



Please note: some of the glossary terms have been derived from the Nursing Act. If there is a discrepancy between the glossary term and the Nursing Act the Act will prevail.

A

Abandonment: Abandonment may apply whenever a nurse stops, ends or discontinues care without:

- allowing the employer a reasonable opportunity to arrange for alternative or replacement services
- arranging for (or the arrival of) a suitable alternative or replacement care provider
- negotiating with the employer or client to develop a mutually acceptable plan for withdrawal of service

Abuse: Abuse is the misuse of power or a betrayal of trust, respect or intimacy between the nurse and the client in which the nurse knows it may or reasonably be expected to cause, physical or emotional harm to a client.

Accountability: the obligation to acknowledge the professional, ethical, and legal aspects of one's role, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated.

Activities of daily living (ADLs): ADLs are self-care tasks and include personal care, mobility and eating.

Advocacy (client focus): actively supporting, protecting and safeguarding clients' rights and interests. It is an integral component of nursing and also contributes to the foundation of trust inherent in nurse-client relationships.

Aesthetic services: Aesthetic services are the provision of specialized procedures for the purpose of cosmetic treatment such as, but not limited to, dermal fillers, volume enhancers, collagen stimulators, lipolysis and neuromodulators such as Botox.

Alteration in health: A change in a client's health status requiring medical and nursing intervention in order to maintain and/or improve the client's health.

Assignment: allocation of clients or client care activities or duties (e.g., responsibility for client care, interventions, or specific tasks as part of client care) consistent with an individual provider's scope of practice and/or scope of employment and employer policy and procedures.

Authorized prescriber: a health care provider authorized by legislation to prescribe drugs and other health products. In Nova Scotia, authorized prescribers include physicians, dentists, nurse practitioners, registered nurses authorized to prescribe, midwives, optometrists, pharmacists and veterinarians. Dietitians are authorized to prescribe therapeutic diets, tube feedings, and medications that directly relate to nutrition problems. Physician assistants are not authorized prescribers, rather they are granted the authority to prescribe a defined list of medications and interventions under the supervising physician's license under NSH policy.

Authorizing mechanism: An authorizing mechanism is any employer-approved process which enables a nurse to implement a prescribed intervention. An authorizing mechanism can be a prescriber order, a pre-printed order, a care directive, a policy, an employer practice guideline or an established process such as delegation or communication between a prescriber and nurse in a client health record.

B

Beyond entry-level competencies: Beyond entry-level competencies (BELC) are advanced knowledge, skills and judgment gained through additional education, training and clinical experience outside the core knowledge, skills and judgment obtained through basic nursing education.

Boundary crossing: an action or behaviour that deviates from an established boundary in the nurse-client relationship. Such actions or behaviours may be acceptable in the context of meeting the client's therapeutic needs. It is not acceptable even when the action or behaviour appears appropriate if it benefits the nurse at the expense of the client.

Boundary violation: actions or behaviours by a professional which use the relationship with the client to meet a personal need at the expense of the client.

C

Camp nursing: Generally, volunteering in a camp setting means that you work autonomously outside of a health care facility and often without other health care providers. The responsibilities of camp nurses vary from camp to camp, but the role primarily consists of helping campers meet their health needs, preventing injury and providing care in emergency.

Capacity assessment: Capacity assessment is a formal process where a designated healthcare professional follows an assessment and reporting format.

Capacity: Capacity refers to the client's ability to understand information that is relevant to the making of a personal-care decision and the ability to appreciate the reasonably foreseeable consequences of a decision or lack of a decision.

Care directive: An order or authorization, which exists as an organizational policy and is developed and approved by an authorized prescriber and the organization for an intervention or series of interventions to be implemented by another care provider for a range of clients with identified health conditions, in specific circumstances.

Certifying death: Certifying death is the process where the Medical Certificate of Death (MCD) is completed and signed.

Circle of care: Individuals and activities related to the care and treatment of a patient. Thus, it covers the health care providers who deliver care and services for the primary therapeutic benefit of the patient and it covers related activities such as laboratory work and professional or case consultation with other health care providers. A circle of care is different for each instance of care provision.

Client factors: Client factors refer to the overall complexity of the client's needs including the predictability and consistency of responses to interventions or achieving expected outcomes and the risk of negative outcomes. The client's biopsychosocial, cultural and emotional needs can influence client complexity and it can vary on a continuum from less complex to highly complex.

