



Supervised Practice Experience Partnership (SPEP) Program Preceptor Handbook

Unity Health Toronto

2023

TABLE OF CONTENTS

Section 1: Introduction

- Welcome Remarks
- Unity Health Toronto Vision, Mission & Values
- Living Our Values At Unity Health & Anti-Racism, Equity And Social Accountability
- Who are Internationally Educated Nurse Interns (IENs) and Nursing Interns?
- What is the Supervised Practice Experience Partnership (SPEP) program?

Section 2: Roles & Responsibilities

- Preceptor roles & responsibilities
- General guidelines for preceptors
- Preceptorship tips
- Challenges faced by IENs
- Creating a supportive environment

Section 3: Regulatory and UHT nursing policies and procedures

Section 4: Intern Scope of Practice

Section 5: When to escalate concerns

Section 6: Unsafe practice vs. failure to meet experience objectives

Unity Health Frequent Contacts

WELCOME FROM SONYA CANZIAN, EXECUTIVE VICE PRESIDENT, CLINICAL PROGRAMS, CHIEF NURSING & HEALTH DISCIPLINES OFFICER



It is my pleasure to welcome you as we launch our program for Internationally Educated Nursing (IEN) Interns at Unity Health Toronto. I am thrilled that Unity Health Toronto is able to participate in supporting you as IEN Interns to complete your journey to licensure and ultimately integration into the Canadian healthcare system.

Unity Health Toronto is comprised of Providence Healthcare, St. Joseph's Health Centre and St. Michael's Hospital. Our health network serves patients, residents and clients across the full spectrum of care spanning primary care, secondary community care, tertiary and quaternary care services to post-acute through rehabilitation, palliative care and long-term care, while investing in world-class research and education.

Unity Health Toronto is grounded in the vision to create the best care experiences for those we serve. Nurses who work at Unity Health Toronto are passionate about professional nursing that promotes excellence in nursing practice, research and education to ensure the delivery of safe, quality health care for all.

As IEN Interns, your scope of practice is set out in [Unity Health Toronto's Guidelines for the Internationally Educated Nursing \(IEN\) Internship at Unity Health Toronto](#)

We are committed to providing you the learning and work environment that will support you to make a successful transition into the clinical practice setting and our hospital community. You are the future of health care professionals and we are pleased to have you join our team.

Thank you for choosing Unity Health Toronto.

Sincerely,

Sonya Canzian

Executive Vice President, Clinical Programs, Chief Nursing & Health Disciplines Office

Our Vision, Mission and Values

At Unity Health we are guided by our Vision, Mission and Values; they shape all that we do.



Our Vision

**The best care experiences.
Created together.**

Our Values

Human Dignity

We affirm that every person has sacred value and is worthy of respect.

Community

Together we embrace diversity, trust, joy, and teamwork to fulfill human potential.

Compassion

We enable health and healing by understanding each person's needs and by providing care with kindness and sensitivity.

Inclusivity

We foster an inclusive, welcoming environment where everyone is treated equitably and without judgement.

Excellence

We strive to achieve the best care and quality through innovation and continuous improvement.

Our Mission

Unity Health Toronto is a Catholic health care organization providing compassionate physical, emotional and spiritual care to all in need. We advance excellence in health care through world-class education, research and innovation.

LIVING OUR VALUES AT UNITY HEALTH

- The Unity Health's Living Our Values Toolkit is a resource that highlights examples of concrete behaviours that express our values in action. This toolkit is applicable to all Unity Health staff, physicians, researchers, learners, volunteers and patient and family partners.
- When we lead with these shared values in mind, we create the conditions to flourish – in our work, relationships, careers, communities, and in the lives of patients and residents.
- Explore the interactive page below by clicking on each tab to expand the values in action and see the supporting behaviours. You can also download the complete Living Our Values Toolkit (pdf)

[Living Our Values Toolkit \(unityhealth.to\)](https://unityhealth.to/living-our-values-toolkit)

- Explore the Unity Health Living Our Values microsite for further resources

[Living Our Values at Unity Health - Unity Health Toronto](https://unityhealth.to/living-our-values-at-unity-health)

ANTI-RACISM, EQUITY AND SOCIAL ACCOUNTABILITY

- Establishment of the Council on Anti-Racism, Equity and Social Accountability (CARESA)
<https://unitynet.unity.local/about-us/caresa/about-caresa/>
- Unity Health is pleased to have an employee partnership with the Canadian Centre for Diversity and Inclusion (CCDI), a national organization dedicated to helping improve workplace equity, diversity and inclusion through research, learning and practice. We encourage you to access the employer partner benefits which support us on our equity, diversity and inclusion (EDI) journey.
<https://unitynet.unity.local/about-us/caresa/resources/>

WHO ARE INTERNATIONALLY EDUCATED NURSE (IEN) INTERNS AND NURSING INTERNS?

