally or in writing. It is positive, direct, unequivocal consent, requiring no interference or implication to supply its meaning."**
- Implied (s.11.4)
  - "Implied consent is consent that occurs when surrounding circumstances are such that a reasonable person believes that consent had been given, although no direct, express, or explicit words of agreement had been uttered."**
- Included (s.12)
  - Unless it is not reasonable to do so in the circumstances, a health practitioner is entitled to presume that consent to a treatment includes,
    a. Consent to variations or adjustments in the treatment, if the nature, expected benefits, material risks and material side effects of the changed treatment are not significantly different from the nature, expected benefits, material risks and material side effects of the original treatment; and
    b. Consent to the continuation of the same treatment in a different setting, if there is no significant change in the expected benefits, material risks or material side effects of the treatment as a result of the change in the setting in which it is administered.

** http://www.cpso.on.ca/policies/policies/default.aspx?ID=1544

Capacity to Consent *(HCCA, 1996)*

Section 4(1):

A person is capable with respect to a treatment, admission to a care facility or a personal assistance service if the person is able to understand the information that is relevant to making a decision about the treatment, admission, or personal assistance service, as the case may be, and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.

Exemptions (not exhaustive)

- Emergency (*Health Care Consent Act, 1996*)
  - Section 25 permits examination and treatment without consent in an emergency
    - Definition of emergency: "if the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk, if the treatment is not administered promptly, of sustaining serious bodily harm" (Section 25, subsection 1)
    - "An examination or diagnostic procedure that constitutes treatment may be conducted by a health practitioner without consent it, (a) the examination or diagnostic procedure is reasonably necessary in order to determine whether there is an emergency"

- Serious harm (*Mental Health Act, 1990*)
  - Section 15 permits submission to a assessment regardless of consent when:
    - A person has threatened to harm / has harmed, through act or omission, self or other
  - A physician may complete a "Form 1" (http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-6427-41~1/$File/6427-41_.pdf)

Exemptions (*Health Protection & Promotion Act, 1990*)

- Section 22: Cease and desist 
  - Requirements for order
    - A communicable disease exists, may exist, or threatens a real or potential outbreak
    - The communicable disease presents a risk to the community
    - The s.22 order will decrease the risk of said communicable disease
  - Requirements of order can specify any of the following:
    - Close premises
    - Isolation
    - Cleaning, disinfection, destruction of premises or item
    - Submission to physician for examination or treatment
    - Other behaviour that would decrease transmission

- Section 35: Mandatory Detention order  
  - "The *HCCA, 1996* does not apply to, (a) an examination of a person to ascertain if he/she is infected with … a virulent disease …; (b) treatment or a person for a virulent disease."

Steps to Obtaining Consent (CNO)

1. Assess capacity
   - Does the client understand the relevant information?
   - Does the client understand the possible consequences of the treatment or refusal thereof?
2. Provide care in emergency situations
3. Inform client that a substitute decision-maker will be used
4. Find substitute decision-maker
   - Hierarchy of substitute decision-makers (*HCCA*, 1996, s.20.3)
     - Guardian, POA, appointed rep, spouse / partner, child, brother or sister, other relative
5. Obtain consent from substitute decision-maker

CNO, *Consent*

Witnessing Consent

- Witnessing consent indicates you
  - Saw the client sign the consent form
  - Believe the client is capable of giving consent