Client: the individual, group, community or population which is the recipient and, where the context requires, includes a substitute decision-maker for the recipient or intended recipient of nursing services.

Client-centred nursing care: putting people and their families at the center of decisions about their health and seeing them as experts, working alongside professionals to get the best outcome.

Clinical judgment: Processes that rely on critical inquiry to reflect the complex, intuitive and conscious thinking strategies that guide nursing decisions.

Clinical nurse specialists: Clinical nurse specialists (CNS) are RNs with advanced nursing knowledge and skills, advanced judgment and clinical experience within a focused area of care. Clinical nurse specialist do not have an expanded legislated scope of practice or different professional designation. Graduate education in nursing (e.g., a Masters or Doctorate degree) is the minimum educational preparation required for a CNS.

Collaboration: working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process.

Colleague: any individual that works in the nurse's workplace. This includes but not limited to other nurses, health care providers, students and support staff.

Communication: the transmission of verbal and/or nonverbal messages between a sender and a receiver for the purpose of exchanging or disseminating meaningful, accurate, clear, concise, complete, and timely information (includes the transmission using technology).

Compassionate: the ability to recognize another's pain and suffering, experience feelings of empathy for that person and to take action to ease suffering.

Competence: means the ability to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and practice setting. Competence includes both entry-level and continuing competencies.

Competencies: means the knowledge, skills and judgement required to practise safely and ethically.

Competent: Having or demonstrating the necessary knowledge, skills and judgments required to practise safely and ethically in a designated role and setting.

Complementary and alternative health care (CAHC): Complementary and Alternative Health Care (CAHC) is an umbrella term used to describe numerous therapies including but not limited to, acupuncture, chiropractic, healing touch, herbal medicine, massage, naturopathy and yoga.

Compounding: Compounding involves the preparation of medication(s) that contain individual ingredients that are mixed together in the exact strength and dosage form to meet the client's unique needs. Compounding is not within the scope of nursing practice.

Conduct unbecoming the profession: conduct in a registrant's personal or private capacity that tends to bring discredit upon registrants or the nursing profession.

Confidentiality: the ethical and legal obligation to keep someone's personal and private information secret or private.

Conflict of interest: A conflict of interest occurs when an individual is faced with competing interests, where serving one interest negatively impacts another interest.

Consultation: a request for advice on the care of the client from another health professional. The consultant may or may not see the client directly. The responsibility for clinical outcomes remains with the consultee who is free to accept or reject the advice of the consultant.

Context of practice: conditions or factors that affect the practice of nursing, including client population, (e.g.,

age, diagnostic grouping), location of practice setting (e.g., urban, rural), type of practice setting and service delivery model (e.g., acute care, community), level of care required (e.g., complexity, frequency), staffing (e.g., number, competencies) and availability of other resources. In some instances, context of practice could also include factors outside of the health care sector (e.g., community resources, justice).

Continuing Competence Program (CCP): a regulatory program and quality assurance mechanism promoting nurses to facilitate their continuing competence.

Continuing competence: the ongoing ability of a nurse to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and setting.

Continuum of care: an integrated system of health care that guides and follows clients over time through a comprehensive system of health services spanning all levels and intensity of care.

Coordination of care: the deliberate organization of client care activities between two or more participants (including the client) involved in a patient's care to facilitate the appropriate delivery of health care services, a legislated function of nurses. The functions of care coordination includes but is not limited to: developing written nursing plans of care that reflect mutual goals arranging and coordinating referrals, providing supportive resource information, building on client strengths and coordinating client centred team meetings.

Co-signing: co-signing refers to a second or confirming signature of a witnessed event or activity.

Countersigning: countersigning is defined as a second or confirming signature on a previously signed document, which is not witnessed.

Covert medication administration: Covert medication administration is the practice of administering medications to a client without their knowledge or consent.

Critical inquiry: A purposeful, disciplined and systematic process of continual questioning, logical reasoning and reflecting through the use of interpretation, inference, analysis, synthesis and evaluation to achieve a desired outcome.

Critical thinking: An active and purposeful problem-solving process. It requires the nurse to advance beyond the performance of skills and interventions to provide the best possible care, based on evidence-informed practice. It involves identifying and prioritizing risks and problems, clarifying and challenging assumptions, using an organized approach to assessment, checking for accuracy and reliability of information, weighing evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking.

