Guidelines for
Licensed Practical Nurses
in Nova Scotia

The Professional Practice Series

Leadership

December 2013

Licensed Practical Nurses have core nursing knowledge to independantly care for clients with an established plan of care. Licensed practical nurses are an intregral part of the health care team; accountable to provide safe, competent, ethical and compassionate care to individuals, families and communities.

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PROFESSIONAL PRACITCE SERIES: Leadership

Preamble

The scope of practice of licensed practical nurses (LPNs) in Nova Scotia has evolved over the last number of years. It is important to point out that these changes have transpired over a relatively short period of time. These changes include: amendment of the Licensed Practical Nurses Act in 2006 to strengthen practical nursing practice in Nova Scotia, modifications to LPN educational curriculums and standard requirements in 2008, and revisions to Scope of Practice, Standards of Practice, Code of Ethics and Entry-level Competencies. These fundamental resources serve as pillars to define and guide the practice of practical nursing in Nova Scotia. The scope of practice of LPNs includes the application of the nursing process, using core nursing knowledge, critical thinking, and clinical judgment (Licensed Practical Nurses Act, 2006).

The connection between the need for leadership development in LPNs is closely tied to the extent of change and increasing demands on their practice. LPNs have been experiencing a significant role transition and limited support in place to help them manage this transition, (MacKeen, 2012). Leadership development and /or leadership programs have shown to have a positive impact on individual nurses (Curtis, Sheerin & de Vies, 2011), client satisfaction and outcomes, (Stewart 2004) and systems, (Akerjordet & Severinsson, 2012).

LPN Leadership Guidelines Model

The LPN leadership framework is a hybrid model based on evidence identifying attributes of the clinical leader. The attributes were contextualized to the Nova Scotia perspective by embedding salient elements of the LPN professional scope of practice and key College policies (e.g., Continuing Competence Program) into the framework. Guiding principles underpin the model and further ground it in practice specific concepts, empowerment, leadership theory and Benner's novice to expert model.

Professional Practice
Clinical & Professional Knowledge

Collaboration & Facilitation
Taking Action & Mentorship/Advocacy

Communication
Information Sharing Relationships

Reflection
Perspective & Self-Assessment

The College

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS), or the College, is the regulatory body for licensed practical nurses in Nova Scotia. The College's mandate is to protect the public by promoting the provision of safe, competent, ethical, and compassionate nursing care. The College sets, monitors and enforces standards for entry into the profession, practical nurse education, registration and professional conduct. The College creates Standards of Practice, establishes a Code of Ethics,

develops and implements a Continuing Competence Program, and publishes policies and interpretive documents to support the practice of licensed practical nurses in Nova Scotia.

Using this document

This document is part of *The Professional Practice Series*. It is one document, in a group of documents that have been created to help LPNs and others better understand the scope of practice of the LPN in Nova Scotia. ***Guidelines for Licensed Practical Nurses: Leadership*** was developed to assist licensed practical nurses understand the concepts associated with leadership and how they apply to their practice. This, as with all College documents, can be used with CLPNNS Standards of Practice, Code of Ethics and all applicable practice guidelines found on the College website at **www.clpnns.ca.**

The **goal** of these guidelines is to provide licensed practical nurses with a tool so that they will be better prepared to engage in professional leadership behaviours while providing direct care to clients.

The **purpose** of these guidelines is to provide licensed practical nurses with everyday leadership skills so that they may make appropriate decisions and engage in interprofessional conversations critical to the provision of safe and competent care to clients (Bhattari, 2008).

Companion Learning Module

This document has a companion learning module (CLM) both an online version and a paper-based version. (Please Note: Access to the internet is required for both.) The CLM is made up of for sections and each section contains article/document reviews, reflective practice exercises and a section quiz.

With or without the completion of the CLM these guidelines serve to support LPNs in the everyday practice.

Guiding Principles

Four principles, grounded in the Standards of Practice and Code of Ethics, provide the foundation on which the leadership guidelines were developed.

- LPNs establish and maintain therapeutic nurse-client relationships and provide client centered care to individuals, families, groups and communities.
- LPNs advocate for, participate in the development of, and promote workplace practices and policies that facilitate professional practice.
- LPNs engage in career-long learning to continuously develop and reflect upon their competencies as they relate to their practice contexts.
- The independence of LPN practice is contextual to the needs of the client. As client outcomes become more variable and needs become more complex, LPN practice becomes more collaborative or consultive with an appropriate care provider.

Conclusion

Leadership is an obligation of all LPNs in Nova Scotia. As active members of the heath care team, the LPN is expected to maximize their professional relationships and engage in conversations for the purposes of improving client outcomes.

INTRODUCTION

Learning Outcome

Examine the critical processes related to collaboration and facilitation in relation to role of the LPN.

Why this information is important to Licensed Practical Nurse Leaders

Since 1957, there have been at least 4 distinct sets of entry-to-practice requirements for LPNs in Nova Scotia, each embedded with their own expectations of what it is to be a leader. In todays practice environment, there are LPNs in active practice, representing graduates from *seven* decades and each of those 4 sets of entry to practice requirements. Also, since 1957 the system has had very different expectations of nurses and what it is to be a licensed practical nurse. For a number of years, the leadership actions of the LPNs were limited to 'recognize-report-move on'. This practice has led to a belief that leadership was something that only belonged to nurses in a formal leader position. The full leadership capacity for the LPN, across all contexts, was never explored, primarily because the system did not demand it.

Today, the health care system in Canada and Nova Scotia is facing challenges it has never faced before, (HANS, 2012). Expectations of clients, care providers and facilities have changed and continue to change. The expectation of LPNs, both provincially and nationally, has also changed.

Leadership is not an action in of itself, but rather the manner in which LPNs *must approach* their practice in the current health care environment. It is vital that LPNs see that leadership is the capacity to influence others to work together to achieve a common purpose and is required to make the system work as a system, (Dickson, 2008). Leadership lives in the everyday relationships LPNs have with their colleagues, clients, employers and the public.

The LPN as a Leader

Every LPN in Nova Scotia is expected to demonstrate leadership in their practice as part of meeting their commitment to their Standards of Practice and Code of Ethics (CLPNNS 2013a, 2013d). LPNs act as leaders through their advocacy for, and contribution to the development and maintenance of quality practice environments. Quality practice settings are required to support safe and effective nursing practice (CNO, 2006).

As leaders, licensed practical nurses are expected to be confident in their knowledge to assess clinical circumstances and articulate client needs to the team. Leadership requires the LPN to step into situations and do their best to make things better for the client. Having a crucial or intentional leadership conversation, taking action and following up for the sake of improvement of the client, the system, and the profession are leadership actions that require initiative and courage because the stakes are high, options vary and emotions can be strong, (McCullers-Varner, 2012). Everyday leadership is critical to professional growth and confidence.

