Understanding Scope of Practice

for
Licensed Practical Nurses
Registered Nurses
Registered Psychiatric Nurses
in the Province of Manitoba

College of
Registered Nurses
of Manitoba

THE COLLEGE OF
REGISTERED PSYCHIATRIC NURSES of MANITOBA

The development of this document occurred collaboratively between the College of Licensed Practical Nurses of Manitoba, College of Registered Nurses of Manitoba and College of Registered Psychiatric Nurses of Manitoba. All three colleges agree on the narrative sections of the document. The tables that flow from and follow the narrative provide information on the scope of practice for registered nurses and registered psychiatric nurses.

This is a work in progress; collaboration is continuing and it is expected that a 2nd edition will be released in the future.

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1. Introduction

1.1 Context for this Document

The three regulated nursing professions in Manitoba are Licensed Practical Nurses (LPN), Registered Nurses (RN) and Registered Psychiatric Nurses (RPN). For the purposes of this document, the term "nurse" is used to denote all three groups.

1.2 Scope of Practice

The scope of practice of a nursing profession means the range of activities that the members of that profession are educated and legally authorized to provide. The basic education program ensures that members entering the profession can demonstrate the entry level competencies and can practice safely, competently and ethically in situations of health and illness with people of all ages and genders in a variety of health care environments. The legal authority for a profession's scope of practice is found in legislation. Each of the nursing professions articulates a definition of their scope of practice within their respective legislation; these definitions are available on each of the Colleges' websites which are noted in the reference list.

The scope of practice of each nursing profession delineates the outer boundaries of practice for all members of that profession. The boundaries are broad and flexible because nurses work with a wide range of client populations in a variety of roles and settings. However, the scope of practice of an individual nurse is more focused and specific and is shaped by individual experience and opportunities as well as ongoing professional development and formal education. The scope of an individual nurse must fit within the scope of practice of their profession but it is unlikely to be as broad as that of the profession itself.

1.3 Purpose of this Document

The purpose of this document is to increase the understanding of the scopes of practice for each of the three regulated nursing professions in Manitoba: Licensed Practical Nurses, Registered Nurses and Registered Psychiatric Nurses.

This document has been prepared jointly by the College of Licensed Practical Nurses of Manitoba (CLPNM), the College of Registered Nurses of Manitoba (CRNM) and the College of Registered Psychiatric Nurses of Manitoba (CRPNM). We anticipate that it will be useful for: all nurses, other regulated health professions, employers, government and the public at large. We also believe that it will assist nurses, employers and others in making decisions regarding the utilization of all types of nurses.

2. Regulatory Framework

2.1 Profession Led Regulation

Profession led regulation is a privilege and a responsibility granted to the nursing professions by government on behalf of the people of Manitoba. The three regulated nursing professions are given the authority to regulate through legislative acts and regulations with the primary mandate being protection of the public. Profession led regulation acknowledges that a profession itself is in the best position to determine standards for education and practice and to ensure that these standards are met.

2.2 Regulated Health Professions Act

Each of the regulated health professions within the Regulated Health Professions Act (RHPA) define their discipline specific scopes of practice and the reserved acts in which they are allowed to engage. The RHPA lists a number of activities that have been deemed to present a high degree of risk to the public and as such these activities or "reserved acts" are only to be carried out by those health professionals regulated to do so.

2.3 Education

Educational programs are foundational to the preparation of all nurses. It is the educational programs, as approved by the respective regulatory bodies, that provide the knowledge, skill, judgment and attributes required by each profession at an entry level. While all nursing professions share some of the same theoretical preparation and basic competencies, there are fundamental differences in focus, core content, length of the program and in depth and breadth of study.

Learning is an integral component of every nurse's career; it is expected that nurses engage in needs based learning and take professional responsibility for becoming an expert in their particular role and area of practice.

Appendix B details the educational programming for each nursing profession and provides website links to the specific programs.