Documentation

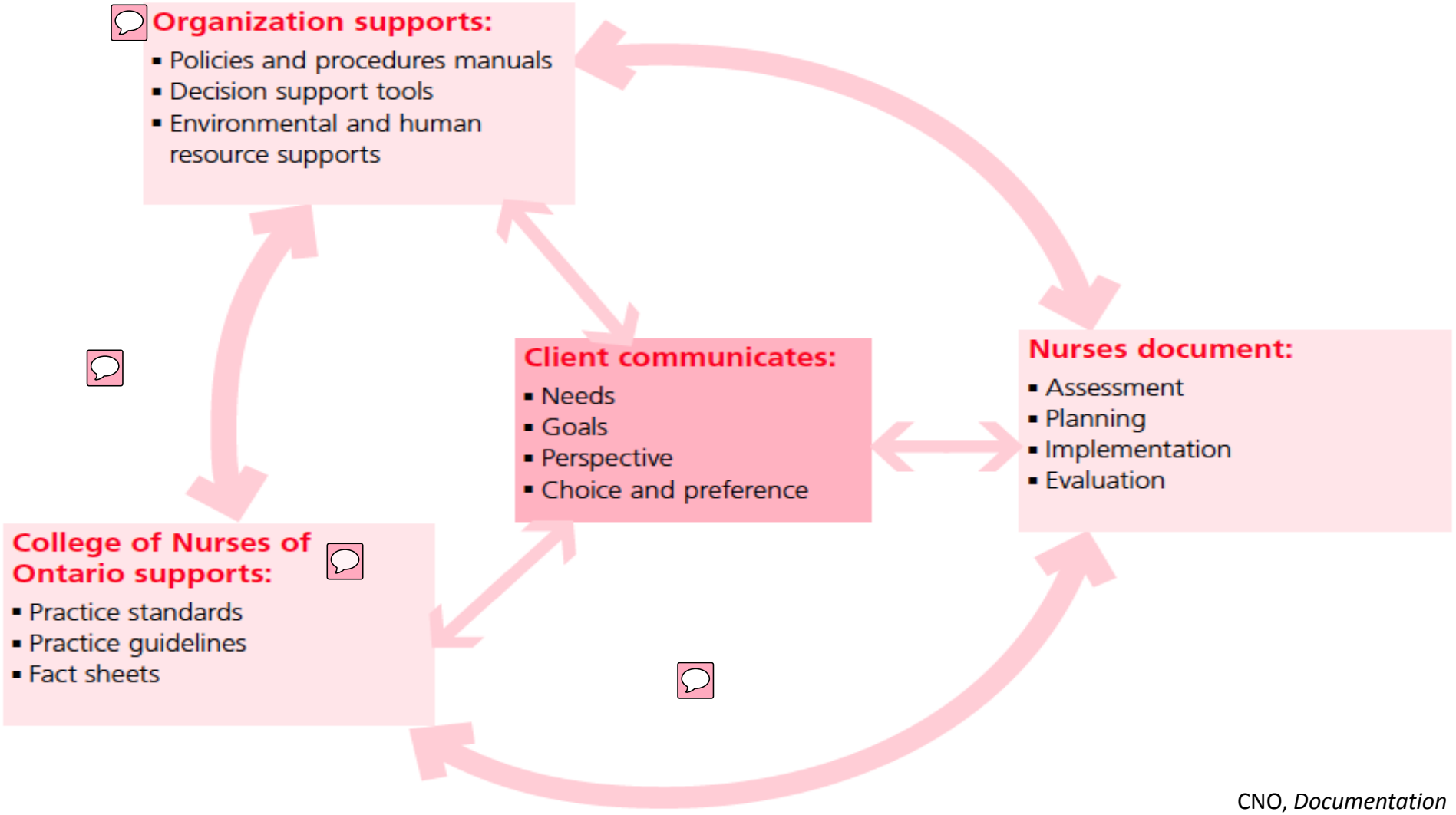
Documentation

- Why document?
  - Reflect the client's perspective
  - Communicate to all health care providers
  - Demonstrate safe, effective and ethical care
  - Demonstrate knowledge, skill and judgment
  - Meet legislative requirements

Documentation

- What should be documented?
  - All aspects of the nursing process which relate to the client's plan of care
    - Is the information that I am documenting relevant to the plan of care for the client?
    - If the information does not pertain to client care, is there another place that this should be recorded?
    - What is the intent of putting this information in the client record?

Documentation: Relevant Items



CNO, *Documentation*

Documentation Indicator: Communication

- *"Nurses ensure that documentation presents an accurate, clear and comprehensive picture of the client's needs, the nurses' interventions and the client's outcomes"*

  - Documentation ensures the plan of care:
    - Is clear, current, relevant and individualized
    - Meets the client's needs & wishes

  - Documentation should
    - Reflect all aspects of the nursing process
      - Subjective and objective data
    - Minimize duplication
    - Include informed consent
    - Be legible and permanent
    - Contain abbreviations / symbols appropriately
    - Contain full signatures / initials with professional designation

CNO, *Documentation*

Documentation Indicator: Accountability

- *"Each nurse is accountable to the public and responsible for ensuring that his/her practice & conduct meet legislative requirements and the standards of the profession"*

  - Ensuring documentation is:
    - Accurate 
    - Timely
      - Identify late entries as such
    - Chronological
    - Complete
      - Do not leave blank spaces in or above notes
      - Correct errors while keeping them legible (never delete or erase)
      - Written by person who performed action(s)
  - Allow clients to add information to the record when there is a disagreement
  - Advocate for clear documentation policies that are consistent with CNO standards

CNO, *Documentation*

Documentation Indicator: Security

- *"Nurses safeguard client health information by maintaining confidentially and acting in accordance with information retention and destruction policies and procedures that are consistent with the standards(s) and legislation."*

  - Facilitate rights of client or substitute decision maker to access health record
  - Understand / adhere to privacy and confidentiality legislation
  - Consent for disclosure outside circle of care
    - Do not access charts unless you are part of the circle of care
  - Use initials / codes when documenting about other individuals

Documentation: How to do it?

