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**Lessons Learned from the Canadian**

**Licensed Practical Nurse role**



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## **Abstract**

Demographic changes in Scotland are driving health care providers to re – think how healthcare can be provided in the future. New roles such as the Assistant Practitioner are emerging. This qualitative study used, constructivist methodologies to consider if lessons could be learned from the Albertan, Canadian Licensed Practical Nurse model in terms of :

- Educational preparation
- Roles in practice
- Regulation.

Many lessons could be learned from this model. Both from positive and negative lived experiences however if it was to be transferable to Scottish healthcare, it would need to be led by statutory regulation of this new group of healthcare staff to ensure public protection is upper most at all times.

## **Abbreviations**

LPN	Licensed Practical Nurse
HCSW	Health Care Support Worker
RN	Registered Nurse
HCA	Health Care Aide
RPN	Registered Psychiatric Nurses
NES	National Healthcare Services Education Scotland
CLPNA	College of Licensed Practical Nurses Alberta
CNA	Canadian Nurses Association
CCPNR	Canadian Council for Practical Nurse Regulators
DAL	Designated Assisted Living
LTC	Long Term Care
CARNA	College & Association of Registered Nurses Alberta

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## **Introduction**

In Grampian and in Scotland as a whole, how healthcare and nursing establishments are organised is in a transition, with new roles such as Senior Health Care Support Workers and Assistant Practitioners emerging (Scottish Government, 2009). The role of the Assistant Practitioner appears to be similar to the established role of LPN in Canada. In Alberta, Canada, the LPN role has firmly been established for over 60 years (College for Licensed Practical Nurses (CLPNA, 2007a).

This qualitative constructivist study sought out the perspectives of a wide range (Student LPNs, LPNs, Educators, Instructors, Regulators, Leaders & Researchers) of individuals on the current educational preparation, role profile and regulation of LPNs in Alberta. The rich data collected helps form a picture of current LPN practices that we in Scotland can learn from. Key themes were concurrent with all participants who took part in either 1:1 interviews or focus groups. These themes were:

- The current educational framework prepares new LPN graduates to work across all healthcare settings
- There is under utilisation of LPNs in practice
- There is friction between LPN's and Registered Nurses
- The title "Assistant Practitioner" is not favourable.

However, learning from the positive and negative aspects of the data collected if this model of education, workforce planning and regulation is transferable, this could facilitate the creation of roles based on international experience and evidence. This could also facilitate mobility and equivalency internationally for a different type of nurse in the way Registered Nurses can work around the world.

### ***Scottish Background***

The current demography of Scotland has led to a necessity to re-model how care is provided to the increasingly older population with multiple morbidity issues (Scottish Government 2005). The labour market reflects similar aging patterns as there are less of people of working age to provide care to the growing elderly population (Scottish Government, 2007b). Consequently, there is a need to re-model the current structure of care provision (Scottish Government, 2001, 2002, 2005). In June 2009, the Scottish Government and National Healthcare Services Education Scotland (NES) published guidelines for roles development and education of HCSW in Scotland, to enable healthcare providers to have an understanding of the role parameters of each level of support worker and to establish the academic level of education each HCSW should have (Scottish Government, 2009).

Demographic changes are not the only drivers to re-model healthcare provision. Although there have been Scottish Government initiatives (Scottish Government, 2001, 2005) to increase the numbers of individuals joining pre-registration nursing programmes, there has actually been a decrease in numbers since 2005 (ISD, Scotland 2007). This is coupled with increasing attrition rates from the pre-registration programmes across Scotland to an average of 24.6% (ISD, Scotland, 2007). There appears to a variety of reasons for the reduction in numbers of individuals joining nursing or opting out before they complete their course. A recent RCN survey of around 4,500 student nurses found that a major contributing factor to the attrition rates was the financial constraints of being a student (RCN, 2008). However, the Scottish Government are continuing to work on these areas to encourage more people to consider nursing as a career, to complete the course and to join the NHS workforce. They have set up the Student Recruitment and Retention Delivery Group to closely consider recruitment and selection, retention/attrition, practice learning, data enhancement and marketing.

Nevertheless, in terms of workforce planning, there is a need to meet the increasing demands on healthcare. Maybe a new approach to educating nurses is required. The recent guidelines on education and role development for HCSW (Scottish Government, 2009) suggests investing in the current non registered component of the workforce to be allow them to deliver more detailed care than they can currently by offering educational developments. For a senior HCSW this could help bridge the gap in care provision between what a HCSW can do clinically and a Registered Nurse.

However, the role of the Assistant Practitioner may clinically be much closer to the role of Registered Nurse, delivering care with indirect supervision, using their own initiative and clinical judgement to prioritise care delivery (Scottish Government, 2009). This, in no way, should be considered as a step back to re-introduce Enrolled Nurses (EN), rather to create workforce solutions to meet current and imminent demands in healthcare provision. The clinical demands of these roles are far more likely to resemble what a RN would have done on a day to day basis, when educating Enrolled Nurses ceased in the early 1990s. Since EN education has ceased, the RN education has moved on, as have roles in practice. RNs routinely cannulate patients and administer Intra venous medication. When EN education was part of pre-registration education, these clinical activities would have been a Doctor's role. As healthcare moves on, clinical research/development and technological advances drives roles forward too.

There are clinical governance issues around ensuring adequate educational preparation for such new roles. At present, although there is guidance on the level of education (Scottish Government 2009); there is no set national curriculum for HCSW, Senior HCSW or Assistant Practitioners.

Finally, there is the vital matter that over arches all, concern for patient safety and the regulation of newly created positions, such as Senior Healthcare Support Workers or Assistant Practitioners, in particular where aspects of the role encompass clinical activities previously carried out by a Registered Practitioner. It is vital that there are regulatory governance structures in place to ensure public protection.

In Alberta, LPNs seems to bridge the gap between a HCSW and a RN (CLPNA, 2008) There appears to be robust systems in place for educational preparation, support in placement for LPNs as established members of the nursing workforce and regulation of LPNs as a profession in their own right (CLPNA, 2007a).

### ***Canadian Background***

The province of Alberta has a long history of preparing for this role, dating back to the 1940s (CLPNA, 2007a). It has a regulatory body for LPNs, the College for Licensed Practical Nurses, Alberta (CLPNA). There are a variety of educational establishments throughout the province, delivering education in urban and rural settings, providing preparation for this role. The role is part of the multi disciplinary workforce, providing nursing and allied health professional care to patients in a variety of healthcare settings (CLPNA, 2008).

A major influence on the LPN role in practice was the inclusion of LPNs within the Health Professions Act (2003), this meant that the LPN role was no longer viewed as an Assistant to the Registered Nurse (RN), but considered a separate accountable professional, with a specific scope of practice. The main aim of the act was to create a safe competent flexible healthcare work force (Health Professions Act, 2003). This appears to have forged the role forward in Alberta, as opposed to other provinces in Canada where there is no similar legislation and the LPN role remains subservient to the RN role. In Alberta, the role is considered as one of three categories of nurse,

the others being Registered Nurses and Registered Psychiatric Nurses (RPN). LPNs practice autonomously, within their own scope of practice, which has overlaps with the RNs and RPNs scope of practice. LPNs work within their areas of competence and assume responsibility for their own practice (CLPNA, 2008).

Alberta appears to be in transition in terms of organising nursing establishments to effectively deliver care to meet patients' needs. White et al (2009) found that RNs often spend time on care that could be delivered by a Health Care Aide or an LPN, the study suggests that there is a need to plan care delivery from the patient's need perspective. Assessing the patient's need and assigning the most appropriate member of the care team to meet these needs. A collaborative approach to care delivery in Alberta has also been suggested by Besner et al (2005), where all members of the care team appreciate the roles of each other and work together to help meet patient's needs.

### ***Ethical Approval***

Ethical Approval was sought from the CLPNA on behalf of the qualified LPNs who were volunteering and the experts CLPNA were recruiting. Once the CLPNA had full details of the study (research protocol) they felt ethical approval was not necessary. Ethical Approval was sought and gained at the three educational establishments (Norquest College, Edmonton; Lethbridge College, Lethbridge and Bow Valley College, Calgary). Recommendations were made from each of the colleges that the contact details of each of the colleges ethical committees was put on the research information sheets and consent forms. This was carried out, see appendix 1 & 2.

Consent forms and demographic detail forms were gathered at the start of each interview / focus group

## Pilot Study

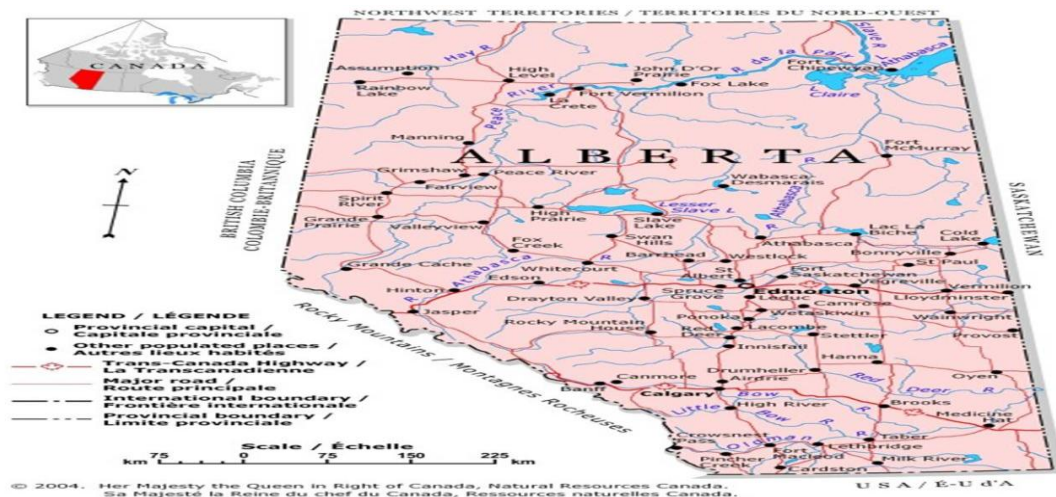
The primary research carried out a pilot study to ensure that the methods and tools selected for the main study were manageable and acceptable for use (Cormack et al, 1991; Gerrish, Lacey, 2006).

The pilot of the 1:1 interviews were carried out with:

- ❖ the person at the Scottish Government responsible for introducing developing regulation of Health Care Support Workers (HCSW) in Scotland
- ❖ the individual who led the pilot of the regulation of HCSW in Scotland
- ❖ lecturer at local HEI responsible for delivering educational programmes for Assistant Practitioners.

The focus groups were carried out with local HCSW who are involved in role development. The results of the pilot study will be used to influence the semi structure of the 1:1 interviews and focus groups.