2.4 Codes/Standards

Each of the nursing professions has developed standards of practice and codes of ethics to which members are held accountable. The standards set a minimal level of practice to which regulated nurses are held accountable by their respective Colleges. For situations where standards are breached, a complaint process exists in each of the Colleges wherein an objective investigation occurs and appropriate consequences are determined. Professional conduct review

is an integral element in profession led regulation; further details on these processes can be found on the respective College websites.

2.5 Continuing Competence/Accountabilities

All nurses are accountable for their decisions and actions as well as the consequences of their actions and for ensuring their professional competence. The Regulated Health Professions Act requires that each health care profession develop a continuing competence program and monitors the competence of their members.

Nurses are accountable for ensuring that they:
- Understand role expectations and seek clarification as necessary;
- Consult with others when faced with situations beyond their knowledge, skill and judgment;
- Communicate effectively when collaborating and consulting; and
- Consider the client, nurse and environment contexts in assignment decisions.

3. Context of Practice

Context of practice is integral to this document and to the decisions made relative to the composition of the nursing team in the clinical setting. Decisions regarding the type and mix of nurses for particular client groups and care settings require that this context be considered. This includes the nurse context, the client context and the environmental or setting context as well as the interrelationships among these factors.

3.1 The Nurse

The nursing context refers to the basic educational preparation, competence and experience of the nurse. Nurses are prepared to meet the entry level competencies of their respective profession. While the nursing professions share some of the same theoretical preparation and basic competencies, there are fundamental differences in their basic education programs in terms of the focus, core content and the depth and breadth of theory. For entry to the profession, LPNs are prepared at the diploma level and RNs and RPNs are prepared at the undergraduate level. Although RNs and RPNs both enter their professions with undergraduate preparation, the context of practice is different in terms of their primary focus. For example, LPNs and RNs may see mental health as part of physical health while RPNs may see physical health as part of mental health. Irrespective of basic educational preparation, all nurses engage in continued lifelong learning and continuing competence becoming experts in their particular roles and areas of practice.

Nurses are responsible to practice independently within the context of their legislated scope of practice and individual competence. Autonomous practice is the ability to independently make decisions and carry out nursing responsibilities.

This document assumes the practice of a "typical" nurse. The practice expectations identified in this document represent the expectations of a "typical" nurse. A typical nurse is considered to be a nurse beyond novice but not yet at an expert level. It is understood that competencies and expertise develop over a career. This is true whether the nurse is a licensed practical nurse, registered nurse or registered psychiatric nurse. It is understood that each nurse enters their respective profession with entry level competencies as per their respective regulatory body. As such, they have met the requirements to complete the educational program and are prepared to write a registration exam.

As nurses gain knowledge and experience, they become experts in their practice within their regulated nursing profession; however, enhancement of competence through continuing education and experience does not mean that LPNs, RNs or RPNs will acquire the competencies of another nursing discipline. Movement among regulated nursing professions can only occur by completing the formal education and credentialing process.

Nurses are accountable and legally liable for their practice. Even within autonomous practice, consultation and collaboration are key components of the practice of every nurse. It is imperative that nurses know the limits of their practice and that they consult with others when that limit has been reached.

3.2 The Client

The client is generally seen as the person. Nurses address the needs of the person within the context of his or her family, reference group or community. The assessment, planning, implementation and evaluation all focus on the person while taking his or her natural support systems into consideration.

A nurse prepared at the undergraduate level, through additional preparation in both theory and practice, is expected to provide services to families, groups and communities as clients. Although RNs and RPNs are both prepared at the undergraduate level the context of the person, family, group or community for each

of them might be quite different. For example, an RN may be involved in assessing the overall nursing needs of a community with an E. coli outbreak. An RPN, on the other hand, might be involved in assessing the mental health needs of a community following the consecutive suicides of several youths in that community.

