



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs and NPs unless otherwise stated.

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



Introduction

Welcome to the profession of nursing in Nova Scotia (NS). We are excited you have made the decision to work and live here while expanding and building on your knowledge and skills as a [nurse](#).

NSCN serves a diverse community. We are committed to being respectful, inclusive, genuine and consistent. We embody diversity and professionalism.

We have developed this guideline to support your safe transition into nursing practice in the interest of safe, competent, and ethical [client](#) care. This resource is intended to assist you in your transition to nursing in NS, as well as be a reference for you as you build your career in our province.

This tool is a resource for nurses who are new to NS to help you understand:

- The role of NSCN and self-regulation
- Standards of Practice, Code of Ethics and Entry-Level Competences
- How to develop a Professional Growth Plan
- How to minimize risk in your practice setting
- How to manage and resolve professional practice issues

We recognize that your transition to the profession in NS extends beyond your initial licensure and registration and even the orientation in your chosen place of work. This guide should be used in collaboration with your employer's transition program and policies.

Role of NSCN

NSCN is the safeguard that ensures the public that all nurses in NS have the competence they need to practice safely, competently, ethically, and compassionately.

NSCN regulates nursing practice in NS through:

- Registration, licensure, professional conduct and education program approval processes.
- Approval and promotion of a code of ethics.
- Establishment and promotion of the standards of practice for nursing, entry-level competencies and a continuing competence program.

In NS, the Nursing Act is the law that provides authority to NSCN to:

- Regulate the provision of nursing services and govern its registrants;
- Advance and promote the provision of nursing services;
- Be accountable to the Minister of Health and Wellness, the public and the registrants; and
- Do all such other lawful acts and things as are incidental to the attainment of the objects of the college.

The Nursing Act provides NSCN a framework for nurses to participate in self-regulation, and do so through the Board and Regulatory Committees, which are comprised of members of the public and active practising nurses.

Transition to practice programs or processes assist newly licensed nurses to transition into professional practice.

The mandate of the college is to:

- Serve and protect the public interest;
- Preserve the integrity of the nursing profession; and
- Maintain public and registrants' confidence in the ability of the nursing profession to regulate itself.

NSCN BOARD AND COMMITTEES

NSCN is Board governed. The NSCN Board consists of six nurses and five public representatives. The Board utilizes a [policy](#) governance and strategic leadership approach to fulfill its obligations under the Nursing Act and College By-Laws. The decisions of the Board are enacted by the CEO and NSCN staff members. Nurses and public representatives serve on eight regulatory committees that contribute to regulating the nursing profession in the public interest:

- Complaints Committee
- Education Program Approval Committee
- Fitness to Practise Committee
- Practice Review Committee
- Registration and Licensing Committee
- Registration and Licensing Review Committee
- Professional Conduct Committee
- Reinstatement Committee

Involvement from the nurses is at the heart of self-regulation. Through self-regulation, nurses possess a specialized body of knowledge that places them in the best position to govern their profession when combined with public input from public representatives and others. We are often seeking professional, engaged and passionate individuals to contribute to our work and to the direction and vision of nursing [regulation](#) in NS. Check out our [website](#) for current opportunities.

RELATIONAL REGULATION

NSCN believes that we can best protect the public through [collaborative](#) approaches with nurses and the health care community, which is why we embrace a relational approach to our regulatory work.

As a relational regulator, we find new and innovative ways of strengthening our relationships through engagement with those impacted by nursing regulation. We look to create opportunities for our stakeholders to engage and provide feedback that will inform our regulatory policies. We are committed to proactively addressing issues and providing innovative solutions.

Our goal is always to build and maintain relationships by being respectful, inclusive, genuine and consistent in all that we do while delivering on our mandate to protect the public.

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. This approach allows us to recognize that there is usually more than one way to solve a problem, and regulatory force may not be the best answer. The Board and staff of NSCN incorporate right-touch regulation in all aspects of our work.

At NSCN, we aim to be:

- **Proportionate:** We only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimized.
- **Consistent:** We align our rules and standards and implement them fairly.
- **Targeted:** We focus on the problem and minimize side effects.
- **Transparent:** We make ourselves open and accessible and keep regulations simple and user-friendly.
- **Accountable:** We justify our decisions and are open to feedback.
- **Agile:** We look forward in our environments and adapt to anticipate change.

Self-Regulation

[Self-regulation](#) is not a right or entitlement, but a privilege granted by government who trusts the profession to act in the best interest of those they serve. If self-regulation fails, the government can remove the right for the profession to self-regulate.