- College of Nurses of Ontario (CNO) applicants participating in the Supervised Practice Experience Partnership (SPEP) program to meet the requirements to enter practice as a nurse in Ontario
- Have been educated outside of Canada (IEN Interns) or within Canada (Nursing Interns) and who have already demonstrated nursing education equivalency and successfully passed the registration exam
- May be Registered Nurses (RN) or Registered Practical Nurse (RPN). In some cases a nurse who has been working as an RPN is seeking to become licensed as a Registered Nurse (RN)
- May have been away from a clinical area/clinical role they wish to register in for up to 8 years
- Are required to obtain current Evidence of Practice and some cases proof of language proficiency

| CNO Requirements | Supervised Practice Experience Partnership |
|-------------------------------|--|
| Nursing education equivalency | ✓ |
| Evidence of practice | Pending |
| Registration exam | ✓ |
| Jurisprudence exam | ✓ |
| Language proficiency | Pending |
| Authorization to work | ✓ |
| Police criminal check | ✓ |
| Character conduct and health | ✓ |

WHAT IS THE SUPERVISED PRACTICE EXPERIENCE PARTNERSHIP (SPEP) PROGRAM?

Unity Health Toronto (UHT), in partnership with the College of Nurses of Ontario (CNO) and Ontario Health, is participating in the SPEP Program. This program allows eligible CNO registrants to complete a supervised practice experience in a partnering Ontario hospital. During the supervised practice, experience applicants have the opportunities to demonstrate current nursing knowledge, skill and judgement.

By participating in the program, applicants will have an opportunity to meet the following requirements to qualify for registration with the CNO:

- Evidence of Practice, or
- Evidence of Practice and Language Proficiency

The SPEP Program is an opportunity for Internationally Educated Nurses (IENs) to consolidate entry to practice nursing skills, become familiar with the Ontario healthcare environment, and apply [CNO's standards and guidelines](#).

IEN's will have the opportunity to work in dynamic environments with people of diverse backgrounds, ages and varying degrees of health/illness.

IEN's participating in the SPEP program use the title "IEN Interns". SPEP participants who were educated in Canada are called "Nursing Interns". IEN and Nursing Interns will complete 335 hours of paid employment, including orientation and preceptor supervised nursing shifts. The SPEP Program is to be completed within 3 months. Additional information about the SPEP on the CNO website: <https://www.cno.org/en/become-a-nurse/registration-requirements/evidence-of-practice/supervised-practice-experience/overview/>

COMPONENTS OF THE SPEP PROGRAM

i. **Supervised Practice Experience Partnership (SPEP) Assessment Form for Preceptors**

- Early into the SPEP program - ***no later than 2 shifts into unit orientation***; Interns are expected by the CNO to self-assess their learning needs related to various CNO's standards and guidelines using the CNO's assessment form titled [*Supervised Practice Experience Partnership Assessment Form for Preceptors*](#). The Intern and you should discuss the components of the assessment form to help develop a learning plan.
- At end of the 335hrs, the Intern and yourself is to complete the assessment form titled *Supervised Practice Experience Partnership Assessment Form for Preceptors*. There should be a total of 2 forms (initial & final).
- Please note this form on initial self-assessment and final assessment with the preceptor does not need to be submitted to the CNO however, it is recommended it is retained for record keeping.

ii. **Supervised Practice Experience Partnership (SPEP) Completion Form for Organizations**

- Please note as preceptors, you will not be responsible to complete the form titled [*Supervised Practice Experience Partnership \(SPEP\) Completion Form for Organizations*](#). This form is completed at the end of the SPEP placement by the PCM/CLM and is sent to the CNO.

iii. **Learning Plan**

- Interns are responsible for reflecting on their practice and determining their own unique learning needs based on a variety of factors, such as experience, education, practice setting, time in or away from the role. The learning plan that the Intern creates, is not approved or reviewed by the CNO.
- As a preceptor, your role will be to help Interns identify areas of strength and opportunities in the support of identifying learning goals in the practice environment.
- The Intern will receive a 1hr information session to review how to create a learning plan using S.M.A.R.T goals. As a preceptor you will not be responsible for creating the learning plan however, help support the Interns to achieve their learning goals.