## Why was this area chosen?



The geographical healthcare provision in Alberta is similar to Scotland, there is a variety of extreme rural remote (for example in the remote Islands in Scotland and in the Prairies of Alberta), and urban, provision providing primary, secondary, acute, chronic, and rehabilitation care. In addition, the demographics of Alberta are similar

to Scotland, whereby the majority of the population live in urbanised areas, with much lower populations in the rural settings, however land mass in Alberta is much larger. Scotland would only occupy 12% of Alberta's landmass (Wikipedia, 2009). Alberta's healthcare system is facing similar challenges in terms of meeting the needs of an increasingly aging population within limited financial resources. The geographical areas chosen provide two urban perspectives (Edmonton and Calgary) and a rural view (Lethbridge), in order to gain a broad picture of the educational preparation and role profile of LPNs in actual practice. However, within all three areas volunteers travelled up to 80 miles from rural settings to take part in the research.

The literature would suggest that within Canada, Alberta has forged the LPN role forward the most over the last decade. Drivers behind these moves would appear to have been the founder members of CLPNA, Pat Frederickson & Rita McGregor and the inclusion of LPNs in the Health Professions Act (HPA) (2003). The inclusion of LPNs in this piece of legislation completely changed the focus of the LPN role from a subservient assistant role to an independent autonomous practitioner with their own scope of practice. The work of the founder members of the CLPNA appears to have increased the expectations of LPNs to be able to function in the ways the Health Professions Act had legislated for.

**“The HPA, competency profile and increased scope of practice propelled the role of the LPN forward one hundred fold.”**

In response to identified employer need, and in anticipation of the introduction of the Health Professions Act, the pre-licensing education for LPNs was dramatically updated to facilitate the change from an Assistant to an independent professional nurse. All existing LPNs were informed that in order to re-license they would have to complete mandatory updates (1996-1999), This was to ensure that newly qualified LPNs and experienced LPNs were able and ready to function at this new autonomous level. Approximately 8-10% of the experienced LPNs in Alberta at the

time chose to opt out of the newly expanding LPN role and work as a Nursing Aide. However, the remaining majority rose to the challenge to work as an independent nurse as part of a collaborative healthcare team.

Edmonton is the capital of Alberta, it is a large urbanised area and this was my base for the first week of my scholarship. I chose this area as the regulator for LPN practice in Alberta and many of the decision makers in healthcare are based there. Being based there allowed me to meet many influential individuals in LPN practice. This area of Alberta also has the highest number of LPNs in the province (CLPNA, 2009), therefore I was interested in gathering their views. Another reason Edmonton was a good place to start the research was that Norquest college educates the most LPNs across Canada (around 900 per year), either from its base in Edmonton or via out reach colleges in rural Canada where the programme has been brokered or delivered in partnership to enable delivery near to students home base.

Lethbridge, is considered to be a rural city in Alberta, it was chosen as it gives a rural perspective to the research. There are much fewer LPNs in this less densely populated geographical area. The local college has a much smaller intake of approx 110 per year. However, there were LPNs in this geographical area who had risen to leadership positions and RN leaders who embraced the role of LPNs, with LPNs in unusual posts such as clinical educators and occupational health; therefore there was the potential to investigate LPNs in outlandish positions. As this was a qualitative research project I was as interested in meeting individuals who represented the “average” as those who were out landers and in unusual positions (Silverman, 2005).

Calgary is the largest city in Alberta (Wilkpedia, 2009) and has the 2<sup>nd</sup> largest concentration of LPNs in Alberta. Bow Valley College educates the 2<sup>nd</sup> highest

number of LPNs in the province. In this area there were also LPNs in unusual interesting roles. Interesting research around the LPN role and utilisation of the nursing workforce had been carried out in Calgary; I was able to spend time with the research leads from these projects while in Calgary.

Attaining a Florence Nightingale Travel Scholarship to visit the province of Alberta, for a three week period, enabled me to ascertain details of the educational preparation, practical application and regulation of this role to consider if the role could be useful to Scottish Healthcare. The time spent in Canada also allowed me to learn lessons from the Alberta model in terms of the challenges and issues the role has faced to date. The Scholarship allowed me to be fully immersed in the LPN role from many different perspectives, providing details of the positive and negative aspects that currently exist for this role at present in Alberta's healthcare system.

My itinerary details are in Appendix 3.

### ***Population & Sampling Technique***

Purposeful sampling techniques (Silverman, 2005) were applied to recruit specific types of individuals to take part in either 1:1 interviews or focus groups. This type of sampling technique was used to ensure I met my research objectives, by recruiting individuals whose views could inform the study (for example LPNs on roles in practice).

The CLPNA were instrumental in the recruitment to this study. The Executive Director of the CLPNA volunteered, at a very early stage, to assist in the general recruitment, with the Director of Professional Practice at CLPNA acting as my host in Alberta. A Practice Consultant was my sign poster to identify who (Head / Chair / Assistant Dean of LPN education) I should contact in the Educational establishments. CLPNA advertised the study to their membership requesting qualified LPNs volunteers from a wide variety of clinical settings in the geographical areas. CLPNA

were provided with electronic copies of information sheets about the study to share with volunteers to recruit qualified LPNs. The qualified LPNs were advised on the information sheet to follow a link to email me to register their interest in taking part in the study.

The regulator of LPNs in Alberta also identified LPN “experts” and influential leaders in Alberta to participate in this study. The Director of Professional Practice at CLPNA contacted these individuals, informed them about the study and asked if they would like to volunteer, all who were contacted took part.

Head / Chair / Assistant Dean of LPN education in Edmonton, Lethbridge and Calgary were identified and asked to take part in the study. Each of the Head / Chair / Assistant Dean of LPN education agreed to assist in the recruitment of student LPNs from their educational establishment. Information sheets were emailed to the identified Head / Chair / Assistant Dean of LPN education in each of the three areas, which they posted on their electronic contact site for their establishment (such as an e Blackboard). Student LPNs were advised on the information sheet to follow a link to email myself to register their interest in taking part in the study.

### ***Methodology***

This is a qualitative, constructivism piece of research which seeks to examine and recognise the variety of “created realities” (Guba & Lincoln, 1994) of the LPN role, from many different perspectives such as, student LPNs, LPNs, Educators of LPNs and the regulator of LPNs perspective.

These methods have been chosen as there is a scarcity of evidence on whether the model for educational preparation for LPNs and the actual role profile in practice could be transferable into other Healthcare systems. The Canadian Nursing Association (CNA) and CLPNA (CCPNR, 2004; CLPNA, 2008,) have produced

varying types of evidence on the role profile and educational perspectives of the LPN role, however, there appears to be less available evidence which gives a multifaceted picture of the LPN role from their perspective (LPNs, student LPNs, Educators and Regulators). Using these methods should elicit rich data and build a full picture of the LPN role (Holloway, Wheeler, 1996). There is a need to extract more than facts and figures around the role of the LPN but to explore the real, lived experience of the LPN and learn lessons from this to influence a Scottish model for developing the role of Assistant Practitioners.

### **Methods**

One to one semi structured face to face interviews were carried out with the:

- Dean/Chair of LPN Education, Norquest College Edmonton
- Dean/Chair of LPN Education, Lethbridge College, Lethbridge
- Dean/Chair of LPN Education, Bow Valley College, Calgary
- Dean of School of Health, Social Care and Criminal Justice, Bow Valley College, Calgary
- Executive Director / Registrar, CLPNA
- Director of Professional Practice, CLPNA
- Workforce Planning Lead
- Chief of Nursing in Professional Practice
- Clinical Lead for the LPN's
- Resident Care Supervisor
- Researchers in LPN Utilisation

A focus group took place in each of the geographical areas with:

- Student LPNs
- Practicing LPNs

Additional focus groups took place with:

- LPN Instructors at Norquest College
- Canadian Council of Practical Nurse Regulators

All one to one interviews and focus groups were recorded using a digital voice recorder and were then transcribed.

This report provides the first stage of analysis of the data gathered. There will be a more thorough analysis of the data for my MSc in Nursing thesis.

### ***Aim***

To investigate the Canadian Licensed Practical Nurse (LPN) educational preparation, work and role profile in Alberta, Canada with a view to influence the evolution of the Assistant Practitioner role in Scottish Healthcare.

### ***Objectives***

- ❖ To investigate the educational preparation of LPNs
- ❖ To determine the variety of roles LPNs fulfil in Healthcare
- ❖ To consider the regulatory requirements for LPNs
- ❖ To closely consider if the educational preparation and application in practice could be a model for developing Assistant Practitioners in Scotland

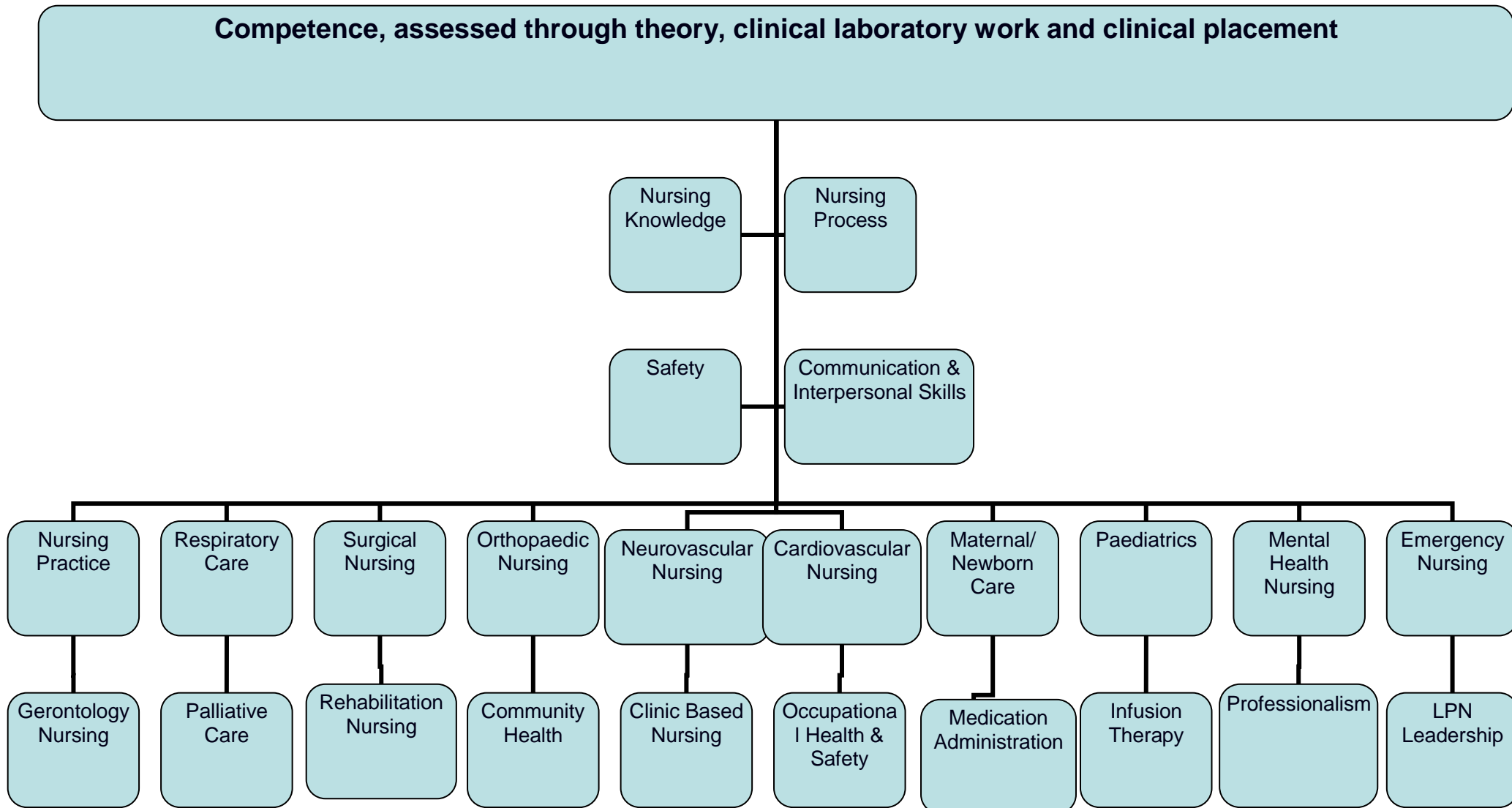
## **RESULTS**

### **Educational Preparation**

Educational Preparation is over a 2 year period delivered through Colleges of Further Education in collaboration with local healthcare providers, who provide the placement component of the course. The regulatory body, the CLPNA, set the educational

standards and split of hours (60% theory, 40% practical). The topics covered are shown on the chart below.