- Identify purpose of documentation
  - Patient to clinic because for XYZ reason.
  - Initial assessment of shift

- Present relevant findings in meaningful clusters
  - Psycho-social and physiological
    - By system
    - By category
    - From head to toe
    - *Et cetera*

Confidentiality

Confidentiality: *Personal Health Information Protection Act, 2004*

- Purpose of Act (Section 1)

  (a) to establish the rules for the collection, use & disclosure of personal health information about individuals that protect the confidentiality of that information and the privacy of individuals with respect to that information, while facilitating the effective provision of health care

  (b) to provide individuals with a right of access to personal health information about themselves, subject to limited and specific expectations set out in this Act.

- General requirements (Section 29)

  A health information custodian shall not collect, use, or disclose personal health information about an individual unless,

  (a) it has the individual's consent under this Act and the collection, use, or disclosure, as the case may be, to the best of the custodian's knowledge is necessary for lawful purpose; or

  (b) the collection, use, or disclosure, as the case may be, is permitted or required by this Act.

Confidentiality: Health Information Custodian

- Health Information Custodian (HIC) (*PHIPA, 2004*, s.3)
  - Organizations that provide care within the health care continuum
  - An MOH
  - Nurses in independent practice
  - Nurses employed in non-health care settings
  - Pharmacies
  - Laboratories
  - Ambulance services
- Agents of HIC
  - Someone who acts on behalf of a HIC
    - E..g, nurses working in health care settings

PHIPA, 2004; CNO, *Confidentiality*

Confidentiality: Defining Health Information

PHIPA, 2004, s.4(1):

- Health histories
  - Physical
  - Mental
  - Family
- Care previously provided
- Payments / eligibility for health care
- Donation of body parts or substances
- Test results
- A person's health number
- The name of a substitute decision-maker

Confidentiality: Individual's Access *(PHIPA, 2004)*

- Section 54, subsection 2
  - Access to personal heath information must be given as soon as possible in the circumstances, but no later than 30 days
- Section 52
  - Individuals have the right to access the records of their personal health information unless,
    - legal privilege prevents this from occurring
    - another law or court order proscribes this occurrence
    - the information was obtained as part of a proceeding
    - granting access could
      - result in harm or delayed recovery
      - identify someone who was required, by law, to provide information to the HIC
      - Identify someone who provided information in confidence to the HIC
    - the information was collected for QA purposes

Confidentiality: Disclosure

- Express consent is required when information is to be disclosed outside the health care team except,
  - (a) to manage risk
  - (b) to support QA
  - (c) to allocate resources
  - (d) to obtain payment
  - (e) to do research if research ethics board approval has been obtained

Confidentiality: Disclosure & "Lockboxes"

- Clients can request that certain information is not transmitted to other HCPs
  - This is known as the "lockbox provision": *PHIPA, 2004*, s.20(2), s.37(1a), s.38(1a), s.50(1e)
- In such circumstances, two items must occur:
  1. The designated information cannot be transmitted to the designated provider
  2. The designated provider must be informed that info was withheld at client's request: s.20(3)
- What may be specified in a "lock-box" provision?
  - A particular aspect of the health care record
  - The entire health care record
  - Nondisclosure to a specific health professional or HIC
  - Nondisclosure to a specific group of health professionals or HICs
- What must health professionals do?
  - Record any "lock-box" instructions
  - Ensure the "lock-box" provision is followed

Confidentiality Indicators

- Maintain confidentiality during/after the provision of care
- Only collect relevant information
- Do not access information for which there is no professional purpose
- Deny access to information to individuals who should not have access
- Ensure information is destroyed properly
- Obtain express consent before sharing information
- Report information as required by law

CNO, *Confidentiality*

Permitted Disclosures without Consent

- Reasonable grounds to suspect the disclosure is necessary to eliminate or reduce a significant risk of serious bodily harm

  S.40(1): "A [HIC] *may* disclose personal health information about an individual if [the HIC] believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group."