Cultural humility: Cultural humility is a lifelong process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. (First Nations Health Authority, 2018)

Cultural safety: Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. (First Nations Health Authority, 2018)

Culture: shared patterns of learned behaviours and values that are integrated within a group over time and that distinguish that group from others. Culture includes customs, habits, traditions, ethnicity, language, religion and spiritual beliefs, health and illness beliefs, gender, social economic class, age, sexual orientation, geographic origin, education, music, clothing, interaction/ communication patterns, and life experiences.

Current client: An individual is considered a current client when a nurse-client relationship has been formed and is ongoing.

D

Dangerous situation: A dangerous situation, outside of a disaster, is one where the physical safety of the nurse is at high or immediate risk. This can include, but is not limited to, physical, sexual or emotional abuse from a client or family member or caring for clients in environments prone to violence such as homes with weapons in plain sight or aggressive animals.

Delegated function: Delegated functions (DFs) are authorizing mechanisms developed and implemented by health-care employers through an internal process to enable the delegation of specific interventions to specific care providers with additional training in specific contexts.

Disclosure: Disclosure is defined as making information available or releasing it to another health care provider or person.

Dispensing: Dispensing is the interpretation, evaluation and implementation of a prescription drug order, including the preparation, packaging, labeling and delivery of a drug or device in an appropriately labeled container for administration and/or use by a client. Dispensing is not within the scope of nursing practice.

Diversity: recognizes that each person is unique. It includes but is not limited to a person's age, ethnicity, socioeconomic status, gender, physical abilities, sexual orientation, educational background, religious beliefs, political beliefs, and geographical location.

Documentation: written or electronically generated information about a client that describes the care, including the observations, assessment, planning, intervention and evaluation or service provided to that client.

Drug diversion: the unlawful misdirecting or misuse of any medication for an illicit purpose.

Dual role: A dual role is a situation where a nurse may be required to provide professional care to a client who is also a family member or friend.

Duty to provide care: The duty to provide care is a nurse's ethical, legal and professional obligation to provide clients with safe, competent, compassionate and ethical nursing services.

E

Electronic documentation: a document existing in an electronic form to be accessed by computer technology.

Electronic Health Record (EHR): A client's electronic health record is a collection of the personal health information of a single individual, entered or accepted by health care providers, and stored electronically, under strict security.

Emergency situation: Emergency situations can vary in nature. For instance, a disease outbreak is considered a public health emergency, whereas situations of mass infrastructure failure such as a building collapse, plane crash, act of terrorism or weather-related disasters are considered other emergency situations.

Employer duty to report: Employers have a duty to report to NSCN, in writing, when a nurse is terminated or resigns from their employment because of allegations of professional misconduct, conduct unbecoming the profession, incompetence or incapacity.

Encryption: a process of disguising data information as "ciphertext," or data that will be unintelligible to an unauthorized person.

Entry-level competencies: Entry-level competencies describe the knowledge, skill and judgment required of beginning practitioners to provide safe, competent, compassionate and ethical care. These competencies describe what the public and employers can expect of newly graduated nurses and extend through a nurse's

career relative to their context of practice.

Environmental factors: Environmental factors include available policies, resources and mentors, and mechanisms for effective communication and consultation. Geographical proximity to resources and services are also environmental factors that can affect client care.

Episodic setting: settings where nurses provide a single clinical encounter with the client for a defined health-care need, where neither the nurse nor the client have the expectation of continuing the care or the nurse-client relationship.

Ethical duty: Nurses have the ethical duty according to their respective Codes of Ethics to take action to ensure a client's safety and report to appropriate authorities, when unethical or incompetent care is suspected.

Evaluation: Evaluation involves comparing the findings of the comprehensive assessment of the client to the expected outcomes in the plan.

Evidence-informed practice: Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.

F

Firsthand knowledge: Firsthand knowledge means the professional who documents is the same individual who provided the care. In situations where two or more people provide care or services, the nurse who has the primary assignment is expected to document the assessment, interventions and client response, noting the role of other care providers, as necessary. However, the second provider is expected to review the documentation and to make an additional entry if necessary.

Fitness to practise: Fitness to practise means having the necessary physical and mental health to provide safe, competent, ethical and compassionate nursing services.