PRECEPTOR ROLES & RESPONSIBILITIES

| | |
|---------------------------|---|
| Communication | <ul style="list-style-type: none"> The Intern, yourself and CLM/PCM are all responsible for developing and maintaining open channels of communication Discussions between a yourself and Intern are important and provide opportunities for the growth and development At any time during the practice period please feel comfortable to contact the Clinical Educator; Nursing Professional Practice with any questions and/or concerns. This should be your first point of contact for questions about SPEP Do be sure to consult when uncertain about the scope of an Intern Do communicate your schedule including planned/unplanned absences (vacation, time-off) so that additional preceptor resources can be assigned to the Intern. |
| Role Model | <ul style="list-style-type: none"> Mentor Interns to help increase their competence and confidence Role model teaching and demonstrating Ontario and UHT practice standards Consider participating in any professional development workshops/courses |
| Orientation | <ul style="list-style-type: none"> Conduct orientation to the unit setting at the point of care Assist Interns to access resources and relevant learning opportunities |
| SPEP Program Requirements | <ul style="list-style-type: none"> Conduct final evaluation using CNO assessment form Understand the intern scope of practice do's and don't Understand and support the development of an intern's learning plan & goals |
| Feedback | <ul style="list-style-type: none"> Share frequent verbal and written feedback with the Intern Feedback should be focused on a particular situation rather than on the person. Focus feedback on observations rather than inferences. Provide feedback as soon as it is appropriate, not later when it has less meaning Through your feedback provide an explanation of alternatives rather than answers or solutions Limit feedback to the amount of information that the person can absorb, rather than on the amount that you have to give <p><i>Note: Feedback is an essential part of learning/teaching and will continue throughout practice</i></p> |
| Escalation | <ul style="list-style-type: none"> Intervene in unsafe practice where it is known and foreseeable Immediately addressing concerns to both the Intern and your unit leadership (both Clinical Educator & Manager) |

NOTES:

GENERAL GUIDELINES FOR PRECEPTORS

| | Description | Action Items |
|--------------------------------|--|---|
| Prior to unit placement | <ul style="list-style-type: none"> Get to know one another and exchange contact information Describe your clinical expertise and unit/program focus (surgical, general medicine, older adults, etc.) Provide information to prepare Intern on 1st day on the unit such as code access to lockers, location of the unit, when & where to meet etc. Your work schedule, # of shifts, anticipated time-off etc. <p><i>Note: Interns are expected to be available to work a variety of shifts and follow your schedule as much as possible.</i></p> <ul style="list-style-type: none"> Do consider whether your schedule will support the Interns 335 hours within 3 months completion (<i>Do communicate with unit leadership if unable to facilitate 335hours</i>) | <ul style="list-style-type: none"> Location to be confirmed with the Intern Work shifts, dates & time to be confirmed with the Intern |
| Day 1 | <ul style="list-style-type: none"> Identify the location of important policies, procedures, emergency manuals and educational resources required for the clinical area Orientation to the physical environment - layout of the clinical area Introduce the Intern to your team and key people with whom they will have contact Provide Intern with any key contact # and locations Orient team members to the nature of the Intern's placement Discuss the roles and responsibilities of other interprofessional team members Identify common care delivery procedures and documentation | |
| Week 1 | <ul style="list-style-type: none"> Prompt the Intern to identify strengths and opportunities for improvement to date. Leverage areas of strength. Share goals, expectations and any interests to set the stage the development of a learning plan | <ul style="list-style-type: none"> Support the Intern in doing an initial self-assessment using the CNO's Supervised Practice Experience Partnership Assessment Form for Preceptors (Not submitted to CNO) |

| | | |
|---------------|---|--|
| | <ul style="list-style-type: none"> • Identify any special interests i.e: (complex wounds, surgical procedures etc.) • Explore the Intern's overall practice experiences to date • Prompt the Intern to begin brainstorming a potential draft of minimum 2 learning goals for the learning plan • Discuss how the Intern will focus their weekly learning activities (this may assist with appropriate patient_selection) • The Intern will complete an initial self-assessment (no later than 2 shifts into unit orientation) using the form titled <i>Supervised Practice Experience Partnership Assessment Form for Preceptors</i> (only IEN Intern to complete) | |
| Week 2 | <ul style="list-style-type: none"> • Ask questions to provoke critical thinking and reflection • Share helpful stories and strategies from your experience to enhance organization, memory and prioritization • Ask the Intern for their perspective on different situations, this will empower the IEN Intern and enhance their judgment skills • Keep brief descriptive daily notes as a reference for providing ongoing feedback, as well as for the final evaluation • Give positive and constructive feedback as close to the event as possible • Encourage appropriate early independence within areas of competence • Support the development of the Intern's own style, encourage watching other health care providers/team members for alternative styles • Be comfortable saying that <i>"I do not have an answer"</i> look for answers and solve problems together with the Intern | <ul style="list-style-type: none"> • Support the Intern in creating a Learning Plan |