Licensed practical nurses are expected to reflect on their practice. Reflection is a method of learning and gaining insight through the critical analysis of one's experiences (Durgahee, 1997). LPNs look back at their actions and at the outcomes that were, or were not achieved. They make decisions about their future practice, based on the reflection or lessons learned from previous practice. Reflection is an important component of leadership and consistent with principles of the Colleges' Continuing Competence Program (CCP).

Leadership

Although LPNs are practicing in more and more different kinds of settings, most licensed practical nurses in Nova Scotia practice in the clinical or direct care provider context. Clinical leadership is the process of demonstrating leadership behaviours while providing direct care (Patrick, Laschinger, Wong and Finegan, 2011). Leadership, in the context of this document, is defined as the demonstration of professional leader behaviours during the provision of care for the purposes of successfully influencing client outcomes (Stewart, Stanfield & Tapp, 2004). Simply put, everyday leadership involves doing the right thing by having the right conversation, with the right person to address the right issue, at the right time.

These guidelines are designed for all LPNs whether they work in a formal leadership role or not. They focus on giving all LPNs the skills to engage in conversations and relationships as a means of impacting client outcomes.

Practice Context

Practice context is the sum total of a relationship between three variables:

- **Nurse Competency**: An individual nurses' knowledge, skill, judgment, education and experience;
- **Client Needs**: Plan of care, including priority problems, outcomes, interventions and the level of predictability or complexity, and;
- **Practice Environment**: Clinical mentors, practice supports (resources, references, equipment) and policy.

LPN practice in Nova Scotia is *contextual* to the relationship between these variables (CLPNNS, 2012b). This means that as one element in the relationship changes, the LPNs independence of practice changes. For example, when client's needs have been determined to be predictable, and there are sufficient resources in the practice environment to support and guide the LPN and the LPN has self-assessed that they possess the necessary competency to care for the client, practice is independent. However, if the client is not predictable or there are minimal supports in the environment or the LPN has self-assessed that they do not have the necessary competency, then the LPNs' practice is collaborative with or under direction of another care provider.

This means that even though the LPN may have the necessary knowledge and skill to perform an intervention, the complexity of the overall practice context may be such that the judgments relating to the

outcome of an intervention (including education, surveillance, monitoring, follow-up assessment or support) are better suited for another care provider with a broader knowledge base, (i.e., RN, NP or MD). As with all aspects of their practice, licensed practical nurses are accountable to recognize when they are required to work in collaboration with, or under the guidance or direction of an appropriate care provider. As a leader, it is vital that the LPN can articulate the concepts of practice context of care to others.

Understand and Articulate

The LPN leader must understand and apply the concepts of leadership in their own practice. That alone is not enough to be an effective leader. The LPN leader must also be able to convey the concepts as a means to guide and mentor others to facilitate their leadership capacity.

NOTE: Licensed practical nurses can consult or collaborate with any care provider who has an established relationship with the client (the nature and intensity of the established relationship is defined by the context e.g. on-call, supervisor or remote), and has the capacity to provide consultation or direction. For the purposes of this document, the assumption is that the LPN's first collaborative partner is the RN.

SECTION ONE: PROFESSIONAL PRACITCE

Learning Outcome
Examine the elements of professional practice.

Why this information is important to Licensed Practical Nurse Leaders
An effective leader has a full understanding of their individual practice and of the concepts that support their practice professionally. Nurses can be most impactful when they can see and articulate how these concepts can affect the practice environment, (Abraham, 2011).

Professional practice is the framework from which LPNs practice. It's made up of accountability, clinical and professional knowledge. The LPN leader must be aware of the each of the elements and the relationship or context in which they create.

Professional Practice
Professional practice is nursing practice that is consistent with the LPN Act, LPN Regulations as well as Standards of Practice, Code of Ethics, Continuing Competence Program (CCP) and/or other documents/policies developed by the College. The Act, Regulations, Standards and Code, CCP and other documents create a professional practice framework, defining LPN practice. Professional practice ensures that clients receive safe, competent, ethical and compassionate nursing care from LPNs.

Accountability

Accountability
Accountability is an obligation to accept responsibility or to account for one's actions to achieve desired outcomes (Porter-O'Grady & Wilson, 1995). Accountability cannot be delegated or ignored. In appropriate circumstances and context, accountability can be transferred from one care provider to another.

Accountability differs from responsibility. Accountability is a continuous compulsory obligation inherent in the role of the LPN. Responsibility, as a component of accountability, can be an intermittent process, whereby the attention is often focused on an accurate or timely completion of a task (Savage and Moore, 2004). Standards for professional accountability are set, monitored, and enforced by the CLPNNS through the Standards of Practice and Code of Ethics (CLPNNS 2013a).

It is important to note that the LPNs accountability to comply with Standards of Practice and Code of Ethics is present at all times, even in situations away from the clinical or employment setting.

Context of Accountability
LPNs are accountable for their actions – which includes inaction – at all times. Accountability is specific to knowledge and once an LPN has knowledge or awareness of a client/care situation they are accountable

to manage, report or follow-up. If the LPN is not the most appropriate care provider to address a given situation, they are accountable to ensure that the appropriate care provider does. The concept of accountability applies to LPN practice in three broad circumstances. LPNs are accountable for:

- **What is known**: This is information that comes to a nurse's awareness through the course of caring. This can result from an assessment, or be conveyed to the nurse by client, family or other care provider. (e.g. The findings of a client assessment.)
- **What should or ought to be known:** This is information about specific situation and/or the overall client assessment. Information of this nature may be related to either a previous or ongoing situation. It may also not be readily obvious and has to be sought out by the nurse. (E.g. A clients' laboratory results, a client's mobility status 24 hours after a fall or when to consult another care provider.)
- **What can be reasonably expected to be known:** This is the information that is required by an LPN to provide safe, competent, ethical and compassionate care in their practice context. (E.g. Clients in a long term care facility require care from LPNs with specialized practice knowledge specific to dementia.)

LPNs are not accountable for:

- The actions of others of which they did not have or could not be reasonably expected to have, prior knowledge. (E.g. The LPN is not accountable for a medication error made by another care provider on the team.)

For more information about accountability, go to http://clpnns.ca/sites/default/files/Accountability%20July%2012.pdf

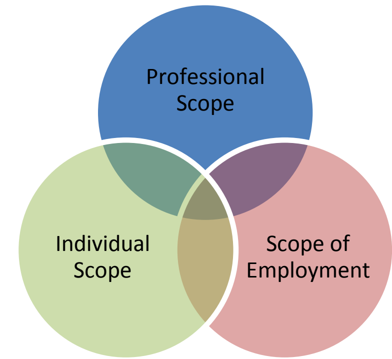
Transfer of Accountability

Occasionally, the accountability for ongoing management of a circumstance can be transferred to another care provider. The transferring LPN is accountable to: ensure that transfer of accountability is appropriate in the practice context; ensure that the accepting care provider has the necessary knowledge, skill and judgment to provide the ongoing care to the client, and; provide the accepting care provider the right information, at the right time in the most effective manner so that they may make appropriate ongoing care decisions.