All NSCN programs and services are grounded in the principles of self-regulation:

- Promoting good nursing practice
- Preventing poor nursing practice
- Intervening when nursing practice is unacceptable

We promote good nursing practice by setting standards for nursing education, setting registration and licensure requirements and establishing and promoting professional practice standards, competencies and code of ethics.

We prevent poor nursing practice by providing nurses with tools and resources to maintain and enhance their competencies and help them to identify issues that contribute to poor practice and potential resolutions.

We intervene when nursing practice is unacceptable by addressing complaints received about nursing practice and intervening where necessary. A complaint may be made by a member of the public, a registrant, an employer, the CEO of NSCN or another NSCN employee, or any other person who has concerns regarding the conduct of a nurse. Complaints are reviewed carefully to determine what actions need to be taken and often include an investigation.

Nurses are accountable for their own practice and making appropriate decisions based on their:

- Scope of practice
- Code of ethics
- Standards of practice
- Practice context
- NSCN policies and programs

Regulation vs Advocacy

The provincial government has a policy on self-regulated professions that clearly outlines the role of the regulator to serve and protect the public, which is separate and distinct from the advocacy role of a professional association. At NSCN, this is outlined in our legislation and in our mandate to serve and protect the public. The NSCN Standards & Guidance and Customer Experience team collaborates with nurses every day to provide regulatory professional practice guidance and resources. In this work, our goal is to provide guidance to nurses to deliver safe care rather than advocating for changes in the workplace, environment or profession.

NSCN practice support tools can be accessed [here](#).

Additionally, NSCN does not:

- Provide entry to practice or post entry clinical education. This is provided through educational institutions and employers.
- Create Best Practice Guidelines (BPG) – these important clinical documents are developed by others, for example, nursing associations or special interest groups, to assist nurses in understanding the practice that is required to care for the types of clients they are working with.
- Resolve employment issues – such as vacation, overtime, wages and practice premiums. These can be addressed with the employer and Union.

Key points to Remember

- Nova Scotia College of Nursing (NSCN) is the body that regulates the practice of licensed practical nurses, registered nurses and nurse practitioners to protect and serve the public interest in NS.
- In NS, the Nursing Act is the law that provides authority to NSCN to regulate, advance and promote the provision of nursing services. In addition, the Act provides the authority to be accountable to the Minister of Health and Wellness, the public and the registrants and do all such other lawful acts and things as are incidental to the attainment of the objects of the college.
- NSCN is Board governed. The NSCN Board consists of six nurses and five public representatives.
- NSCN believes that we can best protect the public through collaborative approaches with nurses and the health care community, which is why we embrace a relational approach to our regulatory work.
- NSCN is a 'right-touch' regulator and we approach our regulatory oversight by applying the minimal amount of regulatory force required to achieve a desired outcome.
- Self-regulation is the authority granted to a profession by government who trusts the profession to regulate itself in the public interest.
- All NSCN programs and services are grounded in the principles of self-regulation - promoting good nursing practice, preventing poor nursing practice and intervening when practice is unacceptable.
- In our role as the regulator, NSCN cannot advocate, which includes association or union-based work.

Standards of Practice, Code of Ethics and Entry-Level Competencies

As a nurse who is new to NS, it is important you understand and meet all key regulatory standards, including the code of ethics, standards of practice and [entry-level competencies](#) for your designation. This section will provide an overview and links to the specifics for each regulatory standard.

STANDARDS OF PRACTICE:

All nurses in NS have standards that they must follow in order to be able to work in the profession. The [standards of practice](#) for nurses in NS are what define the legal and professional [responsibility](#) of nurses and outline the minimum expectations of every nurse in this province regardless of where you work or your nursing role, including but not limited to, direct care provider, educator, manager or researcher.

Each designation of nurse (LPN, RN, NP) has their respective standards of practice:

- [Open the Standards of Practice for Licensed Practical Nurses](#)
- [Open the Standards of Practice for Registered Nurses](#)
- [Open the Nurse Practitioner Standards of Practice](#)

SEXUAL MISCONDUCT STANDARD FOR NURSES:

The sexual misconduct standard sets out the legal and professional expectations of every nurse in Nova Scotia regardless of where they work.

[Sexual misconduct](#) is defined as 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.

All nursing designations (LPN, RN, NP) are required to meet the sexual misconduct standard for nurses:

- [Open the Sexual Misconduct Standard of Practice for Nurses](#)

CODE OF ETHICS:

All nurses in NS have a code of ethics that they must follow. The code sets out the ethical values and responsibility that nurses have to clients, families and the community and helps the public feel confidence that nurses are making decisions in their best interest. The code of ethics provides a framework to guide decision making in the client's best interest. The code of ethics are tools that like the standards of practice, can be used to measure a nurse's practice.