| | | |
|---|--|--|
| Week 3 and beyond | <ul style="list-style-type: none"> • The intern should have a final draft of minimum 2 learning goals identified for the Learning Plan • Work towards helping the Intern to meet their identified learning goals • Gradually increase to more independent, in-direct supervision | |
| Final completion of the SPEP Program | <ul style="list-style-type: none"> • Help identify key contacts/resources for the Intern's recruitment opportunities • Consider communicating and providing feedback to unit leadership • Both the intern and yourself must complete the final assessment form titled Supervised Practice Experience Partnership Assessment Form for Preceptors • The Intern and your CLM/PCM will complete their respective sections of the form titled Supervised Practice Experience Completion Form | <ul style="list-style-type: none"> • The nurse preceptor <u>and</u> intern complete final assessment together using Supervised Practice Experience Partnership Assessment Form for Preceptors (not submitted to CNO but CLM/PCM needs to retain a copy.) • Reflect and discuss with nurse preceptor on progress and new learnings at end of SPEP Program • CLM/PCM to complete Supervised Practice Experience Completion Form • CLM/PCM submits form to CNO, email to: SPE@cnomail.org • CLM/PCM to keep on employee file <p><u>Form submitted to CNO by CLM/PCM</u></p> <p><u>This is important as it is required for the IEN Intern to receive their final permission to register from the CNO</u></p> |

SUMMARY OF SUPPORTING INTERNS: ROLES & RESPONSIBILITIES

| Type of Support | Intern | Preceptor | Clinical Educator – Nursing (Unit specific) | Clinical Leader Manager/Patient Care Manager | Clinical Educator – Nursing Innovation & Development |
|---|--|---|--|---|--|
| Orientation & onboarding | Attend required orientation | Provide direct unit specific support 1:1 | Arrange, coordinate and provide unit/program specific orientation | Oversee attendance and completion of orientation & onboarding requirements | Professional Practice 1hr Learning Plan session 1hr |
| SPEP Program Requirements | Understand the SPEP processes outlined by CNO Complete initial self- assessment <u>and</u> final assessment CNO forms | Provide consistent preceptorship support of 335 hours in a 3 month period | Oversee overall SPEP completion of the candidate | Oversee overall SPEP completion of the candidate Complete SPEP requirements i.e: CNO assessment forms at the end of 335 hours and send to CNO Consider recruitment & retention of the candidate | Oversee SPEP required timelines |
| Learning Plan | Reflect on practice and develop a Learning Plan | Collaborate with the Intern to develop a Learning Plan | Support identifying specific resources to help Intern achieve learning plan goals Oversee completion of the learning plan | | Provide education information session on how to develop a learning plan Provide recommendations in the development of the Learning Plan |
| Assessment & Evaluation | Follow UHT policies & procedures | Continuous support of the Intern safe practice in the clinical environment Complete the final assessment CNO form in collaboration with the Intern | Communicate and escalate nursing practice, patient safety concerns | Intervene when concerns related to patient safety, nursing practice issues have been identified | Initial, mid-point & final in-person check-in Support the facilitation of successful SPEP program |

SPEP PROGRAM EXPECTATIONS AT UHT

Interns have accountabilities while participating in the SPEP Program. At Unity Health,

INTERNS MUST:

- ✓ Attend orientation to become familiar with the organization, practice setting and what to expect from the supervised practice experience.
- ✓ Assess their own learning needs, identify learning goals and develop a learning plan
- ✓ Complete a 335 hour paid supervised experience under the supervision of a preceptor
- ✓ Gain relevant current nursing practice experience under the supervision of an NP, RN or RPN preceptor. RPNs applicants can be supervised by either a RPN, RN or NP preceptor, whereas RN applicants can only be supervised by either a RN or NP preceptor
- ✓ Complete an [initial and final self-evaluation](#) assessment form related to application of the [CNO's standards and guidelines](#)
- ✓ Receive ongoing feedback from preceptor(s)
- ✓ Practice under the direct and/or indirect oversight of their preceptor, and in a manner consistent with organizational policies and professional standards
- ✓ Accountable for having the required knowledge, skill and judgement for the care they provide and identifying any nursing skills they do not have the knowledge, skills or education to do independently. IEN Interns are expected to develop professional relationships and work within a multidisciplinary team
- ✓ Interns should seek assistance when they:
 - are in situations of doubt;
 - identify care requirements are beyond their knowledge, skill and/or ability;
 - require additional support and/or resources;
 - identify safety concerns; and/or
 - observe a change in the client condition

- ✓ Must clearly explain to others, including clients, the capacity in which you are practicing. For example, stating:
 - “I am a CNO applicant, applying to register as a XXXX. I’m completing a supervised practice experience as part of my requirements to enter the nursing profession under the supervision of a qualified supervisor.”

- ✓ IEN Interns document the care they provide in the patient health record (electronic or paper chart depending on the clinical area) in accordance with site-specific documentation standards. The entry is signed with the designation *internationally educated nursing intern* (St. Michael’s and Providence) and *Internat. Ed. Nursing Intern* (St. Joseph’s) and is **not** co-signed by a nurse preceptor.