What's in the 2 year LPN educational preparation?



All who took part agreed that the current educational preparation enabled newly graduated LPNs to work in any areas of healthcare.

In one area, the administration of the course had been extremely disorganised which students' viewed as having a negative affect on their learning experience.

***“Wherever there is a need for nursing care LPN’s can practice”***

***“Really important that all the administrative issues correct or people leave.”***

The Chair/Deans of LPN practice instructors and students all discussed the friction that exists between LPNs and RNs in practice. All volunteers felt there was need for a fuller understanding of the way LPNs are now educated and the role they are prepared to play in health care provision.

***“There is a need for work to be done for those in the system to educate all health care staff to understand each others scope of practice.”***

***“Collaborative practice has been around but we haven’t done a good job at getting the team members to understand each others role “***

***“There is a need to re-address the ratios of RNs/ LPNs in practice from in patient need perspective.”***

***“RN managers have a key role in distinguishing role clarity for LPNs in their area of responsibility, this only occurs if the RN managers value the full scope of LPNs.”***

Although not questioned about the title of Assistant Practitioner, educators, instructors and students all expressed strong views that if the role in Scotland was similar to an LPN role it should not be called an “Assistant Practitioner”.

***“The LPN role is not an Assistant, in its history it has been, but now it is not.”***

***“Change the name from Assistant Practitioner, if the role you need is an LPN, call it an LPN”***

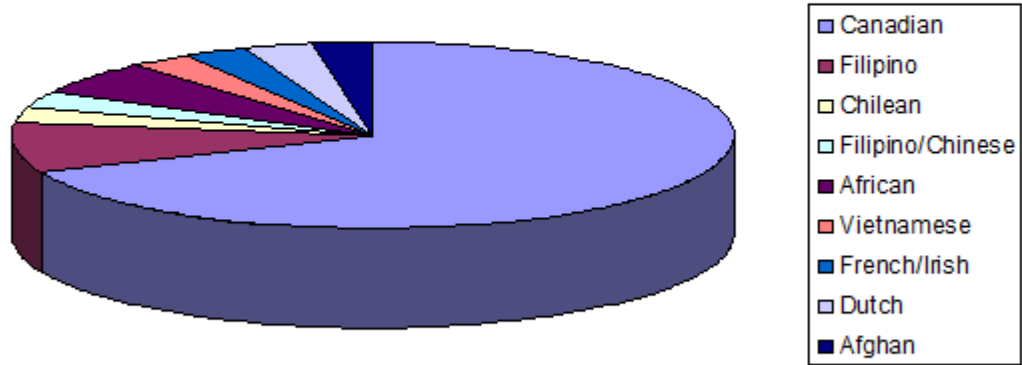
***“If you create another level of Assistant, this will limit the scope to meet healthcare needs substantially.”***

The Chairs of education felt that much could be learnt from the Albertan model of educational and practice preparation. At times, not from their positive experience but from mistakes they had made. In particular, with reference to establishing role clarity around what the role is educationally prepared to do in practice.

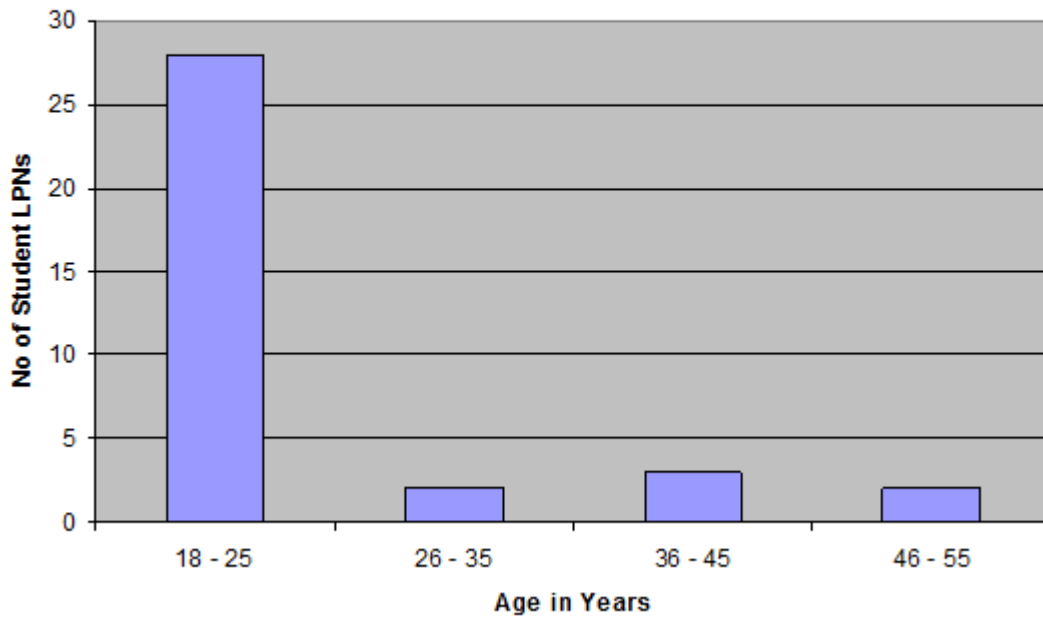
***“Have a consistent approach to the curriculum for student across Scotland. When implementing new roles such as an Assistant Practitioner, collaboration is essential, not about hierarchy of levels it’s about team approach of the whole team, the hierarchy will always be there, but there has to be role clarity for all the team”.***

The students who took part were from a wide variety of ethnic backgrounds (see Chart 1) and social circumstances however, they were predominantly high school leavers (see Age Ranges on Chart 2).

**Chart 1  
Ethnicity of Student Volunteers**



**Chart 2  
Student LPN Age Range**

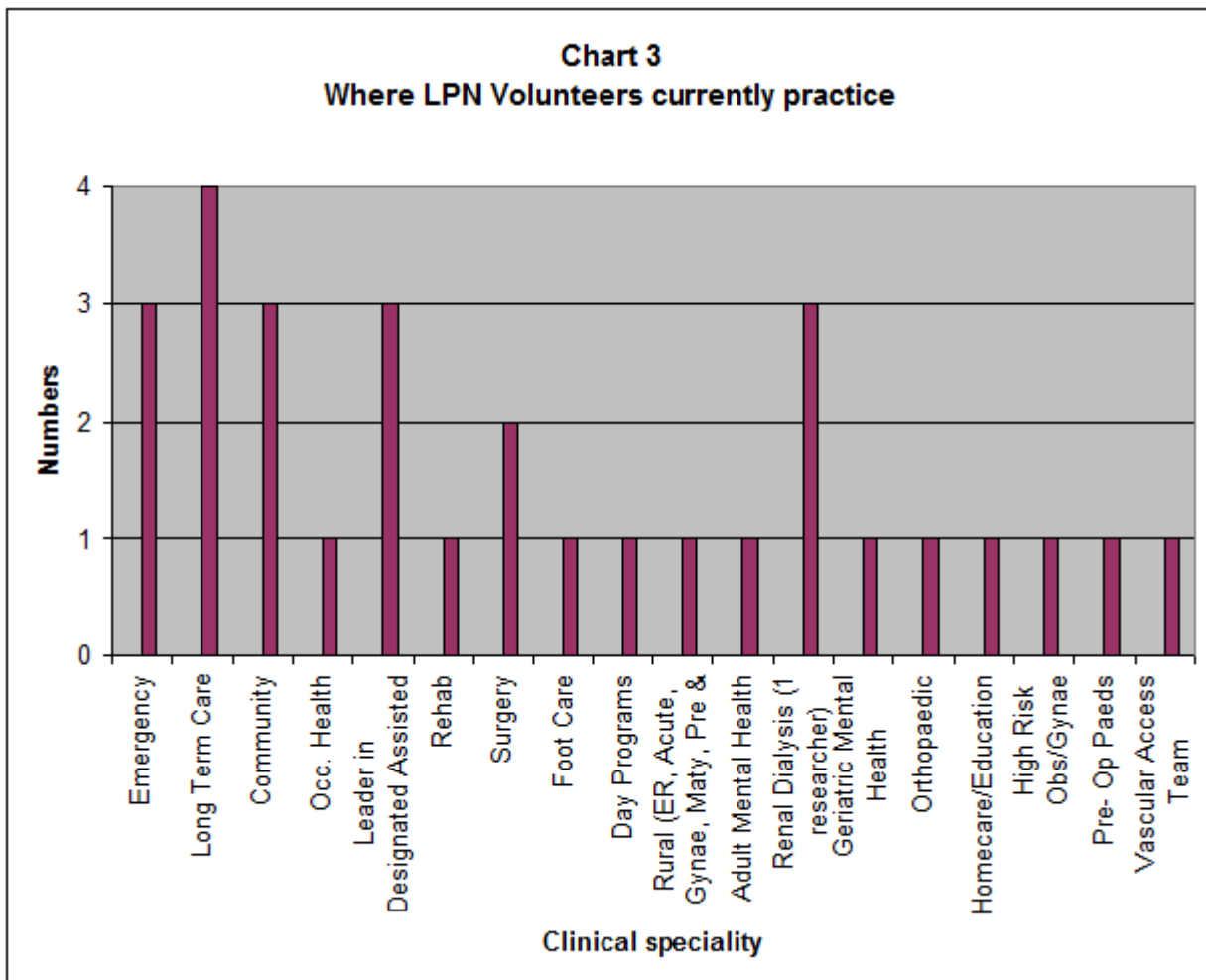


Further demographic details of all participants is in Appendix 4.