Nurses are among the most trusted health professionals in Canada. The code of ethics help to maintain trust between nurses and the public by articulating the ethical responsibilities that nurses must uphold and promote.

LPN Code of Ethics

All LPNs are responsible to follow the code of ethics. This means:

- Fostering trust and respect
- Demonstrating personal and professional competence and value systems
- Providing safe, effective, [compassionate](#), [competent](#) and ethical care
- Developing and maintaining positive, collaborative relationships

[Open the Code of Ethics for Licensed Practical Nurses](#)

If you hold a license to practice, you must follow the Standards for your nursing designation.

Nurse Practitioners must follow the Standards of Practice for Registered Nurses and the Nurse Practitioner Standards of Practice.

RN and NP Code of Ethics

All RNs and NPs are responsible to follow the code of ethics. This means:

- Honouring dignity
- Being [accountable](#)
- Maintaining privacy and [confidentiality](#)
- Promoting justice, health and well-being
- Providing safe, compassionate, competence and ethical care
- Promoting and respecting informed decision-making

[Open the Code of Ethics for Registered Nurses](#)

ENTRY-LEVEL COMPETENCIES

Entry-level competencies (ELCs) define the education, knowledge, skills and abilities expected of every nurse in NS entering the profession. These competencies ensure nurses can provide safe care in a variety of settings and to all client populations during their career. Nurses are accountable to maintain and increase their practice [capacity](#) beyond the [entry-level competencies](#) over the lifetime of their career.

Each nursing designation (LPN, RN, NP) has entry-level competencies that align with each designation's distinct education, standards and scope of practice:

- [Open the Entry-Level Competencies for Licensed Practical Nurses](#)
- [Open the Entry-Level Competencies for Registered Nurses](#)
- [Open the Entry-Level Competencies for Nurse Practitioners](#)

Key Points

- All nurses in NS have standards that they must meet.
- These regulatory standards include the standard of practice, code of ethics and entry-level competencies for each designation.
- These standards set the legal and professional responsibility of nurses and outlines what is expected from any nurse in any workplace in this province.

Develop a Professional Growth Plan (PGP)

An important part of your transition to practice in the NS health care system will be to reflect on your current practice and determine what aspects you may need to further develop including putting learned concepts into practice. The development of a professional growth plan (PGP) will help strengthen your nursing practice, help you identify specific areas of learning to focus on as you transition into practice and help you set, meet and reflect on your professional development goals.

In addition to the development of a PGP being helpful in your transition, nurses in NS are expected to do this annually as a component of the NSCN continuing competency program (CCP). For more information on the specifics of the NSCN [continuing competency program](#) [open this link](#).

Where to start?

To start developing a PGP, you must first review and reflect on the [Standards of Practice](#) and [Code of Ethics](#). You can then begin to identify specific areas of learning you may have gaps in, or you may have the theory but have not had the opportunity to practice as it relates to your practice context. Once you have identified these areas of practice where you would like to increase your competence, you can then begin to create your PGP.

Your PGP should include:

- Goals based on your identified learning needs
- Activities for each goal that are aimed towards increasing your knowledge to meet your goals

When identifying your learning activities, it may be helpful to think about “what am I going to do to meet my goal?”

The learning activities can be formal, for example a course or in-service, or they can be informal for example being mentored by an experienced colleague.

It is helpful to have clear timelines for completion or progress towards completion of your goals.

You can complete your PGP using the NSCN [Professional Growth Plan](#) tool. You can use this tool to help track your growth.

It is important to reflect after you have completed your learning activities to determine the next steps in your growth. After you complete your learning activities, you can ask yourself:

- How did I grow as a nurse?
- What was the impact on client outcomes?

Reflecting on your practice will also help you to set new goals for your continued transition to the NS health care system.

Key Points to Remember

- The development of a professional growth plan is an important part of your transition to practice.
- You can start with a review of your standards of practice and code of ethics.
- You should then, through self-assessment, identify areas of practice where you can grow your competence.
- It is important to set specific goals related to the identified gaps and set timelines for completion or progress towards completion.
- It is important to reflect on the new learning and how it has impacted your practice.

In our NSCN [CCP Guide for Nurses](#), you will find additional information and instructions on conducting a self-assessment and creating a PGP.

Identifying and Minimizing Risk

All nurses are expected to use their professional knowledge and judgement to identify and minimize risks when engaging in nursing practice. As previously discussed in the section on developing a PGP, as a newly licensed nurse to NS it is important you identify what your learning gaps may be, and how and where to access available resources to minimize risk. Understanding your employer's expectations for your area of practice may assist you in further identifying any learning gaps and resulting high-risk practice.

