

Professional Responsibility and Accountability

INTRODUCTION

The College of Licensed Practical Nurses of Alberta (CLPNA) has the authority under the *Health Professions Act* (HPA) to carry out its activities and govern registrants* in a manner that protects and serves the public interest.

Licensed Practical Nurses (LPNs) are professionally responsible and accountable for delivering safe, competent, and ethical nursing care in accordance with legislation and regulatory standards. Responsibility can be defined as the ability to respond and answer for one's actions and obligations and to be trustworthy, reliable, and dependable. Accountability is the obligation to answer for the professional, legal, and ethical responsibilities of one's activities and actions.**

This policy expands on the expectations of professional responsibility and accountability as set out in the HPA, the *Licensed Practical Nurses Profession Regulation* (LPN Regulation), the *Standards of Practice for Licensed Practical Nurses in Canada* (Standards of Practice), and the *Code of Ethics for Licensed Practical Nurses in Canada* (Code of Ethics). These documents establish the foundation of LPN professionalism when providing practical nursing services. The *Competency Profile for LPNs* further details the professionalism expected of LPNs upon entry to practice, which includes the understanding of these foundational regulatory documents.

PURPOSE

The purpose of this policy is to outline key professional responsibilities that LPNs, as regulated health professionals, are accountable for. Some key professional responsibilities and accountabilities discussed in this document clarify expectations related to fitness to practice, professional development, abandonment of care, professional boundaries, and the duty to report.

POLICY

Schedule 10 of the HPA sets out the LPN scope of practice and outlines the types of practical nursing services LPNs provide.

* In this document, "registrant(s)" has the same meaning as "regulated member(s)" in the *Health Professions Act*.

Health Professions Act, Schedule 10

In their practice, licensed practical nurses do one or more of the following:

- (a) apply nursing knowledge, skills, and judgment to assess patient needs;
- (b) provide nursing care for patients and families;
- (b.1) teach, manage, and conduct research in the science, techniques, and practice of nursing; and
- (c) provide restricted activities authorized by the regulations.

Professional nursing services can encompass both direct and non-direct nursing practice (including roles in administration, management, education, or research). LPNs will be considered engaged in practical nursing when their responsibilities align with the provision of services under Schedule 10, section 3 of the HPA.

LPNs practicing in non-direct or alternative roles can contact the CLPNA to have their role assessed to evaluate whether it falls within LPN nursing practice. LPNs can also use the *Nursing Practice Self-Assessment Tool* on the CLPNA website. LPNs working in these roles are required to meet the same standards, conduct, and accountabilities as any other LPN.

LPNs are professionally responsible and accountable for the care and services they provide regardless of their employment setting or job title.

Professionalism

LPNs have professional responsibilities and accountabilities to the public, patients, the profession, colleagues, the CLPNA, and themselves. Professionalism is defined as the conduct, competence, skills, or qualities expected of a profession or a registrant of the profession.

LPN professionalism involves using practical nursing knowledge throughout the nursing process to guide nursing practice. Critical thinking, evidence-informed inquiry, and clinical judgment are key aspects of decision-making. LPNs must assess the outcomes of their decisions when providing care. Clinical judgment and decision-making should be evidence informed.

LPN professionalism also includes maintaining accurate and up-to-date documentation as well as confidentiality in all aspects of care. To read more about documentation and confidentiality responsibilities as an LPN, please see the *Documentation* policy and the *Confidentiality* practice guideline.

LPNs are also expected to maintain their professionalism when communicating with CLPNA, which includes timely responses.

Fitness to Practice

Self-regulation includes the professional obligation to be personally responsible for maintaining fitness to practice. Being fit to practice requires having the physical, mental, and emotional health to provide safe, competent, and ethical nursing care.

The CLPNA is mandated under the HPA to protect the public from unsafe, incompetent, and unethical nursing care. However, not all fitness to practice concerns reported result in the LPN being determined unfit to practice. Depending on the circumstances, the risk to the public could be mitigated with practice accommodations or restrictions to ensure the LPN's practice remains safe and competent. These practice modifications are established to ensure the safety of patients and colleagues and guide a successful transition back into the workplace.

As outlined in the Code of Ethics and Standards of Practice, LPNs are responsible and accountable for recognizing their capabilities and limitations. This means:

- maintaining the required mental, physical, and emotional wellness to meet the responsibilities of their role;
- engaging in ongoing self-assessment of their practice and competence; and
- informing the appropriate authority if they become unable to practice safely, competently, or ethically.