Floating: when nurses are temporarily re-assigned to an unfamiliar practice setting.

Former client: An individual is considered a former client when the nurse-client relationship has ended.

H

Harmful incident: a client safety incident that results in harm to the client.

Health promotion: The process of enabling people to increase control over and improve their health based on an understanding of the determinants of health. Health promotion is particularly concerned with values and vision of a preferred future.

Health record: a compilation of pertinent facts on a client's health history, including all past and present medical conditions/illnesses/treatments, with emphasis on the specific events affecting the client during any episode of care (e.g., hospital admission, series of home visits).

Health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It includes physical, mental, spiritual, emotional, psychological and social health.

I

Incapacity: means a registrant has or had a medical, physical, mental or emotional condition, disorder or addiction that renders or rendered the registrant unable to practise with competence or that endangers or may have endangered the health or safety of clients.

Incompetence: in relation to a registrant means display of lack of knowledge, skill or judgment in a nurse's care or delivery of nursing services that, having regard to all the circumstances, renders the nurse unsafe to practise at the time of such care or delivery of nursing service or to continue to practise without remedial assistance.

Independent double check: An independent double-check is a process in which a second practitioner conducts a verification of the medication and/or calculations. The verification can be performed in the presence or absence of the first practitioner. However, the critical aspect is to emphasize the independence of the 'double-check' by ensuring that the first practitioner does not communicate to the second practitioner what they would expect the second practitioner to see.

Indicators: specific criteria which illustrate how standards of practice are to be applied and met and against which the actual performance of an individual nurse is measured.

Individual scope of practice: the roles, functions and accountabilities for which a registrant is educated, authorized and competent to perform

Information privacy: Information privacy is defined as the client's right to control how their personal health information is collected, used and disclosed.

Informed consent: process of giving permission or making choices about care. It is based on both a legal doctrine and an ethical principle of respect for an individual's right to sufficient information to make decisions about care, treatment and involvement in research.

Instrumental activities of daily living (IADLs): IADLs are activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, doing laundry and using a telephone.

Intervention: a task, procedure, treatment or action with clearly defined limits, which can be assigned or delegated within the context of client care.

Investigational medications: Investigational medications are used in human clinical trials and must be approved by an independent research ethics board. These medications require an order and additional written consent, the process for which must be outlined in the research protocol.

J

Just culture: A Just Culture is one which recognizes the actions of individuals are not isolated and occur within systems.

L

Legal duty to report: Nurses in Nova Scotia have a legal duty according to the Nursing Act to report to NSCN or the appropriate regulatory body if they have reasonable grounds to believe that another health care provider:

- has engaged in professional misconduct, incompetence or conduct unbecoming the profession;
- is incapacitated; or
- is practicing in a manner that otherwise constitutes a danger to the public.

Legislated scope of practice: The legislated scopes of practice for nurses are outlined in the nursing act. The legislation defines the professional scope of practice which encompasses the roles, functions and accountabilities that nurses are educated and authorized to perform.

M

Medical Assistance in Dying (MAiD): Where eligible clients request that an NP or physician provide MAiD by:

- (a) administering a substance that causes their death; or
- (b) prescribing or providing a substance so that they may self-administer the substance to cause their own death.

Medical cannabis: The term medical cannabis refers to the use of the whole unprocessed cannabis plant or its basic extracts to treat a disease or symptom.

Medication order: A medication order is the direction provided by an authorized prescriber for a specific medication to be administered to a specific client. Medication orders may be received in writing or electronically or delivered verbally in-person or by telephone.

Medication reconciliation: a systematic process used to obtain a complete and accurate current list of a client's medications, i.e., name, dose, frequency, route, which is then compared to a physician's admission, transfer and discharge medication orders to identify and resolve any discrepancies.

Moral or ethical conflicts: Situations where a nurse is unable to provide care in good conscience because elements of client care are in direct opposition to their beliefs or value.

N

No-harm Incident: a client safety incident that reaches the client but no discernible harm occurs.

Non-formulary medications: not on an employers formulary or approved for general use and requires special authorization.

Non-Insured Health Benefits (NIHB) program: The department of Indigenous Services Canada's Non-Insured Health Benefits (NIHB) program provides eligible First Nations people and Inuit with a range of medically necessary health related items and services that are not covered by other insurance plans.