- To an MOH for the purposes of the *HPPA*
- To comply with a summons or court order
- Where permitted or required by law

- In all such cases:
  - Seek legal advice before breaching confidentiality
  - Inform patients upfront about potential future disclosures required by law

Speakman, J. (2011). *HIV Criminalization & Nursing Practice*. Ottawa, Canada

HPPA: Disclosure to an MOH (*HPPA, 1990*)

Health Protection and Promotion Act, 1990

- Section 25
  - Mandatory reporting of identified / suspected communicable disease
  - Who? Physicians, practitioners, laboratories
- Section 32
  - Mandatory communication between MOHs
- Section 34
  - Mandatory reporting of treatment failure for communicable diseases
  - Mandatory reporting of treatment refusal for communicable diseases

Quality Assurance

Quality Assurance (QA)

- Basic principle of CNO QA
  - "lifelong learning is essential to continuing competence"

- Three components of continuous improvement
  1. Reflection
  2. Establishment of learning goals
  3. Achievement of learning goals

- QA is not optional

QA Program Components

1. Self-assessment
   a. Practice reflection
   b. Development / maintenance of a learning plan
2. Practice assessment
3. Peer assessment

Self-Assessment – Part 1

- Reflect on personal strengths and weaknesses
  - Use peer input prn
- Pay attention to changes in
  - Technology
  - Practice environment
  - Entry-to-practice competencies
  - Interprofessional care

Self-Assessment – Part 2

- Establish a learning plan
  - Serves as a record of your self-assessment (i.e., part 1 from previous slide)

- It should indicate
  - How you apply practice standards / guidelines in your practice
  - Learning goals
  - Activities that *will be taken* to achieve learning goals
  - Activities that *have been undertaken* to achieve learning goals

- This plan must be
  - Up-to-date
  - Kept for two years

CNO, *QA Fact Sheet: Program Requirements*

Practice Assessment

- CNO randomly selects a pre-determined number of nurses
  - Selections starts after second year of registration
  - Once selected, there is a 10 year period before re-evaluation
- Assessment includes
  - Review of learning plan
  - Multiple-choice test on selected practice documents
- 2012 practice standards (http://www.cno.org/news/2011/12/practice-documents-selected-for-the-2012-qa-program/)
  - Documentation
  - Therapeutic nurse-client relationships

Peer Assessment

- An identified ‘peer assessor’ reviews learning plan
- Peer assessor then writes a report for the CNO

Outcome

- Anything deemed appropriate by the CNO
  - *Status quo*
  - Practice restrictions
  - Supplemental learning modules / courses
  - *Et cetera*

Component 1: Self-Assessment

All members participate in this two-step process.

Part A: Practice Reflection

This process involves:

- reflecting on your practice;
- obtaining peer input to determine your strengths and areas for improvement; and
- developing your learning goals.

Part B: Developing and maintaining a Learning Plan to meet your learning goals.

Self-Assessment is an ongoing process. You are expected to reflect on your practice and update your Learning Plan on a continual basis.

If randomly selected, you participate in Components 2 and 3.

Component 2: Practice Assessment

- Learning Plan reviewed by the College.
- Participate in specified assessments.

Component 3: Peer Assessment

A College-assigned peer assessor will:

- review your Learning Plan and Practice Assessment results; and
- make recommendations to the QA Committee.

The QA Committee will then decide if you have successfully completed the program or if you are required to participate in remedial activities.

Professional Misconduct / Incompetence

"Ultimately, it is a nurse's own responsibility to know what does and does not constitute professional conduct and misconduct." (CNO)

- Professional misconduct
  - "act or omission that is in breach of these accepted ethical and professional standards of conduct"
- Defined in Ontario Regulation 799/93
  - Arises from *RHPA, 1991* & *Nursing Act, 1991*

CNO, *Professional Conduct: Professional Misconduct*

Professional Misconduct / Incompetence

- Professional misconduct occurs when a nurse:
  - Violation of ethical standards
  - Breach a standard of practice
  - Breaches a the boundaries of a therapeutic relationship
  - Engages in physical, emotional, verbal, or sexual abuse
- Incompetence occurs when a nurse provides care,
  - but lacks
    - Knowledge
    - Skills
    - Judgment
  - Or demonstrates a disregard for patient welfare

CNO, *Professional Conduct: Professional Misconduct*