It is understood that accountability cannot be transferred to a care provider who is unwilling or unable to accept it. If for any reason the accepting care provider is not able to manage additional accountability, the transferring LPN is required to retain accountability until such time as it can be safely transferred. If this is not possible, the LPN must find another appropriate care provider to transfer the accountability to. It is important to note that LPNs remain accountable for information (and any action that should take place as a result of the information) until it has been successfully transferred to and *accepted* by an appropriate care provider.

Understanding Scope of Practice and Practice Context

In Nova Scotia, the LPN scope of practice is made up of three distinct, but related contexts. The LPN as leader is responsible to know the difference between the three.

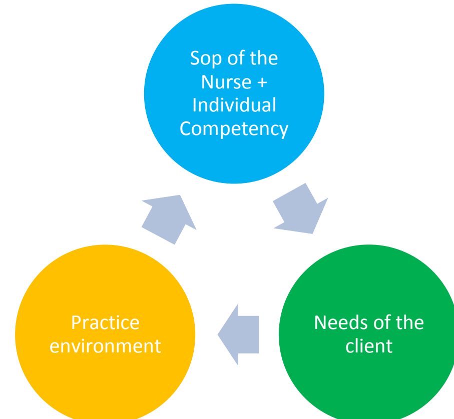


Professional Scope of Practice (PSoP) is set by the LPN Act and represents the outer limits of LPN practice in Nova Scotia. The PSoP can only be changed by a change in the legislation. LPNs are expected to advocate for optimized practice within the PSoP. For more information about the LPN Act and LPN Regulations, go to http://clpnns.ca/lpn-act-and-regulations-2/

Individual Scope of Practice (ISoP) represents an individual LPNs scope of practice based on their current practice context, education, experience and competencies. The ISoP can be expanded or minimized by changes in the practice context and/or employer policies. As LPNs move from employer to employer, their ISoP changes and they are required to maximize their new ISoP over time.

Scope of Employment (SoE) is the limits of the LPN role within the employment setting. The SoE has great impact on the ISoP. LPNs are expected to optimize their ISoP within the employer policies and/or advocate for policy change to support optimized practice. SoE changes from employment setting to employment setting and LPNs are accountable to know what is expected of them in their current role.

Practice context is the sum total of the professional/individual scope of practice and individual capacity of the nurse, the needs of the client and the practice supports in the clinical environment. Understanding practice context is a critical to making appropriate care decisions or assignments. Practice context will vary from one nurse to another because every nurse has a unique ISoP or capacity. It is very important for LPNs to recognize that as one individual element of the practice context changes, the overall context changes. (See page 6.)



Professional Knowledge

Professional knowledge is important practice specific information that applies to the professional scope of practice of the LPN in Nova Scotia.

Standards of Practice

Standards are authoritative statements that define the legal, ethical and professional expectations of LPNs. They apply in the practice of every LPN regardless of client population or practice context. Standards of practice represent safe, competent, ethical and compassionate nursing care (CLPNNS,

2013d). They contribute to the professional practice framework and serve as the benchmark to which LPN practice is measured.

Code of Ethics

The Code of Ethics outlines the ethical values and responsibilities that LPNs are accountable to uphold, and promote. The Code guides LPNs ethical reflections and decision-making; informs the public about ethical values and responsibilities of the profession, and; conveys the professions commitment to society, (CLPNNS 2013a).

Continuing Competence Program (CCP)

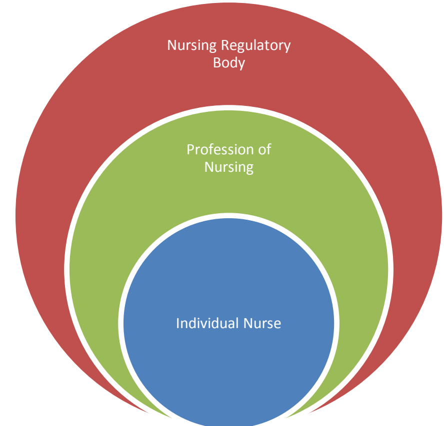
The Continuing Competence Program (CCP) is a formal system of assessing the ongoing knowledge, skills, and judgment of a professional practitioner. It is a quality assurance mechanism implemented to ensure practitioners are competent in their practice (Vernon, Chiarella and Papps, 2013). Ultimately, the continuing competence program contributes to the College's objective to protect the public. Every LPN in every practice context is required to participate in the competence program (engaging in reflective practice to self-assess their professional learning needs; taking action to create and implement a personal learning plan, and; evaluate the effectiveness of their learning personal plan), every year they maintain an active practicing license. Participation in CCP by every individual nurse boosts the professional contribution to the nursing profession by practical nurses and increases the visibility of the practical nurse profession. For more information about the Continuing Competence Program, go to http://clpnns.ca/continuing-competence-program-ccp/

Self-Regulation

Nursing legislation is created to serve and protect the public interest. Legislation provides nurses with the privilege and responsibility to self-regulate. Professional self-regulation is when an occupational group formally regulates the activities of its members, (Randall, 2000). The authority to do this is granted to the profession by the government through legislation. The legislation requires that a regulatory body be created to facilitate the day-to-day activities of self-regulation and still enables government to have some control over the practice of a profession and the services provided by its members (CNA, 2007).

The LPN Act (2006) grants the College the capacity to regulate LPNs in Nova Scotia. The Act outlines the extent of the legal authority that has been delegated from the government to the College as the regulatory body. In exchange for the benefits of professional status, the College is expected to develop, implement, and enforce various standards. The standards are designed to protect the public by ensuring that services from LPNs are provided in a competent and ethical manner. This legal authority includes: the right to set standards for who may enter the profession; the right to set standards of education and practice for those working in the profession; and the right to create rules for when and how members may be removed from the profession (Lahey, 2013).

Self-Regulation of Nurses



The goal of self-regulation is the delivery of safe and competent care. Nurses participate in the self-regulatory process at a variety of levels. At the **regulatory level**, the College participates in self-regulation by developing standards for PN education and approval of LPN programs, entry-to practice, LPN practice and registration processes. These elements set the context and practice expectations to ensure the delivery of safe care. At the **practice level**, nurses participate in the self-regulation process by agreeing to practice according to the standards and processes set by the regulatory body. At the **individual professional level**, each nurse participates in the self-regulation process by: being accountable for their own actions at all times; making appropriate decisions based on a decision making framework, practice context, and employer or College policies, and; participating in their continuing competence program. For more information about self-regulation, go to http://clpnns.ca/introducing-the-professional-practice-series-documents-to-support-lpn-practice/

Clinical Knowledge

Clinical knowledge is important information that supports LPN practice in Nova Scotia.