Not current client: Generally, a client is not considered a current client if care was provided in an episodic setting, such as a visit to the emergency department for a fracture or for an assessment at a walk-in-clinic. However, the nature and frequency of the care provided and likelihood of the nurse providing future care in the episodic setting should be considered when determining if the individual is a current client.

Nurse: licensed practical nurse (LPN), registered nurse (RN) or nurse practitioner (NP) as authorized by the Nursing Act.

Nurse-client relationship: relationship that is established and maintained by the nurse using professional knowledge, skills and attitudes in order to provide nursing care that is expected to contribute to the client's well-being. It is central to all nursing practice.

Nursing care plan: an individualized and comprehensive plan guiding the nursing care for a client in a systematic way.

Nursing care: Nursing care is a series of evidenced-based interventions designed to address a client's specific alteration in health. A comprehensive nursing assessment is required to plan nursing care and identify appropriate nursing interventions.

Nursing services: the application of specialized and evidence-based knowledge of nursing theory, health and biological, physical, behavioural, psychosocial or sociological sciences inclusive of principles of primary health care, in a variety of roles including clinical services to clients, research, education, consultation, management, administration, regulation, policy or system development relevant to such application, and such other services, roles, functions, competencies and activities for each nursing designation that are related to and consistent with the foregoing, including those outlined in the Nursing Act.

O

Objective information: Objective information deals with facts or conditions as perceived without distortion by personal feelings, prejudices, or interpretations. Objective data is observed (e.g., crying, swelling, bleeding) or measured (e.g., temperature, blood pressure) and includes interventions, actions or procedures as well as a client's response.

Off-label use of medications: Off-label use of medications refers to the practice of using a Health Canada-approved drug for a purpose that is not indicated by the manufacturer but has been deemed potentially beneficial by the prescriber for a client.

P

Patient-controlled analgesia: Patient-controlled analgesia (PCA) is a method of pain control that gives clients the power to control their pain. In PCA, a computerized pump is connected directly to a client's intravenous (IV) line or subcutaneous line (S/C).

Personal Health Information: Personal health information is considered any identifying information about an individual that is verbal, written or in electronic form. This includes information collected by nurses during the course of the therapeutic nurse-client relationship. Clients do not have to be named for information to be considered personal health information. Information is identifying if a person can be recognized, or when it can be combined with other information to identify a person.

Personal relationships: Personal relationships can be online or in-person and be sexual, casual and friendly or serious and significant. Individuals involved in personal relationships set the parameters of the relationship and are equally responsible for maintaining the relationship.

Physician Assistants (PAs): Health professionals who provide medical services under the supervision of a physician. The supervising physician is defined in Nova Scotia Health policy as a physician working for Nova Scotia Health who is a legally qualified medical practitioner with good standing; one who has been designated as the physician who will oversee the physician assistant and allow them to practice under their license. The PA's role is defined by their role description, the PA's competencies, the supervising physician's area of practice, and the policies governing the practice setting. Examples of duties that a PA may perform include conducting patient interviews and taking medical histories, performing physical exams, documenting consults, helping to arrange other service consults, assisting in procedures and prescribing medication from a defined policy list.

Plan of care: an individualized, comprehensive and current guide to clinical care designed to identify and meet clients' health care needs. It may or may not be developed by nurses in collaboration with other members of the health care team, including clients.

Policy: broad statement that enables informed decision-making, by prescribing limits and assigning responsibilities/ accountabilities. In terms of professional practice, policies are formal, non-negotiable, clear, authoritative statements directing professional practice.

Preceptor: a nurse who teaches, counsels, and serves as a role model and supports the growth and development of a nurse in a particular discipline for a limited time, with the specific purpose of socializing the novice nurse in a new role. Preceptors fill the same role as mentors but for a more limited time frame.

Pre-pouring of medications: Pre-pouring of medications occurs when one nurse prepares a medication but does not administer it immediately or has another nurse administer it.

Pre-printed orders: A pre-printed order is a list of orders for a specific client for a specific health condition from which the authorized prescriber selects the applicable orders.

Prescribe: to advise or authorize the use of a medication or treatment for the management of a client's diagnosis or diagnoses. The act of prescribing involves assessing and monitoring the safety and efficacy of the prescribed medication or treatment.