The autonomy of the nurse is influenced by the complexity of the client's condition. Complexity, predictability and the risk for negative outcomes determine the nursing knowledge and competencies required to provide safe, quality care. The more complex, the less predictable, the higher the risk for negative outcomes and the more dynamic the environment, the greater the need for more in-depth nursing knowledge, skills, judgment and consultation.

LPNs have greater autonomy when caring for a client with fewer complexities. As complexity increases there is a corresponding increase in the need to consult. RNs and RPNs autonomously meet the nursing needs of clients, within the context of their practice, regardless of the complexity of the client's condition.

3.3 The Setting

The environmental or setting context is typically where the nursing practice takes place. A nurse may work in a large organization/agency where there may be an orientation process, well defined policies and procedures, an education department, and a mix of novice and expert nurses and other health care professionals. These all contribute as support systems for the "typical" nurse of any type.

Alternatively, a nurse may work in an environment, such as the community, where the nurse must be autonomous and self-directed and where there may be few consultation resources or supports available. The practice in this context may differ among the nursing types based on educational preparation, competence, focus and approach. For example, an LPN in a community clinic might provide nursing care to an expectant mom. An RN in the community might practice within a public health context and focus on providing nursing services to a whole family with a newborn. The RPN in the same community might practice in a different context with focus on providing psychiatric nursing services to a family unit as client, addressing family communication following a diagnosis of post-partum depression. These examples are meant to be illustrative and are not inclusive of all nursing practice contexts.

Even in settings with consultation resources available, there may be a high rate of client turnover and many unpredictable events. Nursing practice among the nursing types may differ in the same environment based on context, educational preparation, competence and focus. For example, LPN practice in the observation unit of an emergency department may include high turnover of clients with multiple health concerns usually with relatively predictable outcomes. RN practice in an intensive care unit may be marked by a high turnover of clients with critical and complex physical illnesses with many unpredictable and often life threatening events. RPN practice in an intensive care psychiatric unit may also be marked by a high rate of client turnover but the nature of the unpredictable events will be different in that the unpredictability may be related to behaviour and life threatening events such as suicide.

4. Decision-Making Tools

4.1 Guiding Principles for Decision-Making About Utilization of All Types of Nurses

When making decisions about the utilization of nurses, the goal is to optimize the contribution that nurses from each of the regulated nursing professions can make to safe, quality care for Manitobans. The following are guiding principles to use in making effective decisions to achieve this end:

1. The practice of all three regulated nursing professions is based on the integration of knowledge, skills, judgment and personal attributes and cannot be reduced to a list of tasks.
2. The knowledge base at the point of completion of any basic nursing education program varies among the three regulated nursing professions. While there are some common core elements, education is not the same in breadth, depth and focus.
3. There is overlap in the scopes of practice of the three regulated nursing professions. This means that in some health care situations all three may possess the knowledge, skills, judgment and personal attributes to provide care. In other situations, the knowledge, skills, judgment and personal attributes required may be unique to members of one of the regulated nursing professions.
4. Members of the three regulated nursing professions are not interchangeable professionals. This is because there are differences in the basic education, scope of practice, knowledge, skills, judgment, and personal attributes of each.
5. Members of the regulated nursing professions are responsible, accountable and legally liable for the services they provide. This means that no member of one regulated nursing profession assumes responsibility for the care provided by a member of another regulated nursing profession.

6. Nurses in numerous roles and situations have accountabilities related to the utilization of LPNs, RNs and RPNs as well as unregulated health care workers. The designated nursing authority in the practice environment is accountable for ensuring that there are mechanisms (e.g., policies, procedures, guidelines, resources) to support the following:
   - Utilization decisions that take into account client, nurse and environmental factors and are evidence-based;
   - Nurse collaboration and consultation;
   - Clear and well-understood role descriptions;
   - Professional nursing practice; and
   - Continuity of client care.

This will also facilitate interprofessional collaboration and practice.

4.2 Decision-Making

Decision-making involves drawing on many modes of thinking and takes into account understanding and anticipating risks, benefits and outcomes beyond what is obvious and from that analysis creating and implementing a plan of action. The ability to think about a situation in a critical manner is one aspect of effective decision-making.