Concepts Associated with Competence

It is important that LPNs can distinguish between the concepts associated with competence because they have different applicability in different circumstances.

- **Competent:** *Having or demonstrating* the necessary knowledge, skill, and judgment to practice in a designated role or setting. Being *competent* is often determined by meeting or surpassing a benchmark at a point in time. For LPNs this is initially determined when an individual successfully graduates from an approved LPN program and passes the Canadian Practical Nurse Registration Exam.
- **Competence:** The *ability to integrate and apply* the knowledge, skill and judgment safely and ethically in a designated role or setting. Where being competent is measured by meeting a benchmark, *competence* is measured through the application of knowledge. Individuals achieve competence when they can function successfully in the LPN role in whatever practice setting they choose.
- **Continuing Competence** is the *ongoing ability to integrate and apply* the knowledge, skill and judgment safely and ethically in a designated role or setting. Continuing competence is represented by career-long learning and by *adapting and refining* the application of knowledge, skill and judgment as nurses increase their professional capacity moving from novice to expert.

- **Competencies** are the integrated knowledge, skills, behaviours, attitudes, critical thinking and clinical judgment expected of an entry-level licensed practical nurse to provide safe, competent and ethical care. Competencies are often defined as psychomotor skills within the LPN professional scope of practice, but are more than simply a list of interventions. Competencies are the sum total of the knowledge (e.g. client assessment), skill (e.g. performance of intervention) and judgment (e.g. appropriateness of an intervention, anticipation of actual/potential outcomes, evaluation of effectiveness and determination of next best step) *embedded* in LPN practice.

Best Practice

Best Practice is defined as is a method or technique that has consistently shown results superior to those achieved with other means. Best practice is used as a benchmark (CNA, 2010). As a standard of practice, the LPN is expected to use best practice to inform their individual practice. As leaders, LPNs are accountable to advocate for quality practice environments that are based on best practice and best practice guidelines (CNO, 2006).

Evidence and Evidence Based & Informed Practice

Evidence is defined as information acquired through research and the scientific evaluation of practice. Sources of evidence include research studies and journals that summarize valid, clinically useful published studies, and clinical practice guidelines. Evidence also includes expert opinion in the form of guidelines, commission reports, regulations and historical or experiential information. No level of evidence eliminates the need for critical thinking, professional clinical judgment or for the consideration of client preferences. Decision-making in nursing practice is influenced by evidence, client choice, theories, clinical judgment, ethics, legislation, regulation, health-care resources and practice environments, (CNA, 2010).

Evidence-based nursing practice is a problem-solving approach to the delivery of care that integrates the best evidence from well-designed studies and patient care data, and combines it with clinical expertise and patient preferences and values. (CNA, 2010; Hancock & Easen, 2004). The goal of evidence-based practice is the integration of clinical expertise/expert opinion, scientific evidence, and client perspectives as a means to providing high-quality services reflecting the interests, values, needs, and choices of the clients. (From the website for American Speech and Hearing Association, Rockville, MD. Available at http://www.asha.org/members/ebp/).

Evidence informed practice is the identification and evaluation of an application of nursing experience and current research to guide practice decisions. Evidence-informed decision-making is an important element of quality care in all domains of nursing practice and is integral to effect changes across the health-care system (CNA, 2010).

The LPN as a Leader

As a leader, the LPN is expected to be able to understand and apply the concepts of professional practice in their everyday experience. They are expected to be able articulate these concepts to others as necessary as part of their role as mentors or advocates.

Professional practice is a framework consisting of accountability, clinical knowledge and professional knowledge. Each element is an important component of the self-regulatory process. The LPN leader must be clear about the role each plays in their daily practice.

SECTION TWO: COLLABORATON AND FACILITATION OF CARE

Learning Outcome
Examine the critical processes related to collaboration and facilitation in relation to role of the LPN.

Why this information is important to Licensed Practical Nurse Leaders
LPNs must be ready, willing and able to engage with other members of the care team to plan, implement and evaluate care. Having knowledge of the processes that support the development and implementation of care will help the LPN leader recognize that this work is not passive, but active, requiring them to be present with knowledge, skill and judgment.

Beyond the importance of showing up prepared to engage in the knowledge work that is nursing, LPNs must also be prepared to share their knowledge with others recognizing that doing do is inherent in their role.

Taking Action

As leaders, LPNs must know where, when, why and how to act in the context of their action (acting independently or in collaboration with another care provider) to ensure the delivery of safe and competent care.

Defining Collaboration and Facilitation of Care
Collaboration is the process of two or more health care providers working together on a common issue making a nursing care decision. Collaboration is associated with decision making and the sharing of knowledge. The goal of collaboration is to identify the best care plan possible for the client.

Facilitation of Care for the licensed practical nurse involves the enactment of the established nursing care plan. Licensed practical nurses use the nursing care plan to guide their care decisions and prioritize nursing actions. Nursing actions or interventions are added or deleted by the licensed practical nurse as long as the client is achieving expected outcomes. Facilitation may include direct care provision or the assigning of direct care to another care provider. In either instance, the licensed practical nurse is accountable to make certain that client evaluations are as anticipated and outcomes are achieved. When outcomes are not as anticipated or achieved, the LPN is accountable to consult with the RN or appropriate care provider, (CRNNS & CLPNNS, 2012).

Critical Thinking (CT) and Interpretation
CT is an active and purposeful problem-solving process. It involves identifying and prioritizing risks and problems, clarifying and challenging assumptions, checking for accuracy and reliability of information, weighing evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking. CT requires the nurse to advance beyond the performance of skills and interventions and provide care based on evidence-informed practice, (Assessment Strategies Incorporated, 2012) and not on emotion or anecdote (Wade & Tavris, 2008).

Interpretation is a cognitive component of critical thinking (Finn, 2012). The goal of interpretation, in the clinical context, is to understand as much as possible about a client, client data, and/or their presenting situation.

Nurses think critically and use an interpretative process to develop, maintain and evaluate the client's responses to interventions/plan of care and make nursing care decisions (Boblin, Baxter, Alvarado, Baumann & Akhtar-Danesh, 2008). Every nurse applies the CT process in a manner that is unique to them. Although every nurse has the capacity to think critically, differences in the underlying knowledge bases (i.e., core knowledge of the LPN and in-depth knowledge of the RN) results in different interpretative capacities in the two professional scopes of practice.