Identifying practice as high-risk does not mean you do not take part in practice, but rather that you are aware of and identify ways to minimize that risk. Minimizing risk most importantly enhances client safety, but also improves your ability to consistently meet your standards of practice.

One strategy to recognize and minimize risk in practice is considering and applying the Three-Factor Framework. The three factors to consider are the client, the nurse and the environment.

For more information, see our [Scope of Practice \(PST\)](#).

RECOGNIZING RISK

Questions to ask yourself to identify if a certain practice is high-risk:

The Client(s) Factor:

- Does the client have complex care needs?
- Are the health outcomes of the client predictable?
- Could there be a negative effect on client outcome(s) if:
 - The [intervention](#)/procedure is not implemented correctly?
 - The intervention/procedure does not occur?
- Are there multiple steps/interventions where potential errors could occur?
- Are the interventions complex?
- Is there potential for miscommunication of information to others involved?

MINIMIZING RISK

Questions to ask yourself before you engage in a high-risk practice:

The Nurse Factor:

- Is this practice within my [professional scope of practice](#)?
- Is this practice within my [individual scope of practice](#)?
- Do I have the required competencies in this practice?
- Have I had sufficient training in this practice?
- Do I have adequate experience in this practice?
 - Have I had an opportunity to apply the theory I have learned into practice?
- Can I manage all potential outcomes?
- What interventions can I put in place to minimize risk?

The Environment Factor:

- Is this practice within my [scope of employment](#)?
- Who and where are my resources and supports?
- Are they available onsite or remotely?
- Are there employer resources available such as policies, procedures and guidelines to provide practice guidance?

- Do I have access to collaborating health care professionals?

Key Points to Remember

- All nurses are expected to self-assess their practice to identify and minimize risks to clients.
- Identifying practice as high-risk does not mean you refrain from taking part in practice, but rather that you are aware and identify ways to minimize that risk.
- The Three-Factor Framework can be applied to help you determine and minimize risk.

Resolving Professional Practice Issues

All nurses are accountable to recognize and attempt to resolve [professional practice issues](#) (PPIs) to minimize potential negative impacts on clients. As a new nurse to NS, you may have not had the opportunity to resolve PPIs in your past workplaces. This section is intended to help you understand how to identify, communicate and resolve PPIs.

A professional practice issue (PPI) is any situation, action or behavior which:

- Compromises client care and/or service by placing a client at risk;
- Inhibits, disrupts or prevents the delivery of safe, competent, compassionate or ethical nursing services; or
- Supports, encourages or perpetuates the delivery of [nursing services](#) which are not consistent with the standards of practice, code of ethics or employer policy.

Examples of professional practice issues include breaching confidentiality, exhibiting patterns of unsafe practices, falsifying information and the inability of the nurse to provide safe client care due lack of supports in a practice environment.

If you are aware of a PPI but do not take action, it may be considered a violation of your standards of practice.

Nurses need to:

- Recognize and attempt to resolve PPIs, including identifying what other supports will be helpful to address the issue.
- Develop and implement a plan to address the issue.
- Document the actions you have taken to resolve a PPI.
- Reflect on the PPI and evaluate.

We have developed a five-step process to help you identify, communicate and resolve professional practice issues.

Step One - Identify professional practice issues

What makes the situation, action or behaviour a PPI? Does the issue...

- Place clients at risk?
- Affect your ability to deliver safe, competent, ethical and compassionate [nursing care](#) and service?
- Conflict with or prevent you from meeting your standards of practice, code of ethics, nursing legislation or organizational policies and procedures?

If you answered NO to all of these questions, the issue is likely not a PPI. However, you should continue to explore the situation with a trusted colleague or your manager to ensure the issue is resolved.

If you answered yes, this may be a PPI and you should move on to step two.

Step Two - Clarify the PPI and identify resources

It's important to take a step back from a situation to gather information, identify resources (internal and external) and make an informed analysis of the situation.

There may be situations where immediate action is required, such as when a client is in immediate risk. The following questions will assist you in reflecting on and exploring a PPI in detail:

- Is this a new or recurring PPI?
- If the PPI continues, what is the likelihood that client safety is impacted?

- Does the PPI affect all clients or individual clients?
- Who else may be affected by the PPI and what are their perspectives?
- Do you have the knowledge and skill to address the PPI?
- What are the contributing factors to consider as you reflect on the PPI?