The tables that follow describe considerations regarding the nurse, the client and the setting. We believe that these tables, when used within the context of this entire document, will assist nurses, employers and others in making decisions regarding the utilization of all types of nurses.

Table 1 - **Contexts of Practice: The Nurse**

Nurse	LPN (see previous narrative)	RN	RPN
Client		• individuals within the context of their families, groups and communities • communities or populations as client	• individuals within the context of their families, groups and communities • families, groups, communities or populations as client
Assessment		• anticipates and recognizes subtle changes, probes to assess further, identifies relevant factors, understands significance and manages appropriately • consults appropriately	• anticipates and recognizes subtle changes, probes to assess further, identifies relevant factors, understands significance and manages appropriately • consults appropriately
Decision-Making		• analyzes and synthesizes a wide range of information using a variety of frameworks or theories • makes decisions after actively seeking information • makes decisions by drawing on a comprehensive range of options to interpret, analyze and solve problems • anticipates many possibilities and makes proactive decisions	• analyzes and synthesizes a wide range of information using a variety of frameworks or theories • makes decisions after actively seeking information • makes decisions by drawing on a comprehensive range of options to interpret, analyze and solve problems • anticipates many possibilities and makes proactive decisions
Planning		• develops plans of care to achieve identified client goals when overall care needs are complex, outcomes are unpredictable and risk of negative outcomes is high • plans broadly and over a longer time period, incorporating a variety of options and resources	• develops plans of care to achieve identified client goals when overall care needs are complex, outcomes are unpredictable and risk of negative outcomes is high • plans broadly and over a longer time period, incorporating a variety of options and resources

Table 1 - **Contexts of Practice: The Nurse (cont'd)**

Nurse	LPN (see previous narrative)	RN	RPN
Implementation		• meets a wide range of nursing care needs of clients regardless of complexity and predictability including health teaching • meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and range of options • selects from a wide range of options • manages multiple nursing interventions simultaneously in rapidly changing situations • directs plans of care for highly complex clients	• meets a wide range of psychiatric nursing care needs of clients regardless of complexity and predictability including health teaching, mental health promotion and illness prevention • meets immediate and anticipated long-term needs, drawing from theory, available evidence, a comprehensive assessment and range of options • selects from a wide range of options • manages multiple interventions simultaneously in rapidly changing situations • directs plans of care for highly complex clients working with others to meet client care needs
Care Coordination		• coordinates care for complex clients • collaborates with clients to evaluate overall goal achievement and modifies plans of care • identifies and anticipates a multiplicity of outcomes and modifies plans of care in collaboration with clients • recognizes, analyses and interprets deviations from predicted client response(s); modifies plans of care autonomously	• coordinates care for complex clients • collaborates with clients to evaluate overall goal achievement and modifies plans of care • identifies and anticipates a multiplicity of outcomes and modifies plans of care in collaboration with clients • recognizes, analyses and interprets deviations from predicted client response(s); modifies plans of care autonomously
Consultation		• consults with other health care team members about a broad range of client needs • acts as a resource for LPNs and RPNs to meet client needs	• consults with other health care team members about a broad range of client mental health needs • acts as a resource for LPNs and RNs to meet client mental health needs