## Roles in Practice

The focus groups with LPNs in Edmonton, Lethbridge and Calgary provided the majority of the information around the variety of roles LPNs fulfil in Alberta's healthcare system. However all participants in the research were also asked what their perception was of the roles LPNs play in healthcare delivery.

Chart 2 demonstrates the areas of practice that all of the LPN focus group volunteers currently practice. Traditionally the LPN role had been considered to have its clinical roots in Long Term Care (LTC), however as the chart demonstrates LPNs currently practice in diverse areas across healthcare.



***“It would be harder to name where LPNs are not in healthcare practice”***

However, two participants who took part in a 1:2, face to face interview considered highly critical areas such as Paediatric Oncology or Neonatal \ Intensive Care to be unsuitable for LPNs to practise in. This was a highly unusual opinion in terms of all the data collected.

The concurrent theme of friction in practice with Registered Nurses emerged in the dialogue in the LPN focus groups. Inclusion in the Health Professions Act (2003) meant that LPNs became accountable, autonomous nurses. The RN and the LPN have overlapping scopes of practice and although the LPNs who took part in the research are extremely clear about their scope of practice and boundaries, other members of the health care team appear not to fully understand the contribution the LPN can make within collaborative healthcare provision.

***“A LPN is not an under educated RN.”***

***“HPA legitimatised the role, put it up there with all the others, on the same par professionally”.***

This friction leads to inconsistencies in the utilisation LPNs, all LPN volunteers expressed frustration around this area.

***“A perception that managers want a full scope LPN but RN’s on the “shop floor” put barriers in place.”***

There was extensive discussion around this area in all focus groups, with extreme examples of utilisation to scope of practice in one area and just next door, in the same clinical unit, restrictions placed on LPNs by RN although the LPN felt confident, competent and capable to fulfil their role more thoroughly.

***“I work two jobs in the same area, one Long Term Care, where I get to work at full scope as the RN is only on call, along the corridor I work in Rehab for seniors, where***

***“I am not allowed to work to full scope. I see the same Dr.’s, I can take their orders(Medicine orders) on Monday in LTC and not on Tues in Rehab, it just causes friction and confusion”***

The final concurrent theme of negativity on the title “Assistant Practitioner” was discussed at length, describing in detail how difficult it had been for experienced LPNs to make the transition from being an Assistant to becoming an autonomous nurse.

***“LPNs are autonomous, it was a real battle to move from Assistant to this, change this title or Scotland will wind up with the same turf wars”***

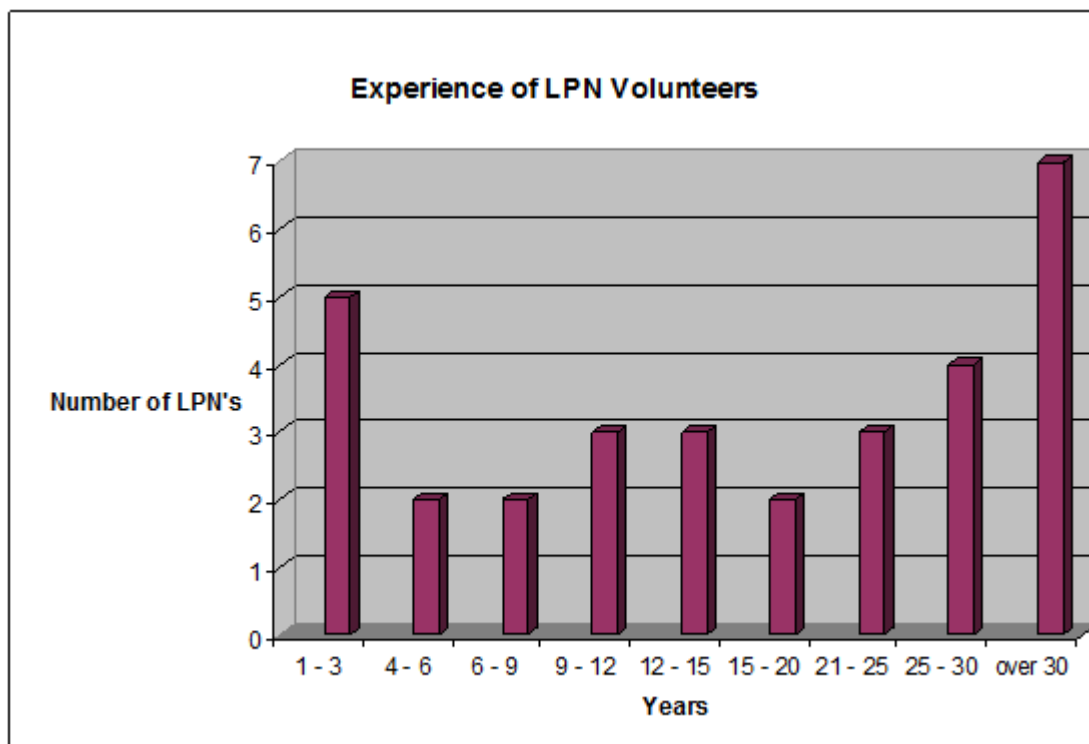
***“It has been an uphill struggle from a Certified Nursing Aide to now, sometimes I was viewed as the Nurse Aide as opposed to a nursing aide, there’s a big difference.”***

Chart 4 illustrates the range of clinical experience of LPN volunteers.

They considered the term Assistant Practitioner to be self limiting in terms of the Assistant part and confusing in terms of the Practitioner.

***“Assistant part of the title is wrong, seems inferior, Practitioner sounds like a Dr”***

**Chart 4**



## Regulatory Framework

LPNs in Alberta are regulated under the statutory professional conditions of the Albertan Health Professions Act (2003) which mandates to:

“Protect the public through Regulation of the Licensed Practical Nursing Profession”  
(CLPNA, 2008).

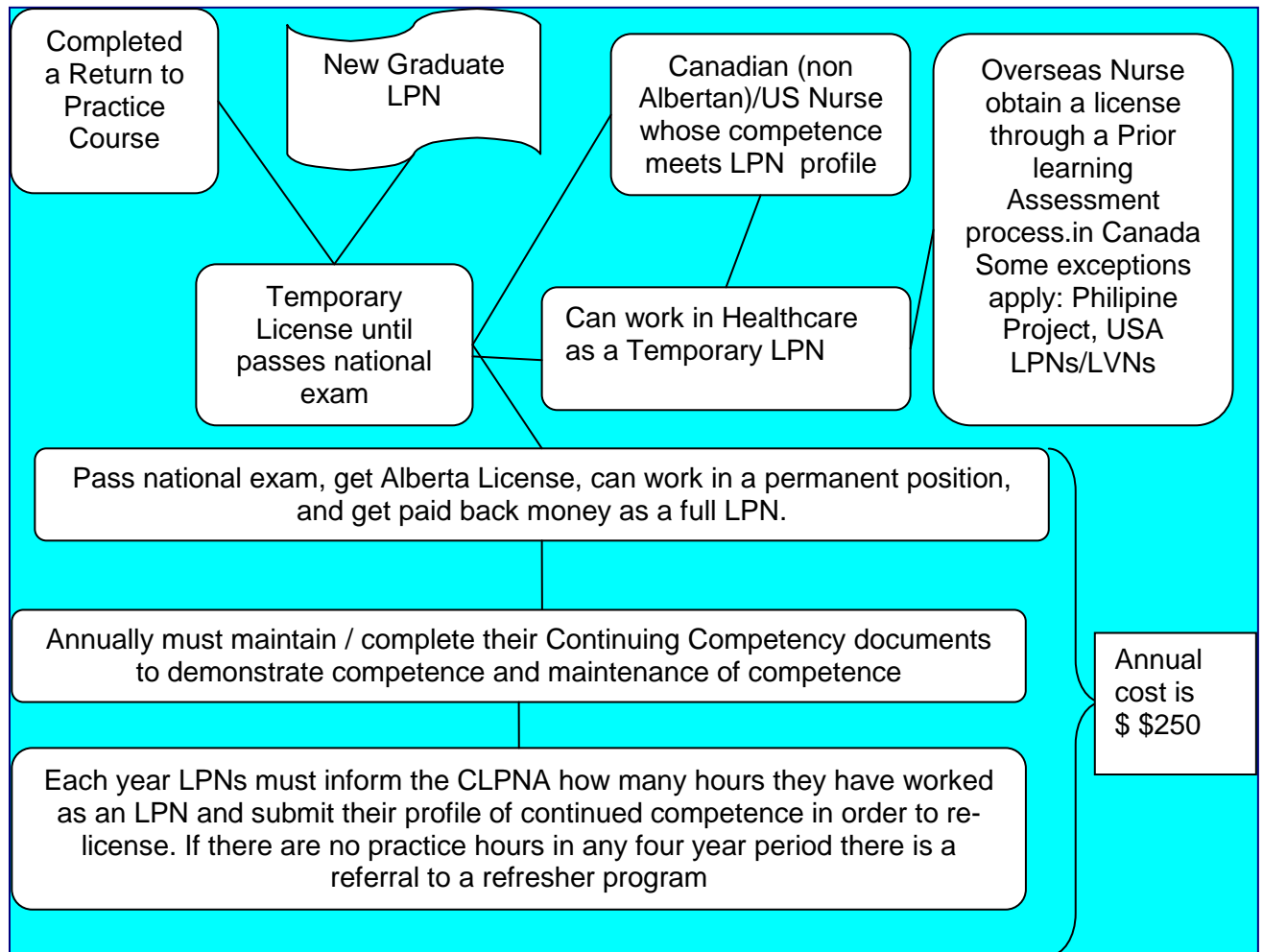
In order to meet this legal mandate, the CLPNA, has responsibility for setting the educational, registration and practice based standards, then enforcing them through monitoring processes.

The CLPNA consider their role to be:

“Vital to ensure public protection, through:

- Setting standards and approval processes for basic , specialty, and refresher programs
- Defining the Scope of Practice for LPNs
- Development of LPN standards of practice and code of ethics

The flowchart below demonstrates the regulation process for LPNs in Alberta



Similar emerging themes were found in the interviews with CLPNA as with all other volunteer, under utilisation of LPNs in practice due to the friction with RNs and negative views on the title “Assistant Practitioner”.

The regulators expressed the view that LPNs had been oppressed professionally, but inclusion of them in the Health Profession Act began to change this. In CLPNA’s view, practising LPNs can challenge the oppression of LPN’s but this will take time and confidence.

***“LPNs have been an oppressed profession; this will take time to change and we are seeing signs of significant change, but this is not a universal change (yet). LPNs need to value their own contribution to healthcare then this will start to change, if they believe in themselves others will too.”***

***“Only when the administration/senior managers truly value the role a LPN can play within their “business” of care delivery will the introduction of the role to new areas or expansion to work at full scope, be successful.”***

### **Could the Albertan Model work in Scotland**

Considering the consistent approach to educate and regulate LPNs across Alberta, there are many lessons Scotland could learn from their current model. The in-depth educational preparation, with a mix of theory, clinical laboratory skills and practice appears to produce Licensed Practical Nurses who are fit for healthcare delivery. The educational preparation is being considered in Jamaica and the Philippines to educate this type of nurse to help meet healthcare needs. Therefore it would seem that the educational preparation is transferable internationally.