Prescribing: Prescribing is an act in which an authorization, in writing or otherwise, is communicated directly to a pharmacist, certified dispenser or other person authorized by regulations, by a person authorized by law to prescribe drugs or devices.

Problematic substance use: Problematic substance use is defined as situations in which the use of a substance negatively impacts the ability of a nurse to practice in a safe, competent, ethical and compassionate manner.

Procedural sedation and analgesia: Procedural sedation and analgesia (PSA) is used to control pain or psychological stress during procedures, such as suturing or cast application.

Professional boundaries: defining lines which separate the professional, therapeutic behaviour of a nurse from any behaviour which, well intentioned or not, could harm or could reduce the benefit of nursing care.

Professional Intimacy: Nurses are required to maintain professional intimacy, which is separate from personal intimacy. Professional intimacy is therapeutic, time-limited and focused on the client's interest.

Professional misconduct: conduct or acts relevant to the profession that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonorable or unprofessional.

Professional practice issue: any issue or situation that either compromises client care/service by placing a client at risk or affects a nurse's ability to provide care/service consistent with the standards of practice for nurses, code of ethics, other standards and guidelines, or agency policies or procedures.

Professional presence: Professional presence is the demonstration of respect, confidence, integrity, optimism, passion and empathy in accordance with professional standards, guidelines and codes of ethics. It includes a nurse's verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of full name and title. The demonstration of professional presence leads to trusting relationships with clients, families, communities and other health care team members.

Professional relationship: refers to the relationships within a health care team that includes both intra and interprofessional team members.

Professional scope of practice: The legislation defines the professional scope of practice which encompasses the roles, functions and accountabilities that nurses are educated and authorized to perform. The professional scope of practice can only be changed by a change in the legislation.

Professional therapeutic relationship: A client relationship established and maintained by the registered nurse through the use of professional knowledge, skills and attitudes in order to provide nursing care expected to contribute to the client's well-being. It is central to all nursing practice.

Progress notes: documentation of the progress of a client's problems by all health team members. Nurses' notes are one component of the progress notes.

Pronouncing death: Pronouncing death is the process of determining that vital signs have ceased, and a client has died.

Psychotherapeutic: planned and structured psychological, psychosocial, and/or interpersonal interventions influencing a behaviour, mood and/or emotional reactions to different stimuli.

Q

Quality practice environments: environments in which nurses are able to provide safe, compassionate, competent and ethical nursing care with sufficient organizational and human supports.

R

Range doses: Range doses refer to medication orders in which the dose and frequency of medication is prescribed in a range (e.g., acetaminophen 500 - 1000 mg PO Q4-6H as needed for pain). These range doses are often prescribed when a client's need for medication varies.

Referral: an explicit request for another health professional to become involved in the care of a client. Accountability for clinical outcomes is negotiated between the health professionals involved.

Regulation: Regulation is when a regulatory body formally oversees the activities of its registrants.

Regulatory body: The mandate of a regulatory body is to ensure registrants are competent to provide safe care and act in the public interest. The functions of a regulatory body include registering, licensing, monitoring and, when necessary, disciplining its registrants appropriately with the goal of ensuring public protection.

Requisite skills and abilities: Requisite skills and abilities (RSA) are defined as the essential skills and abilities necessary for admission to and progression through a program and initial registration in the profession. In other words, RSAs are those foundational skills and abilities that enable nurse students (with or without accommodation) to achieve the entry-level competencies.

Responsibility: an activity, behaviour or intervention expected or required to be performed within a professional role and/or position; responsibility may be shared, delegated or assigned.

Restricted medications: formulary medications that are restricted for a specific indication or specialty.

Right touch regulation: As a 'right-touch' regulator, we approach our regulatory oversight by applying the minimal amount of regulatory force required to achieve a desired outcome. We seek to understand problems before jumping to solutions and we make sure that our level of regulation is proportionate to the level of risk to the public.

S

Scope of employment: The scope of employment is the description of the nurse's role within the employment setting. It is defined by the employer through job descriptions, policies, guidelines and context specific education.

Self-regulation: the relative autonomy by which a profession is practised within the context of public accountability to serve and protect the public interest.

Serious reportable event reports: Serious reportable event reports (also called occurrence reports or adverse event reports) are separate from the client record and are used by agencies for risk management, to track trends and to justify changes to policy, procedure and/or equipment.