When providing care to patients, health professionals must assess the implications of their decisions using critical thinking, critical inquiry, and clinical judgment. If a health professional's capacity to perform these functions is impaired, they may not be fit to practice. An individual's fitness to practice may be compromised by:

- illness or injury;
- fatigue;
- being under the influence of any substance that impairs physical, mental, or emotional health, regardless of whether the substance is prescribed, recreational, or illegal;
- ongoing or chronic conditions, disorders, or addictions; and
- undergoing certain types of treatment.

What matters in assessing fitness to practice is whether the individual has the required physical, mental, and emotional health to practice safely, competently, and ethically. For example, some medications and drugs intended to address a particular health condition may also impair the LPN's fitness to practice.

Assessing and disclosing concerns about fitness to practice to the appropriate authority promptly proactively demonstrates professional responsibility and accountability. LPNs are reminded that displaying a lack of judgment in the provision of professional services or contravening the Code of Ethics or Standards of Practice is unprofessional conduct and can result in disciplinary action.

LPNs must be proactive in maintaining their fitness to practice and take actions to address anything that may compromise their ability to be fit to practice (e.g., seeking counselling, peer support, or medical advice). Some illnesses or conditions can affect an individual's capacity to self-identify that their fitness to practice might be impaired. In these situations, it becomes important to take note if concerns are raised by others and assess your practice carefully or seek outside assistance.

When fitness to practice is compromised, the LPN risks being considered "incapacitated" under the HPA. Section 1(1)(s) of the HPA explains that an individual is considered incapacitated if they are suffering from a physical, mental, or emotional condition or disorder or an addiction to alcohol or drugs, (as defined in the *Pharmacy and Drug Act*), or other chemicals that impair the ability to provide professional services in a safe and competent manner. An LPN may be unfit to practice without being considered incapacitated. More information can be found in the *Fitness to Practice and Incapacitated Under the HPA* interpretive document.

Reporting Fitness to Practice

In keeping with the mandate to regulate the profession in a manner that protects and serves the public interest, the CLPNA requires:

- all applicants to report on their fitness to practice when applying for registration, and
- all current registrants to report on their fitness to practice status at registration renewal each year as part of the ongoing self-assessment of their practice and competence.

In accordance with the Code of Ethics, LPNs must report to the appropriate authority if they become unable to practice safely, competently, and ethically at any time. The appropriate authority an LPN must report to may vary. The appropriate authority is often the employer but could also be the CLPNA depending on the nature of the concern.

Reporting Fitness to Practice Issues

During the registration year, LPNs will manage fitness to practice issues with their employer.

At renewal each year, the LPN must report to the CLPNA if they are currently off work or on a leave of absence due to a condition, disorder, addiction, or treatment that impairs their ability to provide professional services in a safe and competent manner.

This allows the CLPNA to confirm that the LPN meets the criteria for registration and practice before returning to work.

Assessment Authority Under the Health Professions Act

Under section 28(3) of the HPA, the Registrar may require an applicant for initial registration to undergo a physical or mental examination if there are reasonable and probable grounds to think that the applicant would pose a risk to the public or provide unsafe care due to disability or incapacity. This means that the

Registrar is authorized to request information from the applicant about their fitness to practice in order to determine whether there are grounds to believe that an applicant may be unsafe to practice.

Section 118 of the HPA provides authority for the Complaints Director to direct a registrant to undergo physical or mental examinations, or both, if there are grounds to believe that a registrant is unfit for practice or “incapacitated” as defined in the HPA. Further information about the legalities and obligations related to this process can be found in the *Fitness to Practice and Incapacitated under the HPA* interpretive document.

Professional Development

The establishment of a continuing competence program is required under the HPA for regulatory colleges to enhance the provision of professional services and ensure registrants maintain competence. LPNs must maintain their competence to fulfill their professional responsibility to provide safe, competent, and ethical care. This requirement means that registrants are expected to be engaged in the practice of practical nursing on an ongoing basis. Section 1(1)(f) of the HPA defines competence as “the combined knowledge, skills, attitudes, and judgment required to provide professional services.”

LPNs must participate in the CLPNA's Continuing Competence Program (CCP). The CCP allows the CLPNA to confirm that LPNs have the competence to provide the safe and ethical care required in their role, responsibilities, and practice setting. Each year, LPNs must identify and engage in activities according to their own learning needs for continued competence development.

The Standards of Practice and Code of Ethics outline LPNs’ professional responsibility and accountability to be engaged in ongoing self-assessment of their professional practice and competence and to seek opportunities for continuous learning. LPNs are expected to assess their strengths and address any limitations in their practice when engaged in the provision of practical nursing services. LPNs must demonstrate and document their continuing competence in the practice of practical nursing through the CCP outlined in sections 22 and 23 of the LPN Regulation.

Continuing Competence Program Audit

LPNs must be periodically selected in accordance with criteria established by Council to undergo a review and evaluation of their continuing competence activities. The CCP audit process requires the LPN to provide proof of completion of their learning plan and how their learning translated into practice. More information on the CCP and the audit process is available on the CLPNA website.