INTERNS MUST NOT:

- ✗ Use the protected title, “RN” or “RPN”. These titles are restricted to CNO registered members.
- ✗ Supervise, monitor, or direct the performance of others, no exceptions
- ✗ Delegate a controlled act
- ✗ Be assigned to patients independently
- ✗ Be redeployed

PRECEPTOR TIPS

- ✓ Review patient assignment, daily tasks, and priorities with the Intern. Discuss the skills/procedures that will be required; what you will need to do together, and when the Intern will give you an update on their progress throughout the day
- ✓ Remember that everyone is different learning needs and some may require more time than others to complete tasks
- ✓ Place the responsibility for client care on the Intern (i.e. expectations regarding updates or identifying concerns)
- ✓ Assess the Intern's knowledge related to skills, nursing assessments, care planning and interventions, integration of research and theory, in order to enhance their learning
- ✓ Ask specific questions to guide the person's thinking for example, ask the meaning of a client's recent lab values in relation to current condition
- ✓ Remember that you are a role model for the Intern in everything you do: health assessments, communication with clients and multi-disciplinary team members, etc.
- ✓ Ask questions to provoke critical thinking and reflection skills: "What could be the negative outcomes if we were to do this XYZ?"
- ✓ Share helpful strategies from your experience to enhance organization, memory and prioritization
- ✓ Ask the person for their perspective on different situations, this will empower the Intern and enhance their judgment skills
- ✓ Be generous with deserved praise and maintain your sense of humour
- ✓ Keep brief descriptive daily notes as a reference for providing ongoing feedback, as well as for mid-practicum and final evaluation
- ✓ Give positive and constructive feedback as close to the event as possible

- ✓ Encourage appropriate early independence within areas of competence
- ✓ Support the development of the Intern's own style; encourage watching other health care providers/team members for alternative styles
- ✓ Be comfortable saying that "I do not have an answer"; look for answers and solve problems together

CHALLENGES FACED BY INTERNATIONALLY EDUCATED NURSES

Horizon Health Network (2023) reports the following challenges faced by the IENs:

IENs reported that nurses in Canada:

- More involved in decision-making
- More assertive with co-workers
- Assumed more responsibility for patient care
- More respected by co-workers
- More equal relations with physicians
- Had more or less workload than the IEN was used to

IENs reported that compared to their home countries, in Canada:

- Patients more knowledgeable
- Patients have more rights
- The requirements for consent for treatment differ
- There is greater cultural diversity
- Care is client-centered

IENs reported that they experienced significant communication challenges such as:

- Not being understood by others
- Not understanding others
- Stress related to constant attention to language
- Having to repeat things several times
- Working slower
- Sometimes using humour to deflect attention

IENs reported feeling treated as an outsider by co-workers, patients, families and:

- Racism from patients & co-workers
- “aggression” from other staff
- Lack of trust from co-workers
- Resentment from other staff
- Unequal work assignment

CREATING A SUPPORTIVE ENVIRONMENT

Horizon Health Network (2023) reports that nurse researchers have looked at the perceptions of IENs regarding factors that affect their ability to adjust to a new workplace (Kawi & Xu, 2009; Zizzo & Xu, 2009).

- Language and communication inadequacy which may lead to miscommunication and unfavourable perception of IEN’s ability to provide safe patient care
- Differences in way of life: the IEN may lack knowledge and understanding of the host culture way of life. In addition, some of their own ways of life, such as avoidance of conflicts and lack of assertiveness may hinder their adjustment to a Western health environment
- Lack of support from staff, colleagues and supervisors in their adjustment to the new work environment resulting in feelings of disappointment and being mistreated, ultimately leading to resentment and even humiliation
- Orientation that did not address their unique learning needs
- Differences in nursing practice: incongruence between job expectations and actual demands. Examples may include high acuity of patients, increased physical demand and fragmentation of care
- Inequality of opportunity for career advancement and professional development
- No support in dealing with prejudice and injustice in the workplace

Key strategies for the mentor or preceptor include(s) suggested by Horizon Health Network (2023) reports:

- ✓ Be aware of your own cultural biases and stereotypes
- ✓ Understand and accept cultural differences
- ✓ Recognize and acknowledge the IEN’s challenges: at work and at home
- ✓ Appreciate the cultural differences that the IEN brings to the relationship
- ✓ Respect the IEN’s nursing knowledge, education and experience
- ✓ Take the time to learn about the practice of nursing in their home country to be able to provide necessary support
- ✓ Provide guidance and feedback when necessary
- ✓ Have reasonable expectations of IEN

- ✓ Provide ongoing support as necessary
- ✓ Treat IEN and each other with respect

Do not make any assumptions about the nurse and their practice. A thorough assessment of the IEN's abilities is necessary. Rather than assume that the IEN understands the information provided, jointly review each of the orientation topics to consider the level of understanding. It is important to provide individualized support as each IEN will have different learning needs.