Licensed practical nurses think critically using core nursing knowledge to interpret client data by comparing the findings of ongoing client assessments to the known assessment data identified in the established plan of care (baseline). Known client data may have a higher degree of predictability or consistency. LPNs engage in an interpretative process to make sure clients are responding to nursing interventions as expected as a means to achieving optimal health outcomes. The level of independence of the LPN's practice is based on the findings of their interpretative process.

Registered nurses think critically using an in-depth nursing knowledge to interpret client data by assessing unknown data whose significance has yet to be determined. RNs accomplish this by evaluating the findings of client assessments in the context of their unique knowledge base, the overall care requirements of the client, and available supports in the practice environment. The purpose of the RN's interpretative process is to develop the nursing care plan (set the baseline) by identifying priority client issues and optimal health outcomes, coordinate resources for the client and determine the overall level of complexity of the client care.

Predictability and Complexity

Predictability is the extent to which the LPN can readily anticipate the outcome or the client's response to an intervention. Typically, the more that is known about a client and their responses, the more predictable their care can be. Complexity is the extent to which outcomes cannot be readily anticipated. Typically, the more that is unknown about a client and their responses to interventions, the more complex their care can be (CLPNNS, 2013b).

Autonomy

Autonomy is having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base to independently carry out nursing responsibilities (CRNNS & CLPNNS, 2012). Autonomy in nursing is defined as the professional ability to make nursing decisions and independently enact, assign or delegate nursing actions that results from nursing decisions. LPNs practice autonomously within the collaborative relationship with the RN based on their core nursing knowledge and their scope of practice. The LPN's level of autonomous practice is contextual to the needs

of the client. The greater the level of predictability of the client care, the greater the level of autonomy within the LPN's practice. On the other hand, the greater the complexity of client care, the more the LPN is required by legislation, to collaborate with the RN to make nursing decisions.

Independent practice is when the LPN, relying on their own knowledge base, scope of practice and assessment findings, can make a nursing decision to enact an intervention *and* manage the outcomes. Independent practice is the highest level of autonomous practice for the LPN. **Practicing independently** refers to being self-directed and having initiative within the care delivery model.

Mentorship/Advocacy

Mentorship

Mentorship is a personal developmental relationship in which a more experienced or more knowledgeable person helps to guide a less experienced or less knowledgeable person. However, true mentoring is more than just answering occasional questions or providing help. It is about an ongoing relationship of learning, dialog, and challenge, (Fulton, 2013).

Mentoring

Mentoring is a communication based relationship that is defined as a process for the informal transmission of knowledge and the psychosocial support perceived by the recipient as relevant to work, career, or professional development. Mentoring entails informal communication, over period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less, (Mijares, & Bond, 2013).

Being a mentor is a professional practice requirement of LPNs as outlined in their standards of practice and code of ethics. LPNs, acting as leaders, are accountable to provide mentorship and guidance to colleagues and other nurses. Leadership actions associated with mentorship include:

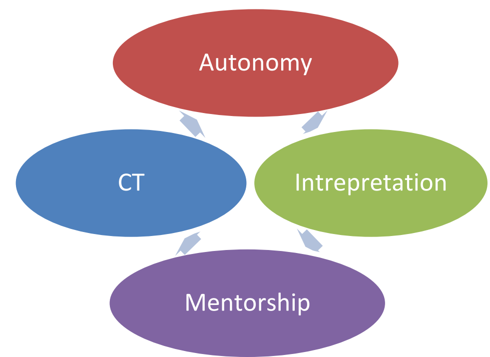
- Being available (open and willing to mentor);
- Being knowledgeable (clinical and professional knowledge to share);
- Being articulate (able to share knowledge and communicate effectively);
- Being empathetic (understand the other's perspective).

Advocacy

Advocacy (as defined for this document) is a process where an individual aims to positively influence practice and policy decisions within the health care delivery model or institution. Advocacy includes a variety of leadership actions such as ensuring that care issues are addressed appropriately, participating on a work related committee or policy group aimed at improving current processes or becoming involved in regulatory activities.

The LPN as a Leader

Collaboration and facilitation are not simply about working together to for the sake of clients. Rather, they are approaches to LPN practice that require the LPN leader to understand and articulate the impact of the relationship between key elements (critical thinking, interpretation, autonomy and mentorship) that make up the collaborative and facilitative processes.



SECTION THREE: COMMUNICATION

Learning Outcome
Identify the critical elements of communication.

Why this information is important to Licensed Practical Nurse Leaders
Best practices in communication and quality improvement indicate that effective communication is imperative (Polito, 2013), even more so, when the circumstances are difficult, and issues are at hand. Attending to an issue, through a crucial or intentional leadership conversation in a timely and appropriate manner is imperative to ensuring that client outcomes are not impacted, (Crawford 2008) and is central to the role of any leader.

Information Sharing
Information sharing is about ensuring that the right care provider has the right information about the right client at the right time to achieve the best possible outcomes. LPNs are accountable to make certain that they are communicating in the most effective manner to achieve this.

Cooperation, Collaboration and Consultation
It is important that the LPN can distinguish between these processes. Often times they can, and are used inter-changeably, however in the context of LPN practice; they can have very different meanings.

Cooperation is the process of two or more health care providers working or together for their common benefit. Cooperation can be associated with the accomplishment of goals or tasks and/or the *sharing of resources.* LPNs are expected to work cooperatively with other care providers and members of the health care team in the best interest of the client. In the cooperative process, individual care providers retain accountability for their own actions as they relate to the overall effort. Collaboration is embedded in the cooperative process.

Collaboration is the process of two or more health care providers working together on a common issue or to make a nursing care decision. Collaboration is associated with decision making and the *sharing of knowledge.* LPNs are expected to collaborate with other health care providers as necessary, but especially when client outcomes are becoming more variable. Collaborators share accountability for outcomes, however individual members of the collaborative group retain accountability for their own actions. Consultation is embedded in the collaborative process.

Consultation is the process whereby one health care provider seeks advice or guidance from another qualified health care provider. Consultation is an expectation for LPNs when client care needs are changing or when they exceed their individual or professional capacity. LPNs are accountable to: recognize when consultation is required; know with whom to consult; provide the necessary information to the consultant; clarify direction as necessary; communicate with the consultant when the issue at hand does or does not resolve (or changes or worsens), and; for the outcomes of their actions. The consultant

is accountable to: ask questions and clarify information; provide appropriate advice. Depending upon the context of the consultation, the consultant may share accountability for client outcomes.

Practice Context

LPNs are accountable to work with colleagues in a cooperative, constructive and respectful manner to providing safe, competent, ethical, and appropriate care to individuals, families and communities at all times. It is important to recognize that in situations where client's needs are changing, the collaborative or consultative process is mandatory for the LPN. Each LPN is accountable to: recognize the circumstances during the delivery of care that warrant collaboration/consultation; identify the most appropriate care provider to seek for collaboration/consultation, and; ensure that the circumstances are addressed appropriately.