Sexual behaviour: any physical, verbal or non-verbal conduct, behavior or words with a sexual connotation, character or quality.

Sexual misconduct: Sexual misconduct is sexual, sexually demeaning, or seductive behaviour that is physical, verbal or non-verbal, made in-person or through written or electronic means, by a nurse towards a current client, former client, vulnerable former client or towards a colleague who does not consent.

Sexual orientation: an individual's pattern of emotional, romantic or sexual attraction. Sexual orientation may include attraction to the same gender (homosexuality), a gender different than your own (heterosexuality), both men and women (bisexuality), all genders (pansexual), or neither (asexuality).

Sliding scales and algorithms: Some medications may be ordered according to a sliding scale or algorithm. These tools guide nurses in determining the dose of a medication based on a client's laboratory values or other parameters.

Social media: Social media are the online and mobile tools used to share opinions, information and experiences through written message, images, video or audio clips; and includes websites and applications used for social networking.

Special access medications: only authorized through the Special Access Program of Health Canada, for use in serious or life-threatening conditions for which conventional therapies have failed or are unsuitable or unavailable.

Standards of Practice: means the minimal professional practice expectations for a registrant of a particular designation in a setting or role, approved by the Board.

Subjective information: Subjective information is modified or affected by personal views, experience, or background. Subjective data may include information provided by a client as well as from the client's family members or a friend.

Substance use disorder: For some individuals, PSU can develop into substance use disorder (SUD) which is a diagnosable illness.

Supervision: Supervision is an essential component of assignment and delegation processes. It is the active process of directing, assigning, delegating, guiding and monitoring an individual's performance of an activity to influence its outcome. It entails initial direction, periodic inspection and corrective action when needed. It can apply to one nurse supervising another nurse unfamiliar with a new procedure or a nurse supervising a student or a UCP.

Supplying: Repackaging or providing medications after they have been dispensed by a pharmacy is considered 'supplying' not dispensing and is therefore within the nursing scope of practice.

T

Telenursing: Telenursing is the use of telecommunication technology to deliver nursing services at a distance. The nurse and the client are not in the same physical location but are connected using technology such as videoconferencing, teleconferencing or email.

Therapeutic nurse-client relationship: is built on trust and mutual respect between the nurse and client and is based on a nurse's ethical and legal duty to protect the client's well-being. Therapeutic nurse-client relationships are purposeful, goal-directed relationships between a nurse and a client that protects the clients' best interests. The relationship begins when a client receives care from a nurse and continues until the nursing care has ended.

Transcribing: Transcribing is the process of transferring a prescriber's medication order from an order sheet to the medication administration record (MAR).

U

Under-involvement: When a nurse avoids a client, they are under-involved in the client's care that damages the therapeutic nurse-client relationship and causes repercussions for a client's health and well-being.

Unreasonable burden: An unreasonable burden may exist in rare situations where the nurse is unable to provide safe care and meet professional standards of practice because of unreasonable expectations, lack of resources or ongoing threats to personal safety. An unreasonable burden may exist when a nurse is asked to:

- Provide care in emergency situations
- Provide care in dangerous situations

Unregulated health worker: A health-care worker, who is not part of a regulated health profession, who provides care to persons under the guidance of a regulated health professional.

V

Validation: Validation is a collaborative process between the LPN and RN. The LPN is responsible to present the draft NCP based on initial assessment findings, pertinent clinical data, interventions and outcomes. The RN is responsible to review the plan, ask questions and/or suggest alternative assessments, interventions or outcomes. The plan is validated when both nurses are satisfied that the NCP is sufficient to meet the needs of the client and this is documented in the client's record. Regardless of process, the RN is responsible to analyze and interpret the initial assessment data and identify (or ensure identification of) priority problems.

Virtual care: Virtual care has been defined as any interaction between clients and members of their circle of care, including virtual MDs or NPs, occurring remotely, using any form of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of client care. Health professionals may provide advice, diagnosis and order medications, devices and diagnostic tests, including prescriptions, via an electronic means.

Vulnerable former client: A vulnerable former client is an individual who is no longer a current client, and who requires particular protection from sexual misconduct given their ongoing vulnerability. For some individuals, their degree of vulnerability is such that they will always be considered vulnerable even when their care has ended.