The diverse roles that LPNs are able to practice in both in rural and urban settings, mirrors the diverse areas of healthcare delivery in Scotland. Therefore it would seem that this role could fit into Scotland’s healthcare system.

However, if this model was to be successful effective transition and change management strategies would need to be employed, to ensure that all levels of staff had a good awareness of this roles scope of practice. Many of the challenges the LPN profession currently face in Alberta have grown out of lack of clarity and understanding of the role the LPN can play as part of collaborative healthcare delivery.

In addition for this model to be transferable into Scottish Healthcare there would be a need for statutory regulation of this role to be established. The regulators of LPN in Alberta felt strongly that this type of nurse should not be regulated alongside Registered Nurses.

***“Because of the hierarchies in nursing, caution must be used if regulation of both RNs and LPNs occurs within the same regulatory college. This could simply facilitate more control on the growth and scope of the LPN profession.”***

At present, it would not be possible to transfer the Albertan model of LPN education, role profiles and regulation into the Scottish education and healthcare system, as the legal, regulatory, educational and work force planning infrastructure is not there to support it. However, this research would suggest that we can learn many lessons from the Albertan model if an infrastructure to support a similar role could be developed.

### ***Additional Data Collected***

Data was collected from leaders within Alberta, Nursing Utilisation Researchers, CARNA and CCPNR to gain their perspective on the LPN Role. Further themes around participant's perception on what the Albertan's general public view of the LPN role were noted. However this data was in addition to what was necessary to meet the objectives set in my initial scholarship application. Due to time restraints associated with reporting back to the Florence Nightingale Foundation I have been unable to analyse this data fully at this time. Therefore I intend to analyse these areas in future academic studies either within my MSc thesis or a PhD in Nursing.

### **Conclusion**

At the outset, when I applied for a Florence Nightingale scholarship it was with the intention to influence the evolution of the Assistant Practitioner role in my own place of work in NHS Grampian. However, I now realise that the lessons learned in Alberta could assist the evolution of this role in a much wider sphere, possibly at national level, in Scotland. Public protection is uppermost in the Albertan model of LPN practice, this is crucial to the development of a new role in health care. Considering the consistent approach to educate and regulate LPNs across Alberta, there are many lessons Scotland could learn from their current model.

- ❖ The in-depth educational preparation appears to produce Licensed Practical Nurses who are fit for healthcare delivery.
- ❖ The diverse roles that LPNs are able to practice in, both in rural and urban settings, mirrors the diverse areas of healthcare delivery in Scotland.

However, if this model was to be successful it would need to be led by statutory regulation, with leadership strategies to ensure effective transition of this new role into practice and with general awareness being raised of this role's scope of practice.

**Recommendations :**

- Establish Statutory Regulation of Assistant Practitioners.
- Establish a consistent approach to educate Assistant Practitioners across Scotland.
- Reconsider the appropriateness of the title Assistant Practitioner.
- Ensure role clarity and scopes of practice for Assistant Practitioners and educate all staff to make certain the role is accepted and not oppressed in practice



Appendix 1

Itinerary



**Itinerary for LPN Research June 2009**

Date	What	Who	Details
Week 1 - EDMONTON			
Mon 1 <sup>st</sup> June DAY	CLPNA Office 1 : 1 Meeting 8:30 AM 1:00 PM 3.00 – 5.00 pm Focus Group	<b><i>Teresa Bateman</i></b> Director of Professional Practice, CLPNA <b><i>Linda Stanger</i></b> Registrar/Executive Director, CLPNA <b><i>LPN Instructors</i></b> (Norquest)	
Tues 2 <sup>nd</sup> June AM	NorQuest 1 : 1 Interview 10:00 AM	<b><i>Frances Palmer Barlow</i></b> Chair, PN Program, Norquest College, Edmonton	
PM	CLPNA Office Teleconferencing meeting	<b><i>Student LPNs</i></b> in rural remote Grand	

	2 – 3 pm	Prairies	
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Weds 3 <sup>rd</sup> June	DAY	CLPNA Office Focus Group 12:00 – 4:00 pm	Practising LPNs	Recruited 11 LPNs from a wide variety of clinical backgrounds
Thurs 4 <sup>th</sup> June	DAY	CLPNA Office 1:1 Meetings 10:00 AM – 12:00 PM	<b>Colleen Zimmel</b> RN, MN Professional Practice Consultant , Regional Nursing Affairs - Edmonton (May 14/09 Provincial Health Services Planning – Alberta Health Services) <b>Gwen Erdmann</b> Professional Practice Consultant, Regional Nursing Affairs - Edmonton	Colleen Zimmel has led LPN initiatives in the Edmonton area for about 3 years now. She has knowledge of best practices throughout the Capital area. Colleen moves to a new role May 14 <sup>th</sup> and will advise if she needs to change this appointment.  Gwen Erdmann will take over for Colleen with RNA and has worked in many of the same initiatives.



<p>Fri 5<sup>th</sup> June      DAY</p>	<p>NorQuest Focus Group 9 – 11am</p> <p>Lunch Meeting 11.45am – 1.15pm</p> <p>CLPNA Office 1:1 Meeting 2.00 – 3.00pm</p>	<p><b>2<sup>nd</sup> Year Student LPN's</b></p> <p><b>Brenda Rietsma</b> Dean of Ethics &amp; Research – NorQuest</p> <p><b>Anita Paras</b> Nursing Head of Workforce Planning Alberta Health &amp; Wellbing</p>	<p>The 2<sup>nd</sup> Year Students had a research class with a late cancellation of a guest speaker, this allowed mw to recruit to a focus group as there had been no student volunteers in Edmonton.</p> <p>Brenda had assisted me with ethical approval and wanted to meet out of interest on how the study was progressing and to offer support.</p>
<p>Sat 6<sup>th</sup> June</p>	<p>Free</p>		
<p>Sun 7<sup>th</sup> June</p>	<p>Fly to Lethbridge</p>		

Date	What	Who	Details
Week 2 - LETHBRIDGE			
Mon 8 <sup>th</sup> June AM	Lethbridge College 1:1 Interview 11.15am	<b>Deb Bardock</b> Chair, PN Program Lethbridge College	
PM		Transcribing	
Tues 9 <sup>th</sup> June AM	St. Therese Villa 1:1 Interview's 9:30 AM – 11:30 AM	<b>Glen Herbst</b> , LPN Resident Care Supervisor St. Therese Villa (St. Michael's Health Centre) 253 Southgate Blvd South Lethbridge, Alberta T1K 2S1 <a href="mailto:g Herbst@stmhc.com">g Herbst@stmhc.com</a>	Glen is an LPN who manages a Designated Assisted Living site (200 beds) in Lethbridge. He also was part of the CLPNA Council in recent years.

<p>Tues 9<sup>th</sup> PM</p>	<p>Ramada Hotel</p> <p>Focus Group</p> <p>12:00 PM – 4:00 PM</p>	<p><b><i>Practising LPNs</i></b></p> <p>RAMADA Hotel</p> <p>2375 Mayor Magrath Drive</p> <p>South</p> <p>Lethbridge, Alberta, Canada</p> <p>T1K 7M1</p> <p>Phone: (403) 380-5050</p> <p>*Scenic Room</p>	<p>Recruited 11 LPNs from a wide variety of clinical backgrounds</p>
<p>Weds 10<sup>th</sup> June DAY</p>	<p>1: 1 Meeting with Leader</p> <p>10am – 12 midday</p>	<p><b><i>Kevin Cowan</i></b></p> <p>CEO of Covenant Health,</p> <p>St. Michaels' Hospital,</p> <p>Lethbridge</p>	<p>Kevin began his career as a Certified Nursing Aide and became a RN. He has moved around several management positions, his current position as CEO of Covenant Health encompasses several DAL's, Retirement Villages and small hospital sites</p>

			(speciality surgery such as Vascular and Labour/Delivery). Kevin embraces the role of the LPN in practice and links this to his roots in healthcare.
	PM	Transcribing	
Thurs 11 <sup>th</sup> June DAY	1 : 1 Interviews 8am - 11am	<p><b>Kathryn Brandt</b> RN BN GNC(C) Clinical Coordinator Case Management Alberta Health Services 960 - 19th Street S. Lethbridge, AB T1J 1W5 Phone: 403-388-6000 ext. 1436 Email: <a href="mailto:kbrandt@chr.ab.ca">kbrandt@chr.ab.ca</a></p> <p><b>Heather</b> Practice Educator Alberta Health Services 960 - 19th Street S. Lethbridge, AB T1J 1W5</p>	<p>Kathryn is relatively new in post, organising the movement in strategic care delivery models which encourage RN's to be Case Managers with LPN working collaboratively assessing, planning, delivering and evaluating care delivery with the RN there as the Case Manager for support.</p> <p>Heather is a Practice Educator for the Chinook area, she deeply values the contribution LPN's can &amp; do make in community care delivery. She is responsible for education of clinical</p>

	PM	Transcribing	activities such as preparation to care for central lines
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Fri 12 <sup>th</sup> June	DAY	Transcribing  Lethbridge College Focus Group 2:00 PM – 4:00 PM	<b><i>Student LPN</i></b>  *Sunflower Room	Recruited 3 2 <sup>nd</sup> Year Students
Sat 13 <sup>th</sup> June		Free		
Sun 14 <sup>th</sup> June		Travel to Calgary		

Date	What	Who	Details
Week 3 - CALGARY			
Mon 15 <sup>th</sup> June AM	Coast Plaza Restaurant  1 :1 Interviews  8:00 AM – 10:00 AM	<p><b>Dr. Jeanne Besner</b> RN, PhD, Director, Health Systems and Workforce Research Unit Phone: (403) 943-0181</p> <p><b>Dr. Deborah White</b> RN, PhD., Research Consultant Health Systems Workforce and Research Unit Phone # 403- 210-9627</p>	<p>Jeanne has been involved in two research studies in recent years that highlight nursing scopes of practice and job redesign.</p> <p>Debbie worked as a lead in the job redesign study.</p>
PM	Bow Valley Main Campus  1 : 2 Interview  1.00pm	<p><b>Mary Ann Fish</b> Dean of LPN Education Bow Valley College</p>	

		<p><b>Laura Kowlasky</b> LPN Educator Bow Valley College</p> <p><b>Dr. Bill DuPerron</b> Telephone Interview Dean of Healthcare , Social Science and Criminal Justice, Bow Valley College</p>	<p>Bill Duperron was academic advisor on the current LPN competency framework and is an advocate for the role of LPN's in practice</p>
Tues 16 <sup>th</sup> June AM	<p>Coast Plaza Focus Group 9:00 am-1:00 pm</p>	<p><b>Practising LPNs</b></p> <p>Coast Plaza Hotel and Conference Centre 1316-33 Street NE Calgary, AB T2A 6B6 (403) 248-8888 *Temple Room</p>	<p>Recruited 9 LPNs from a wide range of clinical settings</p> <p>Arrange a venue in Calgary</p>