It is important that the mentor is culturally aware and able to assist the IEN in developing similar self-awareness. This includes helping the IEN become aware of how their words, actions, or inactions, impact or appear to other nurses (Horizon Health Network, 2023).

REGULATORY AND UHT NURSING POLICIES AND GUIDELINES

These guidelines and policies address issues of responsibility and accountability for all Interns in the Self-Directed Practice experience and are intended to identify expected behaviours.

Harassment, Abuse, and Discrimination

Unity Health Toronto is committed to ensuring the safety and well-being of IEN Interns and Nursing Interns. It is recognized that Interns, and preceptors, may encounter situations involving harassment, abuse, and discrimination. Interns are responsible for becoming familiar with the UHT policies and procedures regarding these issues.

Harassment, abuse, and discrimination in the placement setting by anyone who is in control of their actions will not be tolerated. If you or the Intern is in a position where you believe harassment, abuse, or discrimination is occurring or has occurred, whether by a client, or other person, please bring to the attention of your CLM/PCM. Unity Health Toronto Harassment and Discrimination Policy found here: <https://policies.unityhealth.to/doc.aspx?id=4123>

Interns and preceptors must be aware that they may not direct any form of harassment, abuse, or discrimination toward clients or others. If situations involving such improprieties occur, your CLM/PCM should be informed of the offence. In partnership with the Nursing Practice and Education Department, these actions will be reported to the CNO. Preventing these offences requires commitment of every member. Please take the time to familiarize yourself with your rights and responsibilities.

Interns are required to:

Adhere to the Scope of Practice for Nurses in Ontario as defined by the College of Nurses of Ontario (CNO), (2023) The Scope of Practice is available from the CNO at: <https://www.cno.org/globalassets/docs/prac/49041-scope-of-practice.pdf>

The following areas need to be considered when selecting Intern assignment:

REGULATED HEALTH PROFESSIONS ACT (RHPA)

Interns may perform procedures that are Controlled Acts authorized to nursing when ordered by a physician, dentist, chiropractor, midwife or NP AND provided that they have the knowledge, skills, and judgment to perform the procedure and to manage the outcomes of performing the procedure. The 5 acts authorized to the nursing profession as outlined in the Legislation and Regulation RHPA: Scope of Practice, Controlled Acts Model (CNO) are:

- Performing a prescribed procedure below the dermis or a mucous membrane
- Administering a substance by injection or inhalation
- Inserting an instrument, hand or finger.
 - Beyond the external ear canal
 - Beyond the point in the nasal passages where they normally narrow
 - Beyond the larynx
 - Beyond the opening of the urethra
 - Beyond the labia majora
 - Beyond the anal verge
 - Into an artificial opening into the body
- Dispensing a drug.
- Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

ADDITIONAL NURSING COMPETENCIES

The following nursing skills are available to Interns through Centralized Nursing Orientation and/or unit specific orientation. Interns can partake in these nursing skills and use of specialized equipment upon completion of Unity Health Toronto training. The unit Clinical Nurse Educator will facilitate coordination of corporate training required to confirm competency.

Added nursing skills may include, but are not limited to, the following:

- Peripheral venipuncture and Phlebotomy
- Blood glucose testing (Point-of-Care Glucometer Device)
- Assessment and management of PCA, Epidural and Peripheral Nerve Block therapies
- Assessment and management of IV Infusion pump

For instance, venipuncture (starting a Peripheral IV for venous blood sample or intravenous therapy) is a controlled act authorized to nurses as it involves “performing a prescribed procedure below the dermis or mucous membrane”. Interns are not yet registered with the CNO, but have the authority to perform controlled acts “when, under the direct supervision or direction of a member of the profession, an Intern is learning to become a member of that profession and the performance of the procedure is within the scope of the profession’s practice” (College of Nurses of Ontario, 2018, p. 4). Remember, Interns may perform procedures that are Controlled Acts authorized to nurses if they have the knowledge, skills, and judgment to perform the procedure and to manage the outcomes of performing the procedure.

The preceptor, unit clinical nurse educator and Intern will collaboratively decide when it is appropriate for the intern to learn a specific additional competency.

PROFESSIONAL STANDARDS

The Code of Conduct (College of Nurses of Ontario, 2023) includes 6 principles:

1. Nurses respect clients’ dignity.
2. Nurses provide inclusive and culturally safe care by practicing cultural humility.
3. Nurses provide safe and competent care.
4. Nurses work respectfully with the health care team to best meet clients’ needs.
5. Nurses act with integrity in clients’ best interest.
6. Nurses maintain public confidence in the nursing profession.

Each principle is supported by a set of statements of core behaviours all nurses are accountable for. All principles have equal importance and work together to describe the conduct, behaviour, and professionalism necessary for safe and ethical nursing practice in Ontario.