Table 1 - **Contexts of Practice: The Nurse (cont'd)**

Nurse	LPN (see previous narrative)	RN	RPN
Teaching		• teaches and delivers elements of established health programs • designs, coordinates and implements health programs, including teaching	• teaches and delivers elements of established health programs • designs, coordinates and implements mental health programs, including teaching, mental health promotion and illness prevention
Leadership		• represents profession (e.g., participates in committees, workshops, regulatory and union activities) • assumes role of leader within interprofessional team • acts as a preceptor to students, novice nurses • directs unregulated and other professional care providers • provides leadership through formal and informal roles • leads team effort to develop plans of care achieve client goals when overall care requirements are complex	• represents profession (e.g., participates in committees, workshops, regulatory and union activities) • assumes role of leader within interprofessional team • acts as a preceptor to students, novice nurses • directs unregulated and other professional care providers • provides leadership through formal and informal roles • leads team effort to develop plans of care to achieve client goals when overall mental health care requirements are complex
Resource Management		• contributes to appropriate resource utilization • makes decisions about and allocates resources at program/unit/organizational level	• contributes to appropriate resource utilization • makes decisions about and allocates resources at program/unit/organizational level
Research		• participates in data collection for research • uses research to inform practice (e.g., practice guidelines) • critically evaluates theoretical and research-based approaches for application to practice • appraises the value of evidence, incorporates research into practice, develops research questions and participates on research teams • integrates theoretical and research-based approaches to design care and implement change	• participates in data collection for research • uses research to inform practice (e.g., practice guidelines) • critically evaluates theoretical and research-based approaches for application to practice • appraises the value of evidence, incorporates research into practice, develops research questions and participates on research teams • integrates theoretical and research-based approaches to design care and implement change

Table 2 – **Contexts of Practice: The Client**

Client	Autonomous LPN Practice (see previous narrative)	RN Involved or RN Autonomous Practice	RPN Involved or RPN Autonomous Practice
Complexity of client care needs		• care needs not well defined/established or changing (includes bio-psycho-social, cultural, emotional and health learning needs) • coping mechanisms and supports unknown, not functioning or not in place • health condition not well controlled or managed • requires close, frequent monitoring and reassessment • fluctuating condition • client is an individual, family, group, community or population (e.g., assessing the overall nursing needs of a community with an E. coli outbreak)	• mental health care needs not well defined/ established or changing (includes bio-psycho-social, cultural, emotional and health learning needs) • coping mechanisms and supports unknown, are ineffective, not functioning or not in place • mental health condition not well controlled or managed • requires constant, close or frequent monitoring and reassessment • fluctuating condition and behaviour • client is an individual, family unit, group, community or population aggregate (e.g., assessing the mental health needs of a high school in a community where there has been consecutive suicides of several youths)
Predictability		• unpredictable outcomes (e.g., client with acute spinal cord injury or uncontrolled diabetes) • unpredictable changes in health condition	• unpredictable outcomes (e.g., client with first episode psychosis and concurrent street drug abuse) • unpredictable changes in mental health condition and behaviour
Risk of negative outcomes in response to care		• unpredictable, systemic or wide-ranging responses • signs and symptoms subtle and difficult to detect • effect may be immediate, systemic and/or create an urgent or emergent situation	• unpredictable, systemic or wide-ranging responses • signs and symptoms subtle and difficult to detect • effect may be immediate, systemic and/or create an urgent or emergent or crisis situation

Table 3 – **Contexts of Practice: The Setting**

Practice Settings	LPN (see previous narrative)	RN	RPN
Practice Supports		• unclear or unidentified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools • low proportion of expert nurses and high proportion of novice nurses and unregulated staff • low proportion of nurses familiar with the environment	• unclear or unidentified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools • low proportion of expert nurses and high proportion of novice nurses and unregulated staff • low proportion of nurses familiar with the environment
Consultation Resources		• few consultation resources available to manage outcomes	• few consultation resources available to manage outcomes
Stability and Predictability of the Environment		• high rate of client turnover • many unpredictable events	• high rate of client turnover • many unpredictable events

4.3 Supportive Practice Environment

A supportive, quality practice environment is required to support nurses in their professional practice, to foster professional development and to promote the delivery of quality care. Nurses and employers have a shared responsibility in creating an environment that enables competent nurses in providing positive outcomes for the public. The Colleges encourage all nurses and their employers to incorporate these strategies. We have articulated elements that are essential to a supportive practice environment.