Tues 16 <sup>th</sup> June PM	Bow Valley Focus Group 2 – 4pm	<b><i>Student LPN's</i></b>	
Weds 17 <sup>th</sup> June DAY	Travel  8:30 AM – 11:30 AM  Site Tour  11.30 AM – 12:30PM       Travel  1.30 – 3.00pm	Leave Calgary, travel to Ponoka AB    The Centennial Centre for Mental Health and Brain Injury in Ponoka  Marilyn Nakonechny, Clinical Lead, will bring an LPN along to the meeting    Ponoka to Edmonton	The drive only takes about 3.5 hours    This new Mental Health Centre recently replaced the old Mental Health Institution. LPN's form part of the workforce, this is unusual in Mental Health.        Transcribing



Sat 20 <sup>th</sup> June	Fly Home to Scotland		
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Appendix 2

Consent Form

**WHAT CAN SCOTLAND LEARN FROM THE LPN ROLE IN ALBERTA, CANADA  
TO INFLUENCE THE EFFECTIVE DEVELOPMENT OF THE ASSISTANT  
PRATITIONER ROLE IN SCOTLAND?**

**CONSENT FORM**

**Introduction**

In Scotland's current healthcare system's nursing establishment there is not a role that equates to an LPM. There are Registered Nurses (RN) and Nursing/Healthcare Assistants (unregistered/unregulated). However, due to changes in the population of Scotland, whereby people are living longer with multiple long term conditions and there are reduced numbers of younger people in the workforce, the current model of care provision is changing. A new role of "Assistant Practitioner" is emerging. The literature would suggest this role is similar to the LPN role.

I .....(NAME BLOCK CAPITAL) hereby give my consent to take part in the above named study.

Please tick which one of the following applies to you:

I am a student LPN

I am a licensed LPN

I am an educator of student LPN's

I am a regulator of LPN's

Please state your role if none of the above apply

I understand that the interview or focus group I take part in will be recorded, then transcribed and analysed. The transcribed information will be anonymised and kept confidential in a locked cabinet for 5 years then destroyed. Quotations maybe used

in any resulting publications/ presentations, but these will be in no way identifiable to the individuals who take part.

Signature:.....

Date: .....

**THANK YOU FOR VOLUNTEERING TO TAKE PART IN THIS INTERNATIONAL RESEARCH PROJECT, YOUR CONTRIBUTION IS VALUED. YOU WILL BE INCLUDED IN THE DISTRIBUTION OF THE FINAL REPORT ASSOCIATED WITH THIS RESEARCH. PLEASE FEEL ASSURED THAT ALL YOUR CONTRIBUTIONS WILL REMAIN ANONYMOUS**

Appendix 2

Demographic Detail form



**Scottish Licensed Practical Nurse Research June 2009**



**Demographic Detail Form**

Please tick the boxes which apply to you and complete the following questions to enable me to paint a picture of the type of people who participated in the research project.

1. Are you : Male  Female

2. Please state your ethnic background.

3. Are you:

Canadian	<input type="checkbox"/>
American	<input type="checkbox"/>
British	<input type="checkbox"/>
Other please state	<input type="checkbox"/>

4. Which age category do you fall into?

18 – 25	<input type="checkbox"/>
26 – 35	<input type="checkbox"/>
36 – 45	<input type="checkbox"/>
46 – 55	<input type="checkbox"/>
56 – 65	<input type="checkbox"/>
Over 65	<input type="checkbox"/>

5. If you are a student LPN are you in:

1<sup>st</sup> Year

2<sup>nd</sup> Year

*Questions 6 & 7 do not apply to student LPN's*

6. Please describe the area of practice you currently work in.

7. If you are a practising LPN how long have you been practising?

1 – 3 years	
4 – 6 years	
6 – 9 years	
9 – 12 years	
12 – 15 years	
15 – 20 years	
20 – 25 years	
25 – 30 years	
More than 30 years	

If you would like a copy of the transcripts from today's interview and a copy of the completed research please note your e mail address below.

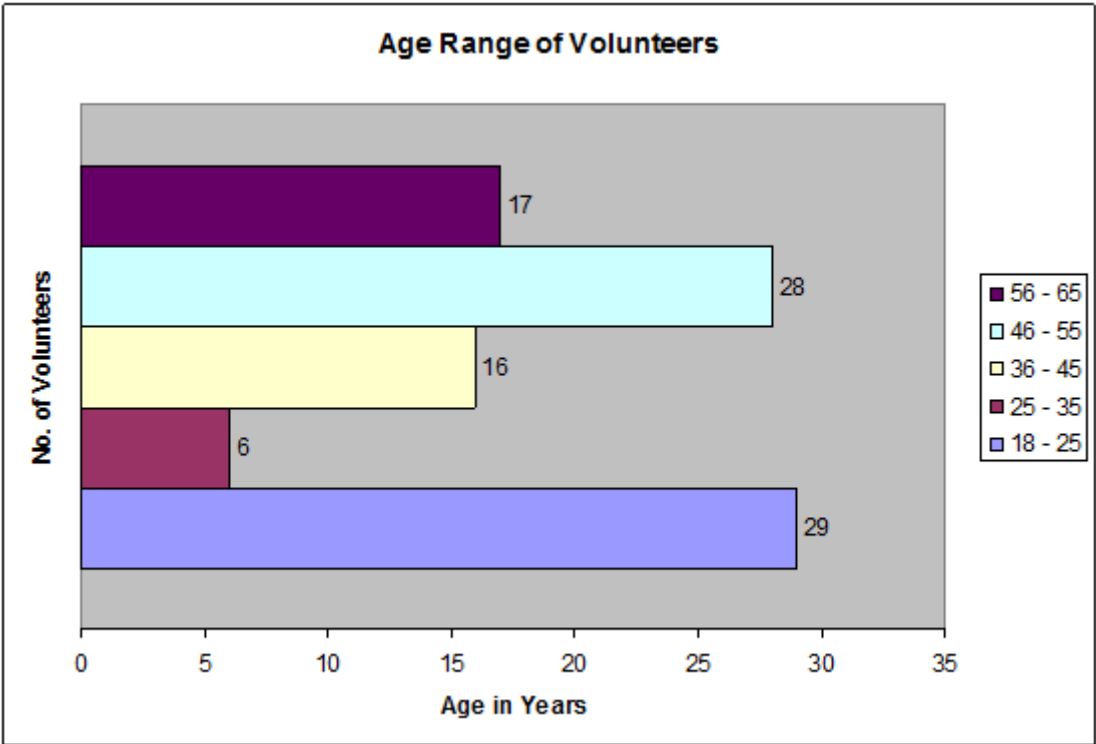
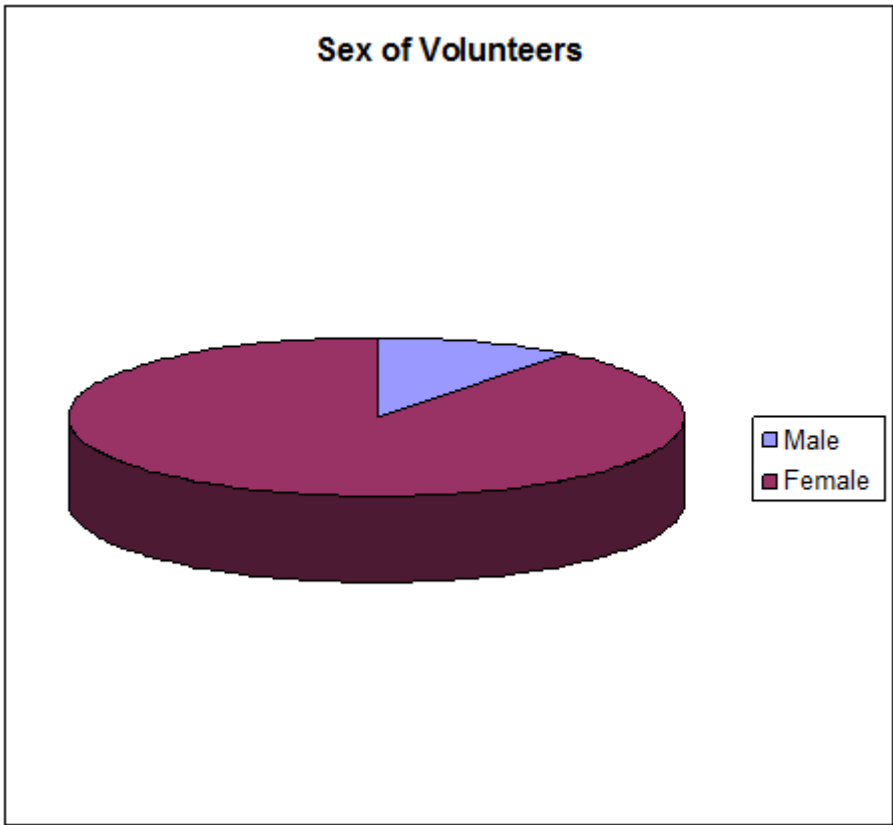
E mail address:

**PLEASE BE ASSURED THIS WILL NOT COMPROMISE YOUR ANONYMITY OR CONFIDENTIALITY, AS YOUR CONTACT DETAILS WILL NOT BE USED IN CONJUNCTION WITH THE DATA ANALYSIS.**

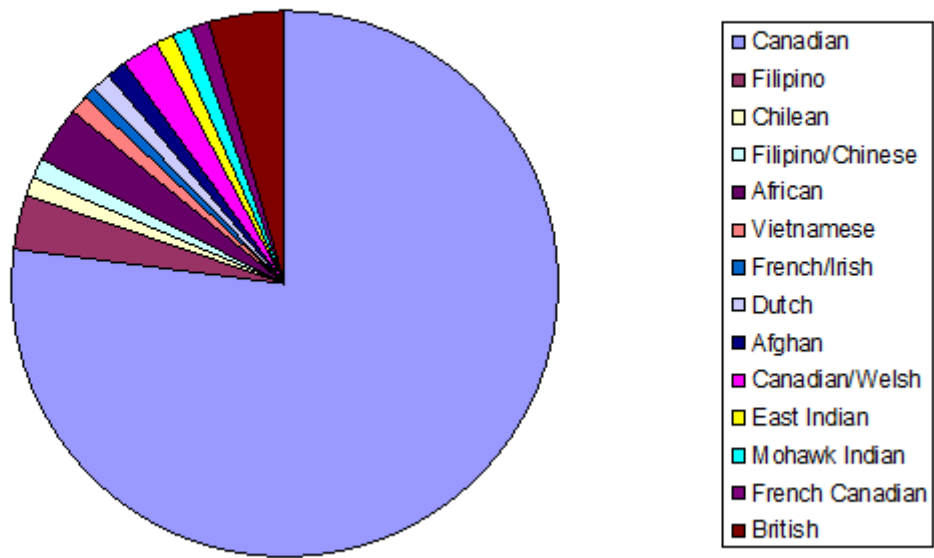
Thank you for taking the time to complete these details, this will enable a reader to be more fully informed about the type of volunteers who participated in this research project.