Nurses are expected to practice in compliance with relevant legislation, the Code and all other CNO practice standards. Contravening legislation or failing to meet the standards of practice could be professional misconduct. (College of Nurses of Ontario, 2023).

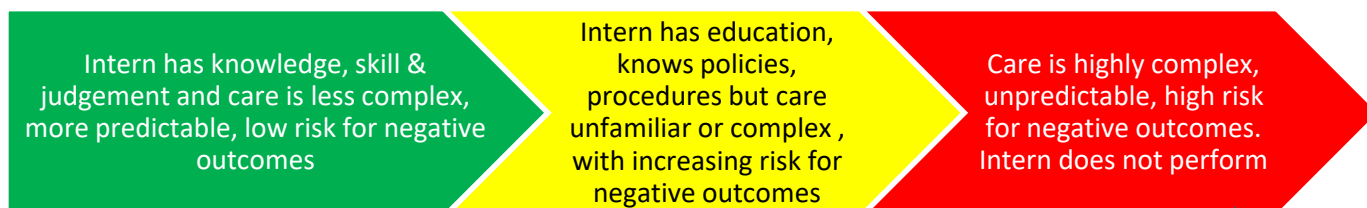
SCOPE OF PRACTICE

Nurses must ensure they have the legal authority prior to performing any activity. This includes ensuring their practice complies with all relevant legislation, that they have the appropriate authorizing mechanisms in place, and they have assessed the context of their practice and their own competence to ensure they can provide safe client care. (College of Nurses of Ontario, 2023)

Starting an IV is a controlled act, which falls within the first controlled act authorized to nursing –“performing a prescribed procedure below the dermis or mucous membrane”. While IEN Interns are not yet registered with CNO, they do have authority under RHPA to perform controlled acts “when, under the direct supervision or direction of a member of the profession, an Intern is learning to become a member of that profession and the performance of the procedure is within the scope of the profession’s practice” (College of Nurses of Ontario, 2018, p. 4).

In teaching situations, accountability is shared among the Intern, and preceptor. This means that all parties have certain responsibilities in relation to the Interns' practice, with the goal of client safety in mind. Refer to the CNO document Supporting Learners which states that "nurses who are working with Interns are not accountable for the Intern actions if they have fulfilled their responsibilities as outlined and if they had no way of knowing that the error was going to occur".

When a preceptor in collaboration with the Intern decides that it is appropriate for the Intern to learn a specific additional competency, the preceptor is accountable for their own actions and decisions. This includes the method and content of any teaching provided, assessment of the Intern's competence, ensuring the Intern is aware of any parameters surrounding the performance of the procedure, and monitoring the Intern's performance. It is also important to consider whether the intern is likely to have sufficient opportunity to perform the skill, to develop and maintain competency, when deciding whether or not to teach a particular skill.

INTERN SCOPE OF PRACTICE: WHAT CAN INTERNS DO?

Indirect supervision
Increasing need for direct supervision
Out of scope

Interns can perform the tasks and duties for which they have the knowledge, skills and judgment to perform. They are expected to seek guidance for any skills/procedures they are not familiar with. Where care is less complex and there is a low risk of negative outcomes, the preceptor may use more indirect supervision.

- Within UHT policies, perform any of the skills for which they have knowledge, skills, and judgment to perform.
- Perform procedures that are Controlled Acts authorized to nursing provided:
 - that they have the knowledge, skills, and judgment to perform the procedure and to manage the outcomes of performing the procedure
 - under the direct supervision or direction of a member of the profession
 - an Intern is learning to become a member of that profession
 - the performance of the procedure is within the scope of the profession's practice

Controlled acts authorized to nursing

The RHPA lists 14 controlled acts that are considered potentially harmful if performed by someone who isn't qualified. The Nursing Act authorizes nurses to perform the following controlled acts when ordered or permitted by the regulations pertaining to initiation:

- *performing a prescribed procedure below the dermis or mucous membrane;*
- *administering a substance by injection or inhalation;*
- *putting an instrument, hand or finger:*
 - i. beyond the external ear canal*
 - ii. beyond the point in the nasal passages where they normally narrow*
 - iii. beyond the larynx*
 - iv. beyond the opening of the urethra*
 - v. beyond the labia majora vi. beyond the anal verge or*
 - vii. into an artificial opening in the body.*
- *dispensing a drug;*
- *treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behavior, communication or social functioning.*

Interns are expected to seek guidance for any skills/procedures they are not familiar with. Where they are familiar with organizational policies & procedures, but care may be more unfamiliar or more complex, with more safety risks, the Intern may require increasing direct supervision or to participate in care with the preceptor. Direct supervision may be used for patient's care assessed by the nurse preceptor to be complex or where the is not familiar and then move to indirect supervision once the competency has been obtained by the Intern.