Care Planning

The purpose of a nursing care plan is to maximize client's health outcomes through the use of a framework that promotes a consistent approach to care delivery. The plan is strategically designed to identify and address the client's priority issues and it is important for LPNs because they use the plan as a reference document to guide their decision making and support their overall practice, (CLPNNS, 2013b).

Care plans are critical communication tools for nurses. When used appropriately they support continuity of care among care providers. It is an expectation of every licensed practical nurse to utilize the nursing care plan in manner that is consistent with their employer policies as a means to maximize the visibility of nursing knowledge and actions, promoting continuity of care and the delivery of safe, competent ethical and compassionate care. For more information about the LPNs role in Care Planning, go to http://clpnns.ca/introducing-the-professional-practice-series-documents-to-support-lpn-practice/

Relationships

A relationship is the way in which two or more people talk to, behave toward, and deal with each other. A respectful relationship is one where a persons' right to be treated with dignity and consideration is evident in all the interactions. Leadership lives in the relationships, or interactions, LPNs have with clients and others.

Collaborative Practice

In health care, all health professionals are expected to work with each other and in partnership with the person receiving care. Effective inter-professional collaborative practice is centered on the needs of clients as they partner with the most appropriate health professionals in order to meet their healthcare needs (RHPN, 2008). Collaborative practice is envisioned as an interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of healthcare providers to influence the client/patient care provided (Ewashen, McInnis-Perry & Murphy, 2013). Regardless of the setting, collaborative practice increases public access to health care and leads to the best health outcomes for clients and their families.

Principles of Collaborative Practice

Focus On and Engagement of Clients

Clients are integral members of a collaborative practice healthcare team and, when actively engaged in managing their own health, become part of the decision-making team rather than passive recipients of health care. Effective communication between team members and clients leads to improved client satisfaction and better client outcomes.

Population Health

A population health approach uses the determinants of health to address client needs. Clients and health professionals work together in determining how clients can effectively promote their health and/or manage their illnesses.

Trust and Respect

Members of a collaborative practice healthcare team must have a basic understanding and respect for each other's roles and trust that all team members will consult and collaborate appropriately when clients' needs are beyond their scope of practice.

Effective Communication

Communication is an essential component of collaborative practice and central to a common philosophy of care and knowledge exchange. Consultation (seeking another professional's advice or opinion with the intent of informing a mutually decided upon outcome) is an important component of communication and collaboration.

Communication

Communication is the reciprocal process in which messages are sent and received between two or more people (Riley, 2008). LPNs use communication to establish therapeutic relationships, (CLPNNS, 2103c). For more information about the Therapeutic Nurse-Client Relationship, go to http://clpnns.ca/wp-content/uploads/2013/07/F-Therapeutic-Nurse-Client-Relationship-July-2013-HR.pdf .

Responsible Communication

Responsible communication is to communicate in a logical way relying on nursing knowledge and an assessment of the facts at hand. Most importantly, responsible communication demonstrates capacity for problem-solving, (Riley, 2008). This type of communication is particularly important when there is a problem or issue to be solved.

Intentional Leadership Conversations vs. Everyday Conversations

Leadership conversations, as part of responsible communication, are different from everyday conversations. Everyday conversations are focused on sending, receiving and understanding messages. They are critical to the communicative, cooperative, collaborative and consultive processes within the LPN practice. Leadership conversations are conversations focused and directed on the resolution of an *issue*. An **intentional leadership conversation** is purposeful and involves exchanges between care

providers in which the sole intent is to attend to an issue that is related to the delivery of safe, competent, ethical and compassionate care. An intentional leadership conversation is conducted with the right person, for the right reason, at the right time, and is central to the role of the LPN as a leader.

Sometimes the context can make having the right conversation, to do the right thing, at the right time, for the right reason, 'awkward' or 'uncomfortable'. Leadership conversations require that the LPN step out of their comfort zone and this can cause discomfort. To be a true leader, the LPN must demonstrate professional behaviours that successfully influence client outcomes which involve doing the right thing, for the right reason at the right time, even if it is uncomfortable.

Attending to an Issue

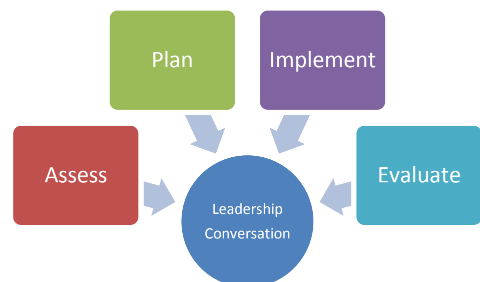
An issue, for the purposes of this document is any situation, action, behaviour that actually or potentially, directly or indirectly inhibits, disrupts, or prevents the delivery of safe, competent, compassionate or ethical care. Issues may also be situations, actions or behaviours that actually or potentially, directly or indirectly support, encourage or perpetuate the delivery of care that is not consistent with best practice guidelines, standards of practice, code of ethics or employer policy. The nature of the issue is not as relevant as the accountability the LPN bears, once they *know about or become aware of* it. Once aware, the LPN becomes accountable to initiate the intentional leadership conversation to begin the process of addressing it.

Having an Intentional Leadership Conversation

Licensed practical nurses are accountable to provide safe, competent, compassionate and ethical care to clients at all times, (CLPNNS 2013a, 2013d). Without respect to the fact that at times an intentional leadership conversation can be difficult, the LPN remains accountable for the leadership actions to ensure the client receives the best care possible. The *capacity to have an intentional leadership conversation* is vital to the LPN as a leader.

There are four elements of an intentional leadership conversation. Each element has its own knowledge, skill and judgment (competency). The elements are equally important however, depending upon the circumstance; one element may seem to take precedence over the others. Each leadership conversation will be will be unique to the situation. As in context of care, if one element of the conversation changes, so does the context and as such, the LPN must reset their approach to the conversation accordingly.

The four elements are: Assess (circumstances, context, impact); Plan (urgency, timing and discretion, rehearsal), Implement (starting, maintaining, closing and conversations), and; Evaluate (reflective practice)



Assess

The goal of an accurate assessment is to make sure that all the relevant details of the issue at hand are known and understood. Intentional leadership conversations are

most effective based on first-hand knowledge. To ensure that all the relevant details are known answer the following questions:

- What is the issue at hand?
- What is the context of the issue at hand? The context is the sum total of all the circumstances around an issue, (e.g. pattern of occurrence, workplace processes, impact of personal life or outside issues), (Higgins, 1999).
- What is the actual/potential impact on clients? The actual lack of impact on a client or group of clients does not negate the necessity to address the issue (CLPNNS, 2011).