## Appendix 4

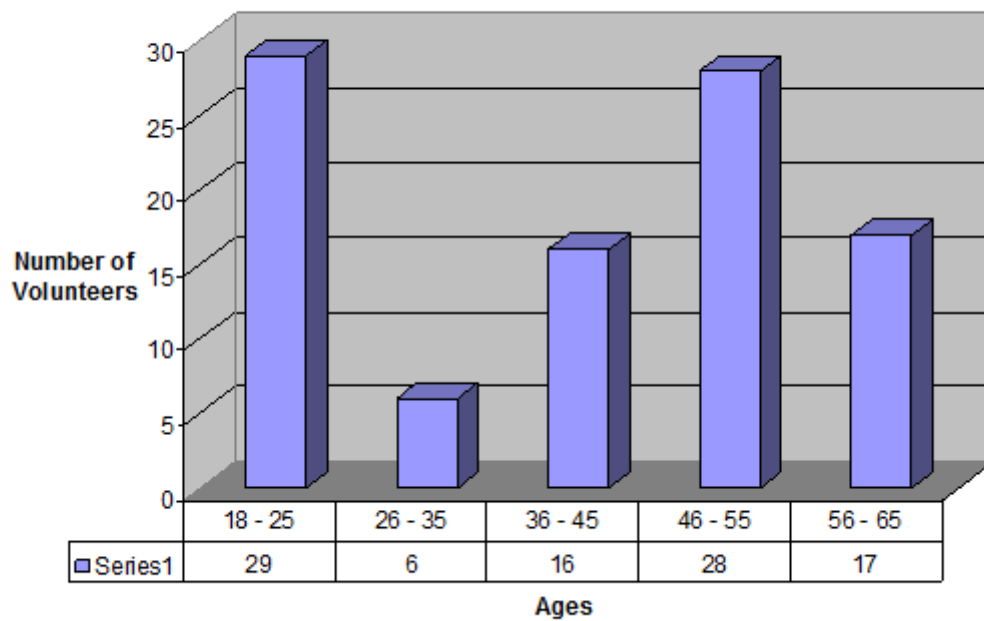
### Demographic Details



**Ethnicity of all Volunteers**

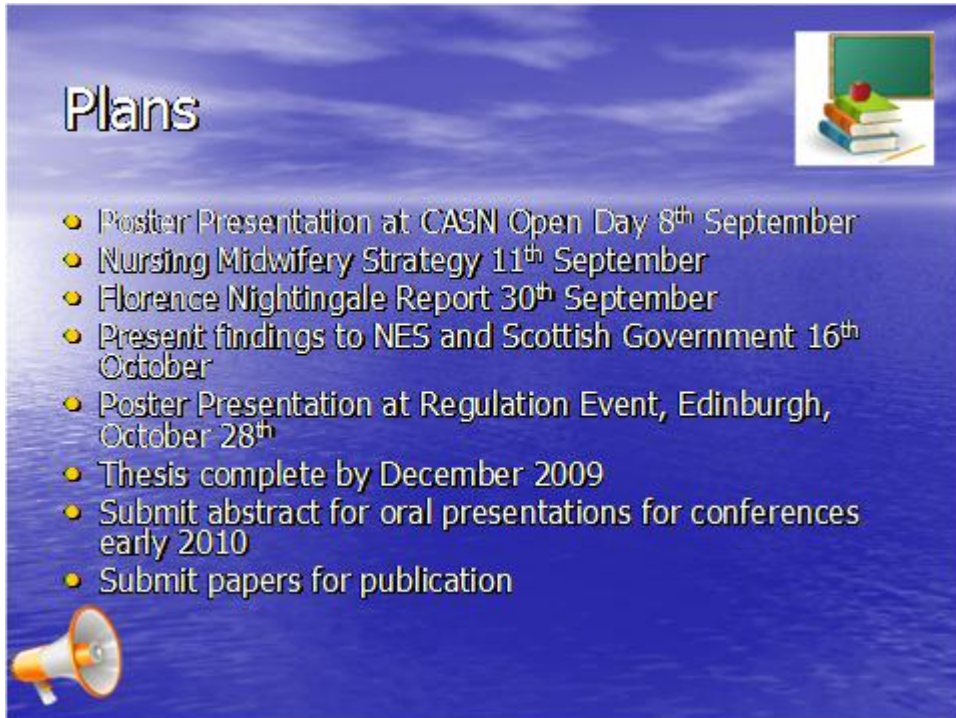


**Age Range of Volunteers**



## Appendix 5

## Plans to Publicise

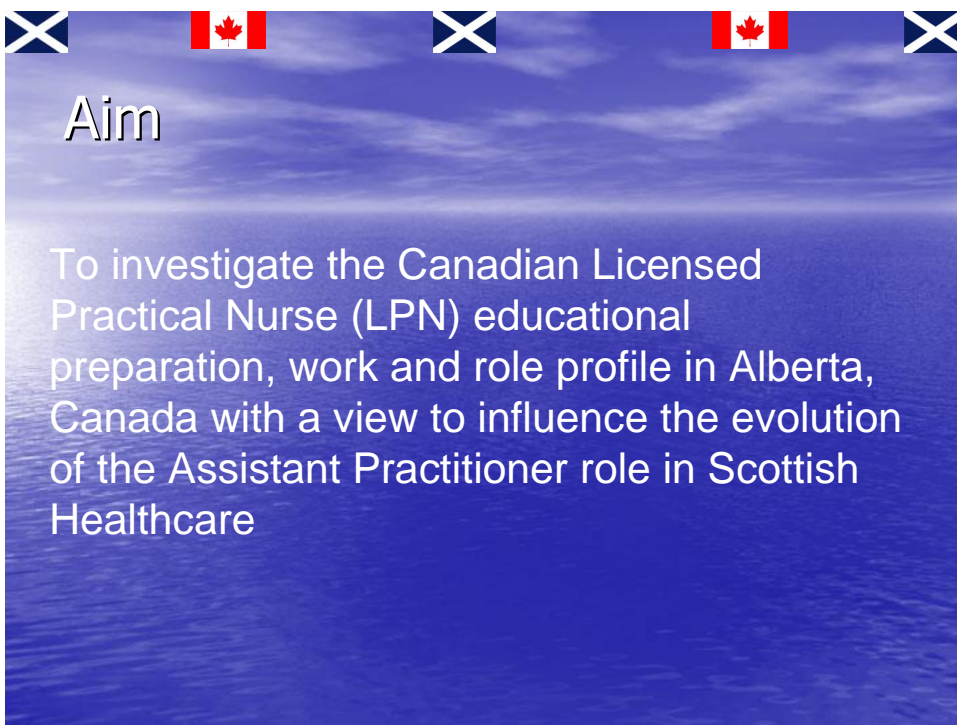
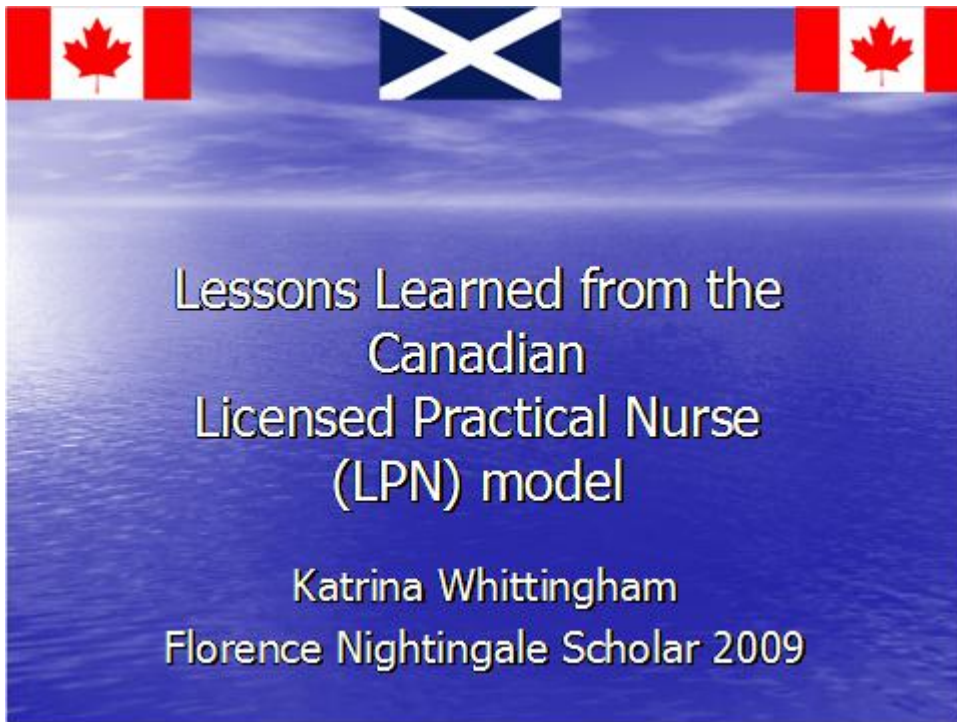


# Plans

- Poster Presentation at CASN Open Day 8<sup>th</sup> September
- Nursing Midwifery Strategy 11<sup>th</sup> September
- Florence Nightingale Report 30<sup>th</sup> September
- Present findings to NES and Scottish Government 16<sup>th</sup> October
- Poster Presentation at Regulation Event, Edinburgh, October 28<sup>th</sup>
- Thesis complete by December 2009
- Submit abstract for oral presentations for conferences early 2010
- Submit papers for publication

**Appendix 6**

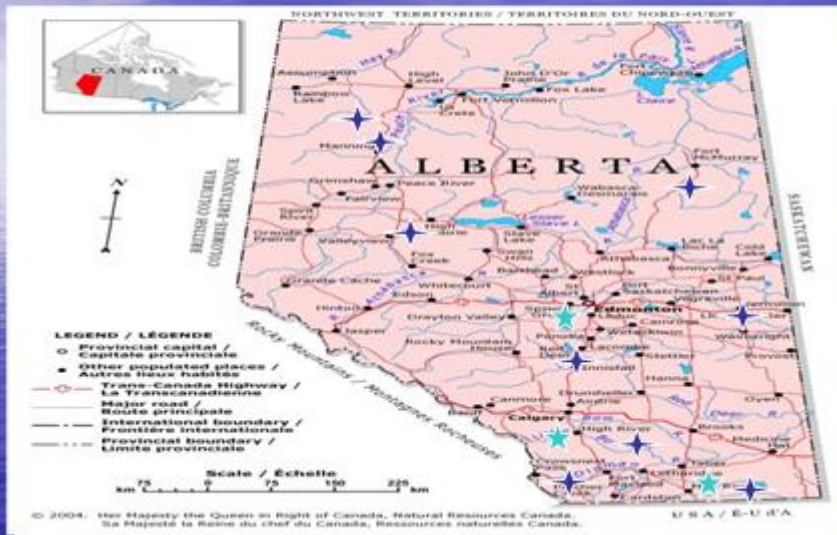
**Copy of Presentation for NHS Grampian Nursing & Midwifery Strategy  
& Scottish Government /NES**



# Objectives

- To investigate the educational preparation of LPNs
- To determine the variety of roles LPNs fulfil in Healthcare
- To consider the regulatory requirements for LPNs
- To closely consider if the educational preparation and application in practice could be a model for developing Assistant Practitioners in Scotland

# Where did I go?



## Who took part?



- 35 Student LPN's
- 31 LPN's
- 9 Educators of LPN's
- 11 Regulators of LPN's (from across Canada)
- 2 Nursing Workforce Researchers
- 8 Leaders from Practice and Government
- 96 participants in 3 weeks

## Methodology

Qualitative

Constructivism

Seeks to examine and recognise the variety of "created realities" (Guba & Lincoln, 1994) of the LPN role, from many different perspectives such as, Student LPNs, LPNs, Educators of LPNs and the regulator of LPNs perspective.