Abandonment of Care

The duty to provide quality care is fundamental to professional nursing practice. LPNs should be mindful of their responsibilities and accountabilities that come into effect once they accept a patient assignment. Abandonment of care occurs if the nurse-patient relationship is severed without reasonable notice to the

appropriate person (i.e., supervisor or employer) so that arrangements can be made to transfer care. Failing to do so may result in disciplinary action.

Once an LPN accepts a care assignment, they are required to transfer care of the patient to an appropriate provider in the event they cannot continue to care for the patient. The LPN should not accept an assignment if they are not competent or able to perform the required care.

Professional Boundaries

Professional boundaries are defined as the space between the nurse's power and the patient's vulnerability and the defining lines that separate the therapeutic behaviour of nurses from behaviours that, well-intentioned or not, can reduce the benefit of care to clients. Because of the LPN's inherent position of power and influence over patients, it is their professional responsibility to uphold professional boundaries in their practice.

Standard 3.1 in the Standards of Practice expects LPNs to develop trusting and therapeutic relationships. A therapeutic nurse-patient relationship is defined as a trusting relationship between a patient and an LPN that respects and maintains professional boundaries and contributes to health-related treatment goals for a defined period of time. Professional boundaries should be maintained both on and off duty.

Additional information related to professional boundaries can be found in the *Standards of Practice on Boundary Violations: Protecting Patients from Sexual Abuse and Sexual Misconduct*, the *Competency Profile for Licensed Practical Nurses*, the *Client and Co-Worker Abuse* policy, and the *Professional Boundaries* practice guideline.

Technology and Social Media

LPNs should be mindful of professional boundaries in their use of technology and social media when communicating with patients and their family members, colleagues, and supervisor(s). Improper use of technology and/or social media can blur the line between professional and personal conduct. Appropriate use of technology and social media supports an LPN in upholding the legal and ethical obligations of maintaining a patient's privacy and confidentiality and maintaining the integrity of the nursing profession.

Please see the *Social Media and e-Professionalism Guideline for Nurses* collaborative document, the *Understanding Privacy Legislation in Alberta* interpretive document, and the *Confidentiality* practice guideline for more information.

Duty to Report

LPNs have to report unsafe practice, unprofessional conduct, or abusive behaviour to the appropriate authority in accordance with legislation, the Standards of Practice, and the Code of Ethics. To ensure patient safety and quality of care, this duty to report extends beyond an LPN's own personal practice or profession and includes reporting to the appropriate authority (employer, regulatory body, or external

authority) if unethical or incompetent care by another care provider is suspected. LPNs may also have ethical or legal obligations to report in other situations. See the *Duty to Report* interpretive document for additional information.

Unprofessional Conduct

Unprofessional conduct on or off duty can result in disciplinary action by the CLPNA as LPNs are accountable for their behaviors and actions. The definition of unprofessional conduct in section 1(1)(pp) of the HPA includes the following:

- (i) displaying a lack of knowledge, skill, or judgment in the provision of professional services;
- (ii) a contravention of the HPA, Code of Ethics, or Standards of Practice;
- (iii) contravention of another enactment that applies to the profession (e.g., the LPN Regulation);
- (iv) representing or holding out that a person was a registrant and in good standing while the person's registration or practice permit was suspended or cancelled;
- (v) representing or holding out that person's registration or practice permit is not subject to conditions when it is or misrepresenting the conditions; or
- (xii) conduct that harms the integrity of the regulated profession.

LPNs are expected to practice within their scope of practice, level of competence, and role in the practice setting. The LPN must consult with appropriate healthcare professionals if the patients' needs exceed their individual level of competence or the LPN scope of practice. The LPN must respond in a timely manner to communication (e-mail, written letters, phone calls, etc.) from the CLPNA. These expectations form the basis of LPN professional responsibility and accountability.

CONCLUSION

LPNs are responsible and accountable for their own nursing decisions, actions, and professional conduct. The commitment to providing safe, competent, and ethical care begins with LPNs taking care of themselves and maintaining their physical, mental, and emotional health and includes interactions with patients, their families, colleagues, and the public. LPNs have the responsibility to self-report or report others to appropriate authorities if unethical behaviour or incompetent care is suspected on or off duty. Anyone who has a genuine concern that an LPN is not practicing safely should report this in writing to the CLPNA.

Documents are updated frequently. For access to the most current version of related documents and resources, please visit the Knowledge Hub on clpna.com. If you have any questions, please contact the Professional Practice team, on the website, using Ask CLPNA under the "Contact" tab, or by phone at 780-84-8886 or 1-800-661-5877 (toll free in Alberta).