- **Care Delivery Processes** that support the delivery of nursing care/services include care delivery/nursing models, staffing ratios and mixes, standards of care, accountability and quality improvement measures.
- **Communication Systems** support the flow of information about client needs between/among the inter-professional team, the client and the client's natural support system. Communication systems include technological solutions, education on difficult conversations/conflict resolution and well established documentation tools and standards.
- **Leadership** occurs at all levels in the organization and is an integral competency for every nurse's role. Leadership is evidenced by nurse participation in decision-making in client care as well as in setting and achieving organizational goals and philosophy. Effective leadership is demonstrated by staff participation in decision-making, the philosophy of the organization and the style of individual leaders within the organization.
- **Organizational Supports** include the culture and philosophy of the organization, policies and procedures, safety measures and recruitment and retention plans and a robust performance management system. Facilities and equipment required for care provision are well resourced, well maintained and always support the clinical activity housed therein.
- **Professional Development Systems** are critical in creating a setting in which nurses can grow professionally, be supported in continuing competence efforts and in general creating a learning environment. Professional development systems include orientation program, preceptorship, promotion of continuing education, training, promoting a learning environment, performance management process and professional practice activities.
- **Responsive Organizations** are those that are aware of external trends in legislation, accreditation and research; proactively prepare for environment; seek out innovation and welcome change all in the interest of serving the public.

- **Time Resources** are an important aspect of efficient, effective nursing care. Consultation between and among nurses and other professionals on the team is required to meet client needs. Nurses also need to clarify their reasons for consulting and to determine an appropriate outcome.

5. References and Resources

College Websites

- College of Licensed Practical Nurses of Manitoba - www.clpnm.ca
- College of Registered Nurses of Manitoba - www.crnm.mb.ca
- College of Registered Psychiatric Nurses of Manitoba - www.crpnm.mb.ca

Educational Programs

LPN Programs

- University College of the North - www.ucn.ca (Choose Faculty of Health, on the right-hand side of the page select Diploma Practical Nursing)
- Assiniboine Community College - www.assiniboine.net (Click on Future Students, click on Our Programs, scroll to the "P" section and select Practical Nursing Diploma)

RN Programs

- University of Manitoba - www.umanitoba.ca/nursing
- Red River College - www.rrc.mb.ca (Choose Programs & Services, from the drop down list select Health and Applied Sciences, then select Nursing)
- University College of the North - www.ucn.ca (Select the Faculties & Programs tab, in the Programs section, select Bachelor of Nursing)
- Collège universitaire de St-Boniface - www.cusb.info (Under Programmes, scroll over École technique et professionnelle and then choose Sciences infirmières)
- Brandon University - www2.brandonu.ca/academic/healthstudies (On the left-hand side, choose "Nursing Dept," Click the Bachelor of Nursing link)

RPN Programs

- Brandon University - http://calendar.brandonu.ca:8080/servlet/calendar (Select Undergraduate Calendar, select (69) Psychiatric Nursing)

Other

- *Utilization of RNs, RPNs* (College of Nurses of Ontario) - www.cno.org/docs/prac/41062_UtilizeRnRpn.pdf
- Regulated Health Professions Act - http://web2.gov.mb.ca/laws/statutes/2009/c01509e.php

Appendix A
Glossary of Terms

Advanced nursing practice: is an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations (CNA 2008).

Application of knowledge: includes assessment, planning, implementation, evaluation of outcomes and application of research and encompasses decision-making and leadership.

Act: an act is a written ordinance made by a parliament or legislative body.

Client: is the person or persons with whom the nurse is engaged in a professional therapeutic relationship. The client may also include the natural supports and/or substitute decision-makers for the individual client. The client may also be a family, group, community or population.

Collaboration: means working together with one or more members of the health care team who each make a unique contribution to achieving a common goal. Each individual contributes from within the limits of her or his scope of practice.

Community: is a group of people living in one place, neighbourhood or district, or sharing common characteristics/interests or having common health needs. The term "community" when used to describe a client does not mean providing care to an individual in the community. The focus is on the collective or common good, instead of on an individual's health.

