Lessons Learned from the Canadian Licensed Practical Nurse (LPN) model

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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
What am I going to share today?

There were 9 themes found from the analysis of the research

I will share 2 of those themes which have been more thoroughly analysed for my MSc thesis

Education & Roles in Practice
Literature Review

From around the world there is wide variation on how nursing is organised and delivered

- UK, Ireland, Japan and New Zealand stopped educating ENs/LPNs, investing in support staff development from the late 1980s/early 1990s
USA, Canada, Finland and Australia have continued to educate ENs/LPNs and RNs.

New Zealand have decided to reinstate EN education December 2009.

Utilising Health Care Assistants.
Literature Review

England has the only literature around the Assistant Practitioner role.

Themes:

- Contributes to effective care delivery
- Inconsistent Approach to education
- Inconsistent scope of practice, reluctance to delegate
- Dislike of title Assistant Practitioner
- No career planning in place for this role
Where did I go?
Who took part?

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

Methods

• 1:1 or 1:2 Semi structured interviews, face to face & via teleconference

• Focus Groups
Results

Educational Preparation

- Inclusion in the Health Professions Act (2003) meant that LPNs became accountable, autonomous nurses.
- Education changed from 9 month certificate to 2 year diploma.
- All existing LPNs were required to complete mandatory updates in order be up to speed with the changes and to re license.
Results

Educational Preparation

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

Educational Preparation

• 2 year LPN programme can be used as access into the 4 year graduate RN preparation but only gives 1 year credit
• Students express dissatisfaction with this
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."
2nd Year Student LPN

"Really important that all the administrative issues correct or some of the good people leave."
1st Year Student LPN
Educational Preparation

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

- Nursing Practice
- Respiratory Care
- Surgical Nursing
- Orthopaedic Nursing
- Neurovascular Nursing
- Cardiovascular Nursing
- Maternal/Newborn Care
- Paediatrics
- Mental Health Nursing
- Emergency Nursing

- Gerontology Nursing
- Palliative Care
- Rehabilitation Nursing
- Community Health
- Clinic Based Nursing
- Occupational Health & Safety
- Medication Administration
- Infusion Therapy
- Professionalism
- LPN Leadership

- Nursing Knowledge
- Nursing Process
- Safety
- Communication & Interpersonal Skills
Post Licensure Educational

- Immunization
- Ophthalmic Nursing
- LPN Educator Role
- Orthopaedics
- Peri-operative Nursing
- Dialysis
- Neonatal Resuscitation
- Phlebotomy
- Foot Care
- Peri-operative Nursing
- Dialysis
- Neonatal Resuscitation
- Phlebotomy
- Foot Care
- Post Licensure Advanced Courses
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 LPNs & RNs
- Re–think the title Assistant Practitioner
- This is consistent with recent English evidence
  (Spilsbury et al, 2009, MacKinnon, Kearney, 2009)
Roles in Practice

LPNs are clear about their scope of practice, those around them are not.

“As a new grad LPN in an orthopaedic area, the 1st LPN in 9 nine years, I worked out my scope with my manager, then carried it around in my pocket, so every time someone asked ..can you do that.. I'd show them my scope of practice”
Friction

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

LPN
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”
Assistant Practitioner????

A unique controversial view was expressed by one of the 96 participants.

“Be cautious with the title, Assistant is good if that is the purpose of the role, we (in Alberta) have confused things be calling two types of roles Nurse”
Results – Roles in Practice

Chart 3
Where LPN Volunteers currently practice

Clinical speciality

Emergency
Long Term Care
Community
Occ. Health
Rehab
Surgery
Foot Care
Day Programs
Adult Mental Health
Geriatric Mental Health
Orthopaedic
Homecare/Education
High Risk Obs/Gyna
Pre-Op Paeds
Vascular Access Team

Leadership in Designated Assisted Living

1

Rehabilitation

1

Surgery

1

Emergency

2

Long Term Care

3

Community

2

Occupational Health

2

Rehabilitation

1

Surgery

1

Foot Care

1

Day Programs

1

Adult Mental Health

1

Renal Dialysis (1 researcher)

1

Geriatric Mental Health

1

Orthopaedic

1

Homecare/Education

1

High Risk Obs/Gyna

1

Pre-Op Paeds

1

Vascular Access Team

1
Typical Day for an LPN

“In a retirement village I am the only Nurse on 3pm – 11pm, 8 HCAs, I do injections, narcotics, insulin medications, the pharmacist has set up the oral medications so the HCAs 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 1st, 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 focus on, but need to look at whole body, they might be having a MI too. Once Dr sees then its following orders. Can start IVs 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”
The College of Licensed Practical Nurses Alberta 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”

LPN Regulator
Regulation

• CLPNA do more than the standard regulatory function

“CLPNA have done an excellent job at raising the role profile of the LPN role at Senior Healthcare provider levels and with the Alberta government”

Workforce Planning Leader
“Inclusion in the HPA, propelled us forward 350% to be viewed as a professional accountable group. None of this would have happened without the CLPNA.”

LPN Leader
Questions raised...

- Does Scotland need another level of Assistant?
- Does Scotland need another level of Nurse?
Questions Raised...

Are we re-creating an EN????

You may have had experience of Enrolled Nurses in clinical practice... here's an idea if we had kept educating ENs what would they look like now... a Canadian LPN or an Assistant Practitioner???
Questions Raised...

You know what is important around creating Assistant Practitioners and convincing those who consider it to be re-creating the EN role....

What if a role could be created with what was good about the EN role but without the negative aspects...
Meeting the Objectives

Education

• Consistent Provincial Approach that fits into a national framework
• Thorough educational grounding that prepares graduates to work in all areas of healthcare
• Too much for 2 years
• Needs to be well structured
Meeting the Objectives
Roles in Practice

• LPNs have their roots in Long Term Care but now work in all areas of healthcare
• In clinical areas where patients are stable there is much less reliance on RN’s
• In unstable critical care environments there is collaborative approach
• Friction & Turf wars around the overlapping scope of practice
Meeting the Objectives
Regulation

- Statutory Regulation
- Public Protection
- Regulating LPNs separately from RNs increases their public professional standing, as the regulator advocates to push the profession forward
Summing up...

To closely consider if the educational preparation and application in practice could be a model for developing Assistant Practitioners in Scotland

- The roles fulfilled in practice could be utilised.

- The evidence analysed to date would suggest that, in Canada statutory regulation leads the way, setting educational standards, scopes of practice and clarity on role profiles.
Recommendations

• Consider Regulation of Assistant Practitioners.
• Establish a consistent approach to educate Assistant Practitioners across Scotland, which fits into a UK wide system.
• Reconsider the appropriateness of the title “Assistant Practitioner”.
• Ensure role clarity and scopes of practice for Assistant Practitioners by educating all staff to make certain the role is accepted and not oppressed in practice.

Time will tell if this is feasible
Acknowledgements

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• Professionally

  Adds evidence to a current topic in nursing today

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Final Thought....

“It seems to me that Scotland are about to start on a journey that LPNs have been on, it would be good if Scotland could start where we are now, rather than where we begun”