Plan

Once an assessment is complete, the conversation planning can begin. Intentional leadership conversation planning varies vary from nurse to nurse and issue to issue, however the length of time to develop a plan is heavily dependent upon the nature, type and severity of the issue. Conversation plans have four components:

- Urgency: Determining the length of time between the discovery of the issue and the leadership conversation itself. LPNs should be aware that the greater the potential impact on clients, the greater the urgency to hold the conversation. The level of urgency will directly affect the level of preparation;
- Timing: This is the balance between the issue at hand, the urgency of the situation and whatever other activity is happening at the same time. Timing is critical. A well planned conversation will have less than optimal results if the timing of the conversation is off. On the other hand, lack of planning may mean a missed opportunity;
- Discretion: This is the quality of being careful about what one does and says so that people will not be embarrassed or offended. Having discretion assures the conversation will take place in a manner that is respectful of all those involved and remains as confidential as necessary, and;
- Rehearsal: Scripting the conversation beforehand to ensure points are clear and well addressed. Seek out support as necessary from colleague if necessary. LPNs should be prepared for any reaction (McCullers-Varner, 2012).

Implementation

It is important that intentional leadership conversations are conducted in a manner that is professionally caring and shows concerns for the feelings of everyone involved (Bhattarai, 2007; CLPNNS 2011; Riley, 2008;). It is also important to recognize that feelings may get hurt. The LPN leader is accountable to approach the conversation in a manner that minimizes this potential. Recipients will generally be more open to the conversation is it is framed in respect for their perceptions.

Use the **CAREE Framework** (adapted from Bower & Bower, 1991) to construct an intentional leadership conversation.

Clarify	Clarify the issue. Be specific about the *behaviour* that is problematic. Focusing on the behaviour rather than the person will help minimize the perceptions of hurtful labels.
Articulate	State why the behaviour in an issue. Frame your statement in terms using standards of practice, code of ethics or client or team outcomes (CLPNNS, 2011).
Request	Ask, both tentatively and respectfully, for a change in behaviour.
Emphasize	Focus on the positive aspect of change or the negative impact of not changing.
Encourage	Seek the others perspective.

Example of a CAREE Conversation

"Nurse P., I have noticed that you do not document your client assessments in the progress notes. I know that you have done them because you review them with me during our shift handover. Without appropriate documentation to compare, it is difficult to understand the full client picture and that puts clients at risk. Appropriate documentation is also an expectation of our standards of practice. Please document your assessments. That way we can reduce the risk of something getting missed, not to mention reduce the time we spend in shift report, meaning you can leave on time and I can get to my work sooner. What do you think?"

Evaluation

A reflective evaluation involves communication with self with relevant feedback about ones actions. Once the intentional leadership conversation has been had and the issue attended to, LPN leaders are expected to evaluate own their performance for the purposes of increasing their capacity and comfort in these situations. Reflection-on-action is necessary for professionals to gain insight into their practice, (Bhattari, 2007; Durgahee, 1997).

The LPN as a Leader

Leadership lives in the relationships that LPNs have with others. It is expressed through crucial or intentional conversations. Like most elements of LPN practice, the leadership conversation is an approach to a situation that requires the LPN leader to understand the entire context of the situation in order to ensure that the client receives safe and competent care.

SECTION FOUR: REFLECTION

Learning Outcome
Analyze reflection in relation to the Licensed Practical Nurses practice.

Why this information is important to Licensed Practical Nurse Leaders
LPN leaders must develop professional insight. Professional insight is based the nurses' capacity to identify their own learning needs, connect the outcomes of past experiences with current practice and see the needs of the client from their perspective and/or the perspective of the entire care team. Insight is an important element of professional growth.

Self- Assessments

Self- Assessments and Reflective Practice
A self-assessment is a reflection of one's own nursing practice, knowledge and competence. The goal of a self-assessment is to identify areas of practice that can be improved or enhanced with knowledge.

Reflective Practice is a continual process where the nurse analyzes and evaluates their professional experiences as a means to promote professional growth, learning and gain insight. Reflective practice:

- is a critical part of learning from one's own experiences;
- helps one to develop a professional identity and recognize the impact of their own personal values, beliefs and attitudes on their everyday practice;
- allows nurses to connect new knowledge to existing knowledge, and;
- is a tool nurses use to self-assess and self-regulate their practice.

The Importance of Self-Assessments and Reflective Practice
The self-assessment is an important leadership action because it provides the nurse an opportunity: to compare their current practice to the practice standards or expectations of the profession; identify knowledge gaps; build a learning plan to address know gaps, and; evaluate their own progress within the learning plan.

Reflective Practice is an important leadership action because;

- it is a critical component to continuing competence;
- it allows the nurse to gain insight into what makes a caring and professional nurse person;
- it allows the nurse to gain insight into the nature of their individual knowledge in their own practice setting, and;
- it allows the nurse to reshape what they do, *while* they are doing it.

Perspective

Perspective is the relationship between the nurse, the client, the team and the context. LPN leaders must understand the significance of valuing the perspective of others in the care environment.

Client Centered Care

Client Centered Care is identifying and respecting the patient's perspective about what matters most to them and ensuring these are represented in the care plan. Client centered care requires that the LPN understand the client's perspective and is able to validate why it is important.

Interprofessional Collaborative Practice

Interprofessional collaborative practice recognizes and values the expertise and unique and shared knowledge and skills, of all health professionals. This participatory, collaborative and coordinated approach to care that is focused on the needs of clients which enable them to be partners in their care, with the most appropriate health professionals providing the services required to meet their healthcare needs.

Interprofessional collaborative practice is guided by shared values, a common purpose or outcome and mutual respect. Effective communication optimizes participation in clinical decision-making within and across professions.

To be an interprofessional team member, LPNs must understand and be able to articulate their own scope of practice in terms of competencies shared with other disciplines, as well as recognize the unique competencies of other disciplines. For more about information about interprofessional collaborative practice, go to http://clpnns.ca/sites/default/files/INTERPROFESSIONALCOLLABORATIVEPRACTICE2008.pdf.

The LPN as a Leader

Professional insight developed through self-assessment, reflection and reflective practice, provides the LPN leader with a perspective broader than their own. Understanding the broader perspective of the client and the team will help the LPN practice empathetically as they help clients achieve outcomes as expected (Patrick, Laschinger, Wong and Finegan, 2011).

Conclusion

Leadership is an obligation of all LPNs in Nova Scotia. As active members of the heath care team, the LPN is expected to maximize their professional relationships and engage in conversations for the purposes of improving client outcomes; delivering safe, competent, ethical and compassionate care, and; contributing to the efforts of the interprofessional team.

References

Abraham, P. (2011). Developing nurse leaders: A program enhancing staff nurses leadership skill and professionalism. *Nursing Administration Quarterly, 35*(4), 306-312.