Developing a Description of the PPI

Once you have explored the PPI fully; develop a detailed description of the issue and include:

- Date, time, place and people involved
- How the issue affects the client, your nursing practice and/or the team
- Contributing factor(s)

This description will be helpful when communicating the issue with your manager and others.

You are now ready to move on to step three.

Step Three - Implement an action plan

Once aware of a PPI, you must develop a plan to address the issue in order to meet your obligation to maintain client and public safety. The plan will vary depending upon the urgency, nature and complexity of the PPI. When forming a plan of action, the following steps can be applied, either individually or with your team:

1. Brainstorm possible options for resolving the PPI.
2. Determine potential positive and negative outcomes for the options identified.
3. Decide which option(s) may be the best approach.
4. Develop a plan outlining the actions you will take and when to implement the chosen option(s).

There are three common options when addressing a PPI:

1. Discuss the PPI with the individual involved.

If a concern is identified with a colleague's practice or behaviour, try to discuss and resolve it with the individual. When appropriate, this is always the best option. Consider informing your manager of your plan to address the PPI. They can support you and may be able to offer you additional resources.

2. Discuss with your manager.

In some circumstances, it may be more appropriate to bring the issue directly to your manager or supervisor. When communicating with your manager about a PPI:

- Provide as much factual data as possible, including dates, timelines and objective information about the impact on client care, safe nursing practice and/or team relations.
- Frame conversations using the [standards of practice](#) and [code of ethics](#). These documents focus the conversation on the nurse's professional responsibilities, keeping the conversation more objective.
- Bring possible solutions and identify what you could do to support a resolution of the PPI.
- Plan for next steps, such as arranging a follow-up meeting or confirming that the manager has taken accountability for next steps.

3. Report to NSCN, other regulatory body or an external authority.

Depending on your employer policies and reporting process, you or your manager may be required to make a report. Refer to the [NSCN Duty to Report Guidelines](#) that provide further information about the legal and ethical responsibilities relating to reporting and documenting challenging situations in practice.

Depending on the context, a nurse can fulfill their duty to report by engaging in a conversation with the colleague that they have concerns about.

You are now ready to move on to step four.

Step Four- Documentation

It's important to keep personal records of all steps taken to resolve a PPI. This is to ensure that there is an accurate account of events and that you are able to demonstrate that you have met your professional obligations. It's recommended that all communication with managers and other leaders of your organization be noted in your personal records. Consider writing a letter or email to follow-up on the meeting and summarize the discussion. A template for a letter to your manager can be found in our [Resolving Professional Practice Issues Guideline](#).

Keeping an accurate account of the situation is imperative for the integrity of the information. Be sure to include the following in any written communication:

- The PPI description
- When the issue occurred (specific date and time)
- Exactly what happened, written in an objective and factual manner
- How the issue has impacted the client(s) and your nursing practice
- Other relevant information including meetings and phone calls, who was in attendance and outcomes
- A request for the manager to follow up with you

You are now ready to move on to step five.

Step Five- Reflection

This final step is to reflect on what happened, who was involved, what you learned and if you would do anything differently if another PPI is to occur. If the PPI was addressed with the support of others, it's important to include them in the evaluation process. Not all PPIs are resolved immediately and this may need to be noted in the evaluation process.

Review the process you used by asking yourself the following:

- Did I clearly identify the issue?
- Could I define how and when client care or service was affected?
- Were the right people involved in discussions and attempts to resolve the issue?
- Is there evidence that my manager, if involved, took steps to address the PPI?
- What could have been done differently?

If your manager is involved in managing the PPI, it's acceptable to ask them to inform you when it has been addressed. If you see the PPI re-occur in the future, it's important to notify your manager.

If, after a reasonable time the PPI persists, you need to continue to act until it is addressed. This includes:

- Requesting a meeting with your manager.
- If you have already met with your manager, requesting another meeting to determine when resolution is likely.
- Considering discussing with the next level of leadership in your organization.

The client's [health record](#) is not the place to document discussions regarding a PPI unless the PPI has had a direct impact on the client.

You may be required to [document](#) the PPI as an adverse event. Check your organizational policy to determine this.

Be aware that because of confidentiality, the manager may not be able to provide you with detailed information about how they have resolved the PPI. They may only be able to inform you that the issue has been addressed.

- Continuing to notify the appropriate people until the issue has been resolved.
- Contact a NSCN Practice Consultant for guidance.

Key Points to Remember

Nurses need to:

- Recognize and attempt to resolve PPIs.
- Develop and implement a plan.
- Keep personal records of steps taken to resolve a PPI.
- Reflect on the PPI and evaluate.

For further information on anything contained within this tool, please contact an NSCN Practice Consultant at practice@nscn.ca.