Competence: is the ability of a nurse to integrate the professional attributes required to perform in a given role, situation or practice setting. Professional attributes include, but are not limited to, knowledge, skill, judgment, attitudes, values and beliefs.

Competencies: are statements describing the expected performance behaviour that reflects the integration of knowledge, skill, judgment and professional attributes required in a given nursing role, situation or practice setting.

Complexity: the concept of complexity encompasses the elements of acuity, predictability and the risk of negative outcomes. Predictable outcomes are client health outcomes that can reasonably be expected to follow an anticipated path with respect to timing and nature. Unpredictable outcomes are client health outcomes that cannot reasonably be expected to follow an anticipated path with respect to timing and nature. Risk of negative outcomes varies on the circumstances of the client; the higher the risk or probability of negative outcomes, the higher the need for deep, broad nursing knowledge, skill, judgment and attributes.

Consultation: is seeking advice or information from a more experienced or knowledgeable nurse or other health care professional. Nurses consult with each other when a situation demands nursing expertise that is beyond their competence. The complexity of client care needs and the nurse's competence influences the amount of consultation required; resources available in the practice setting influence the availability and accessibility of these consultation resources. Nurses also provide consultation to other members of the health care team.

Environmental context: are elements that affect or are affected by client care. These include, but are not limited to, policies, procedures and clinical pathways. Also included are such factors as the availability of consultation resources, the turnover rate of clients, the practice setting culture and the usual acuity of the client population.

Expert nursing practice: is characterized by the ability to assess and understand complex client responses in a particular practice area; significant depth of knowledge and intervention skills, often acquired informally; and strong intuitive skills in the practice areas (CNA 2008).

Health care team: is an interprofessional group of individuals who are either directly or indirectly involved in a client's care. Depending on the practice context, the composition of the team will vary. The team includes the client and the natural support systems.

Appendix B
Educational Program Information

Programs	LPN	RN	RPN
Education	Certificate/Diploma Prior to September 2010 a 15 month practical nursing certificate program was offered. As of September 2010 Assiniboine Community College and University College of the North will be offering a 20 month practical nursing diploma program. **Websites:** www.ucn.ca (Choose Faculty of Health, on the right-hand side of the page select Diploma Practical Nursing) www.assiniboine.net (Click on Future Students, click on Our Programs, scroll to the "P" section and select Practical Nursing Diploma)	Baccalaureate degree at University of Manitoba, Red River College, University College of the North, Collège universitaire de St-Boniface and Brandon University. Diploma in nursing at Collège universitaire de St-Boniface - last entry in 2010. **Websites:** www.umanitoba.ca/nursing www.rrc.mb.ca (Choose Programs & Services, from the drop down list select Health and Applied Sciences, then select Nursing) www.ucn.ca (Select the Faculties & Programs tab, in the Programs section, select Bachelor of Nursing) www.cusb.info (Under Programmes, scroll over École technique et professionnelle and then choose Sciences infirmières) www2.brandonu.ca/academic/healthstudies (On the left-hand side, choose "Nursing Dept," click the Bachelor of Nursing link)	Baccalaureate degree offered by Brandon University in both Brandon and Winnipeg. **Websites:** http://calendar.brandonu.ca:8080/servlet/calendar (Select Undergraduate Calendar, select (69) Psychiatric Nursing)
Post Basic Education	Courses available in foot care, mental health, renal health and perioperative.	Basic baccalaureate education allows for post basic education at the graduate and doctoral level in a variety of disciplines. University of Manitoba offers a Masters of Nursing with various streams. In addition to formal education, there are various post basic clinical programs accessible to registered nurses such as intensive care, renal program, emergency and trauma programs. The Canadian Nurses Association offers certification programs for registered nurses in 19 areas of practice.	Basic baccalaureate education allows for post basic education at the graduate and doctoral levels in a variety of disciplines. Some courses and/or certificate programs are available in such specialty areas as children & adolecent mental health, forensic services, etc.