Assessment Strategies Incorporated. (2012). *Canadian Licensed Practical Nurse Registration Examination Blueprint.* Ottawa ON: Author.

Akerjordt, K., Severinsson, E. (2010). The state of the science of emotional intelligence related to nursing leadership: An integrative review. *Journal of Nursing Management,* 18, 363-382.

Boblin, S., Baxter, P., Alvardo, K., Baumann, A. & Akhtar-Danesh, N. (2008). Registered Nurses and Licensed/Registered Practical Nurses: A description and comparison of their decision making. *Nursing Leadership, 21*(4), 56-72.

Bhattarai, M. (2007). ABCDEFG IS – The principle of constructive feedback. *Journal of Nepal Medical Association, 46*(167), 151-156.

Boblin, S., Baxter, P., Alvardo, K., Baumann, A. & Akhtar-Danesh, N. (2008). Registered Nurses and Licensed/Registered Practical Nurses: A description and comparison of their decision making. *Nursing Leadership, 21*(4), 56-72.

Bower, S. & Bower, G. (1991). *Asserting Yourself: A Practical Guide for Positive Change.* Reading, MA: Addison-Wesley.

Canadian Nurses Association. (2007). *Nursing Now, Issues and Trends in Canadian Nursing: Understanding Self-Regulation.* Ottawa ON: Author.

Canadian Nurses Association. (2010). *Position Statement: Evidence –Informed Decision Making and Nursing Practice.* Ottawa ON: Author.

College of Licensed Practical Nurses of Nova Scotia. (2011). *Employer Guidelines: Supporting LPNs with Significant Practice Problems and Addressing Unacceptable Practice.* Halifax NS: Author.

College of Licensed Practical Nurses of Nova Scotia. (2012a). *Position Statement: Accountability.* Halifax NS: Author.

College of Licensed Practical Nurses of Nova Scotia. (2012b). *Competency Profile for Licensed Practical Nurses in Nova Scotia.* Halifax NS: Author.

College of Licensed Practical Nurses of Nova Scotia. (2013a). *Code of Ethics for Licensed Practical Nurses in Canada.* Halifax NS: Author.

College of Licensed Practical Nurses of Nova Scotia. (2013b). *Practice Guidelines: The Nursing Care Plan.* Halifax NS: Author.

College of Licensed Practical Nurses of Nova Scotia. (2013c). *Practice Guidelines: Therapeutic Nurse-Client Relationship.* Halifax NS: Author.

College of Licensed Practical Nurses of Nova Scotia. (2013d). *Standards of Practice for Licensed Practical Nurses in Canada.* Halifax NS: Author.

College of Nurses of Ontario. (2006). *Therapeutic Nurse-Client Relationship*. Toronto ON: Author.

College of Registered nurses of Nova Scotia & College of Licensed Practical Nurses of Nova Scotia. (2012). *Guidelines: Effective Utilization of RNs and LPNs in a Collaborative Practice Environment.* Halifax NS; Authors.

Crawford, D (2008). We need to talk: Ten scenarios to practice handling needed conversations. Retrieved from http://www.shrm.org/education/hreducation/pages/weneedtotalk%E2%80%94tenscenariostopracticehandlingneededconversations.aspx

Curtis, E., Sheerin, F., & de Vries, 2011. Developing leadership in nursing: The impact of Education and training. *British Journal of Nursing,* 20(6), 344-351.

Dickson, G. (2008). Genesis of the Leadership for Life Framework. Retrieved from http://www.leadersforlife.ca/leads-resources

Durgahee, T. (1997). Reflective practice: Nursing ethics through story telling. *Nursing Ethics, 4*(2)*,* 135-146.

Ewashen, C., McInnis-Perry, G, & Murphy, N. (2013). Interprofessional Collaboration-in-practice: The contested place of ethics. *Nursing Ethics, 20*(3), 325-335.

Finn, P. (2011). Critical thinking: Knowledge and skills for evidence-based practice. *Language, Speech and Hearing Services in Schools, 49,* 69-72.

Fulton, J. (2013). Mentorship: excellence in the mundane*. British Journal of Healthcare Assistants,7*(3), 142-145.

Government of Nova Scotia, *Licensed Practical Nurses Act,* Statutes of Nova Scotia, c.17, Halifax, 2006.

Hancock, H., Eason, P.(2004). Evidence Based Practice – an incomplete model of the relationship between theory and professional work. *Journal of Evaluation in Clinical Practice,10*(2), 187-196.

Health Association of Nova Scotia. (2012.) *Leadership in healthcare in Nova Scotia*. Halifax, NS: Author.

Higgins, L. (1999). Six pointers for addressing employee performance concerns. *Nursing Management,* 3, 56.

Lahey, W. (2011). *Perspective: Is self-regulation under threat?* Downloaded form www.canadian-nurse.com, September 15, 2013.

MacKeen, L. (2012). *Practicum Experiential Learning*, Unpublished manuscript.

McCullers-Varner, J. (2012). Difficult Conversations. *New Hampshire Nursing News, 3*, 16.

Mijares, L. & Bond, ML. (2013). Mentoring: A Concept Analysis. *The Journal of Theory Construction and Testing, 17*(1), 23-28.

Patrick, A., Spence Laschinger, H. K., Wong, C., & Finegan, J. (2011). Developing and testing a new measure of staff nurse clinical leadership: The clinical leadership survey. *Journal of Nursing Management*, *19*(4), 449-460.

Politi, J. (2013). Effective communication during difficult conversations. *Journal of Neurodiagnistics, 53,* 142-152.

Porter-O'Grady, T., and C. Krueger-Wilson, *The Leadership Revolution In Health Care: Altering Systems, Changing Behaviors,* Aspen Publishing, Denver, 1995.c

Randall, G. (2000). *Understanding Professional Self-Regulation.* Unpublished manuscript.

Regulatory Health Network of Nova Scotia. (2008). *Position Statement on Interprofessional Collaborative Practice*. Halifax NS: Author.

Riley, J. (2008). *Communication in Nursing*. St. Louis MO: Mosby Elsevier.

Savage, J. & Moore, L., (2004). *Interpreting accountability: An ethnographic study of practice nurses, accountability and multidisciplinary team decision-making in the context of clinical governance,* London (UK), Author.

Stewart, J., Stansfield, K., Tapp, D. (2004). Clinical nurses' understanding of autonomy: Accomplishing patient goals through interdependent practice. *Journal of Nursing Administration,* 34(10), 443-450.

Vernon, R., Chiarella, M., & Papps, E. (2013). Assessing the continuing competence of nurses in New Zealand. *Journal of Nursing Regulation, 3*(4), 1924.

Wade, C., & Tavris, C. (2008). *Psychology* (9th ed.). Upper Saddle River NJ: Prentice-Hall.