## Methods

1 : 1 or 1 : 2 Semi structure interviews, face to face & via teleconference with

- Chair of LPN Education
- Workforce Planners from Healthcare and Government
- Leaders
- Regulator in Alberta



## Results

### Educational Preparation

- Consistent educational preparation
- Current Education and Mandatory updates have prepared LPNs to work in all healthcare settings



# Results

## Educational Preparation

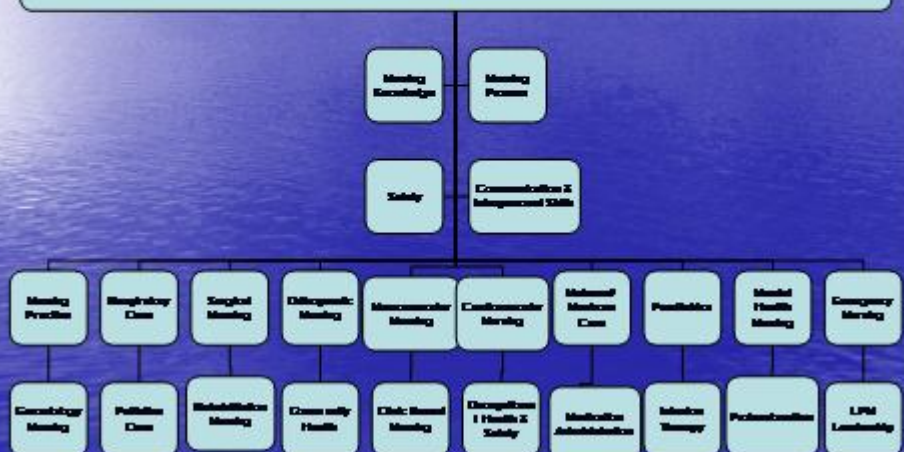
- Vital to have a mix of theory, clinical skills lab and practice
- Course must be well organised

*"The theory, why it is this way, then lab to practice before practicum really prepares you."*

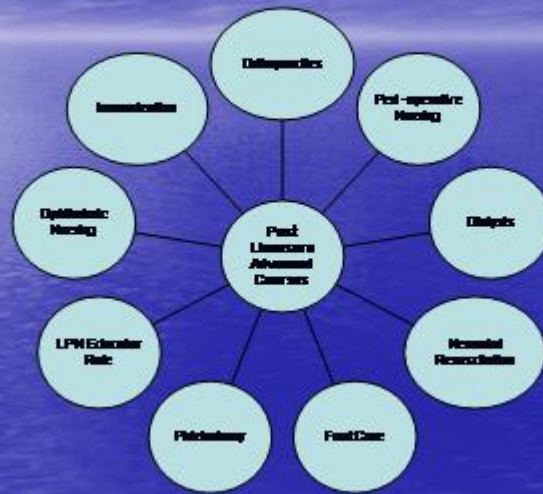
*"Really important that all the administrative issues correct or people leave."*

# Educational Preparation

Competence, assessed through theory, clinical laboratory work and clinical placement



# Post Licensure Educational



# Roles in Practice

New roles need to be supported throughout the healthcare system with :

- clarity of roles
- scope of practice



## Roles in Practice



- Friction, Turf Wars between LPN's & RN's
- Re – think the Title Assistant Practitioner

## Friction

“I am not allowed to work to full scope. I see the same Dr.'s, I can take their orders (Medicine orders) on Monday in LTC and not on Tues in Rehab, it just causes friction and confusion”

## Assistant Practitioner???

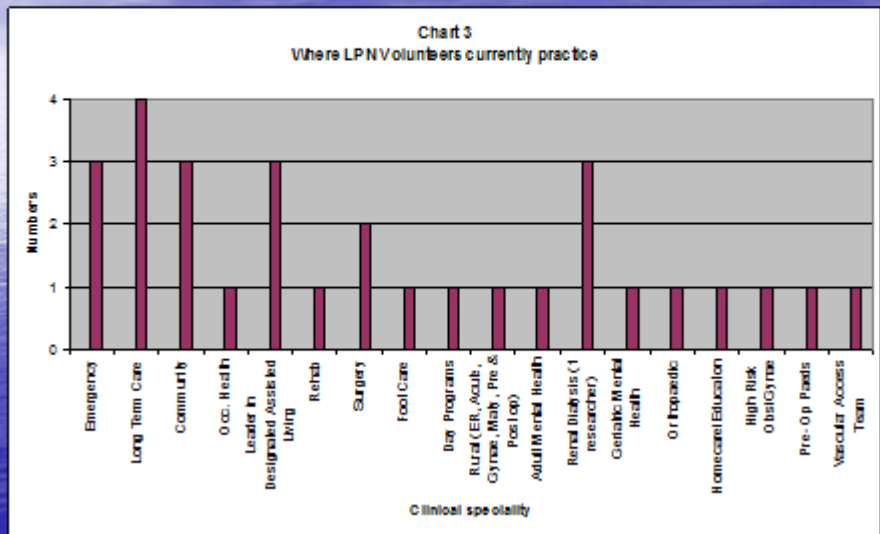
- "LPNs are autonomous, it was a real battle to move from Assistant to this, change this title or Scotland will wind up with the same turf wars"
- "It has been an uphill struggle from a Certified Nursing Aide to now, sometimes I was viewed as the Nurse Aide as opposed to a nursing aide, there's a big difference."
- *"Assistant part of the title is wrong, seems inferior, Practitioner sounds like a Dr"*

## Questions raised...



- Does Scotland need another level of Assistant?
- Does Scotland need another level of Nurse?

# Results



## Typical Day for an LPN

“In a retirement village I am the only Nurse on 3pm – 11pm, 8 HCA’s, I do injections, narcotics, insulin medications, the pharmacist has set up the oral medications so the HCA’s can admin them.”

## Typical Day for an LPN

"In Dialysis I have full responsibility and accountability to complete care dialysis care, if the patient becomes more critical and my RN is on break. I have to do all I can. Realising your boundaries and when to ask for help is part of being accountable. There is a team approach to care delivery. If the RN needs to take over my patient, I'll take over her patient "

## Typical Day for an LPN

"In ER 1<sup>st</sup>, I find out where I'm working. ABC assessment, head to toes, find out what's wrong & what's right. Draw labs if necessary, catheterise, constantly watching for someone who crashes....obvious injury you know what to for us on, need to look at whole body, they might be having a MI too. Once Dr see's those following orders. Can start IV's without Dr.'s orders, you need to constantly be critically thinking, need to be able to justify your actions."

## Typical Day for an LPN

"In OR, I am mainly allocated to specific lists, I work in theatre and in recovery. I work within my LPN scope of practice but others think of me as one of the nursing team. I recently heard a Dr. say an LPN won't get to do that in my Theatre and I said but I do that, he never knew I was an LPN"

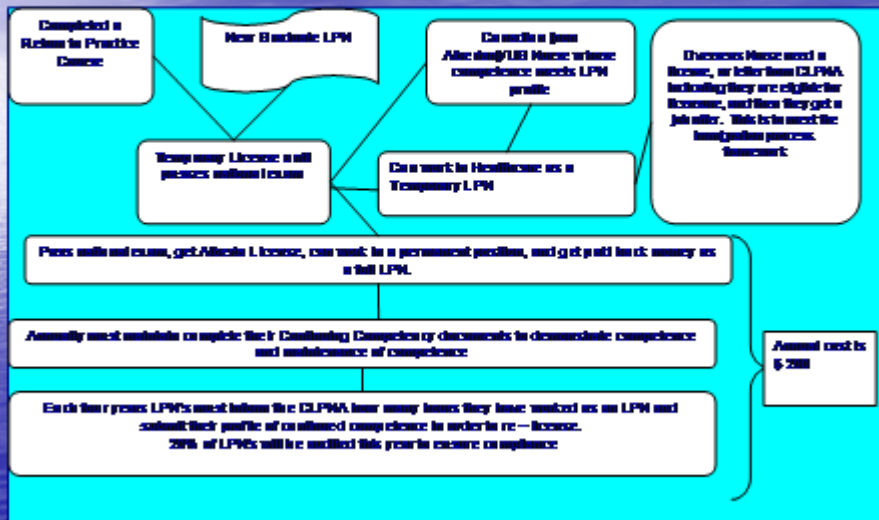
## Regulation

The College of Licensed Practical Nurses Alberta consider their role to be:

"Vital to ensure public protection, through:

- Education, both basic and post basic.
- Self regulation.
- Development of standards of practice.
- Disciplining LPNs who fail to work to set standards."

# Regulation



## Summing up...

Could the model fit into Scottish Healthcare?

It would require statutory regulation to lead the way setting educational standards, scopes of practice and clarity on role profiles



## Recommendations

- Establish Statutory Regulation of Assistant Practitioners.
- Establish a consistent approach to educate Assistant Practitioners across Scotland.
- Reconsider the appropriateness of the title Assistant Practitioner.
- Ensure role clarity and scopes of practice for Assistant Practitioners and educate all staff to make certain the role is accepted and not oppressed in practice

## Still to do.....

### Perspective

- Leaders
- Researchers
- Theme on public perception
- Up to date literature review
- Write up thesis



## Deadlines



- Poster Presentation at CASN Open Day 8<sup>th</sup> September
- Nursing Midwifery Strategy 11<sup>th</sup> September
- Florence Nightingale Report 30<sup>th</sup> September
- Present findings to NES and Scottish Government 16<sup>th</sup> October
- Poster Presentation at Regulation Event, Edinburgh, October 28<sup>th</sup>
- Thesis complete by December 2009
- Submit abstract for oral presentations for conferences early 2010



And then.....

It will be spring time!



**Copy of Poster Presentation see separate file**

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