- Required to know Unity Health Toronto and site/program specific policies and procedures related to the care they are providing
- Must be under direct supervision of RN/RPN preceptor or registered staff, if participating in the administration of any narcotics or controlled substances
- Remove or waste narcotics from Pyxis with a witness
- Administer high alert medication only after two health care professionals have conducted independent double checks

Interns shall NOT perform the following:

- Sign out or co-sign waste of narcotics on paper – based narcotic records (*exception is Pyxis where co-signature required – see above)
- Count narcotics or carry narcotics keys
- Acknowledge written and Computerized Physician Order Entry (CPOE) orders
- Co-sign or initiate the administration of blood or blood products
- Transporting blood and blood products
- Witness consent
- Take telephone or verbal orders
- Accept any laboratory or test results by telephone
- Initiate medical directives
- Delegate a controlled act
- Supervise, monitor, or direct the performance of others
- Be assigned to patients independently
- Be redeployed

WHEN TO ESCALATE CONCERNS

The Clinical Educator – Nursing Innovation & Development in Nursing Professional Practice department is a resource and point of contact for preceptors, unit leadership (Clinical Educators and CLMs/PCMs). Any questions, concerns and problem-solving should be directed as identified above and serves as first point of contact.

| Issues | Description |
|---------------------------------------|---|
| Patient Safety | <ul style="list-style-type: none"> • Actions that is inappropriate or that may place patients at risk for harm, negative outcome |
| Professionalism | <ul style="list-style-type: none"> • Repeated tardiness, illness, absence • Continuous Intern attendance at clinical placement with inadequate preparation • Bullying, violence, harassment, breach of ethics etc. |
| Concerns Related to Practice Progress | <ul style="list-style-type: none"> • Lack of follow through on suggestions related to clinical practice • Difficulty/inability to transfer knowledge from one situation to another • Inability to meet goals during an established time frame • Limited critical thinking and/or reflective practice skills • Does not accept feedback |
| Injury, Accidents, Illnesses on Site | <ul style="list-style-type: none"> • In the event of an Intern injuries/accidents/illnesses that occur during the practice experience UHT policies must be followed • If you are working with an Intern who is also a member of CARE Center for Internationally Educated Nurses, their Case Manager must also be notified if the situations above occur |

UNSAFE PRACTICE VS. FAILURE TO MEET EXPERIENCE OBJECTIVES

UNSAFE PRACTICE

For the purposes of consistent implementation, **unsafe practice** refers to patterns of behaviours or an incident that puts self, patient/client and/or others at a risk that is both imminent and of a substantive nature.

Unity Health Toronto has the right to terminate an Intern's experience in a nursing practice setting when patterns of behaviour place self, patients/clients and/or others at risk.

FAILURE TO MEET PRACTICE EXPERIENCE OBJECTIVES

The term **unsafe practice** does **not** refer to patterns of behaviour that demonstrate the Intern is unable to meet the objectives of the experience at a given time within a given context, e.g. demonstrable lack of accountability. Nor does it refer to an Intern who is not demonstrating satisfactory progress towards meeting objectives. Failure to meet experience objectives does not constitute "unsafe practice".

When it is deemed that an Intern is not progressing toward the successful completion of objectives at an appropriate pace during the experience, the Intern, preceptor and unit leadership must meet to discuss the Intern's performance to date and develop a remedial plan to address performance concerns. Professional Practice should be alerted if not already aware. The discussion and plan must be documented and will be added to the Intern's employee file. Unless the identified concerns meet the conditions specified above, failure to meet objectives at this time, does not constitute unsafe practice.

Unity Health Toronto reserves the right to refuse or terminate a placement to any Intern whose:

- Performance does not meet the expected standards of practice
- Patterns of behaviour fail to demonstrate successful progress towards meeting the objectives. This situation is not considered to be unsafe practice unless it refers to patterns of behaviours or an incident that puts self, patient/client and/or others at a risk that is both imminent and of a substantive nature, as noted above in the definition of "unsafe practice".

Extensions to the experience for practice hours will be considered **only** on medical, compassionate grounds or extenuating circumstances and will be considered by the CLM/PCM.

MONITORING PROGRESS

The progress of an Intern should be monitored to reflect learning in relation to the individual learning plan, and CNO professional standards outlined by the College of Nurses of Ontario.

Monitoring an Intern's progress is a mechanism to enhance and enrich the experience. You may also find the [CNO's Assessment form](#) helpful in guiding the experience with your Intern. The preceptor can assess and reassess the indicators and competencies throughout the applicant's practice experience. Please keep a blank copy and refer to it as required.

CONTACTS – NURSING; NURSING PROFESSIONAL PRACTICE, UNITY HEALTH TORONTO



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