



College of Nursing
of New Brunswick

Practice Guideline: **Scope of Practice**



Mandate

Public protection through regulation of nurses in New Brunswick

Under the *Nurses Act*, the College of Nursing of New Brunswick (CNNB) is legally responsible for protecting the public by regulating registrants of the nursing profession in New Brunswick. Regulation makes this profession, as well as individual nurses, responsible for safe, competent, compassionate and ethical nursing practice.

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Introduction

Health care is ever-changing, requiring the practice of nursing to evolve. Registered nurses (RNs) and nurse practitioners (NPs)¹ remain accountable to understand their **scope of practice**. As **nursing practice** evolves, RNs/NPs are often faced with decisions about whether they can perform specific activities².

The purpose of this practice guideline³ is to:

- enhance understanding amongst RNs/NPs, employers, and the public of the RN and NP roles;
- explain the foundational concepts associated with scope of practice; and
- provide a decision-support tool designed to assist RNs/NPs in determining whether a particular activity falls within scope and if it is appropriate to perform that activity.

The Role of the RN and the NP

RNs/NPs are an integral and valued part of the health care system. Clearly articulating their role can help decisionmakers, other health care team members and the public to determine how RNs and NPs can significantly impact **clients** and health systems.

RNs/NPs are regulated professionals who work autonomously and in collaboration (Nurses Association of New Brunswick [NANB], n.d.-a). Their [foundational nursing knowledge](#) supports a broad scope of practice and **professional autonomy**, enabling them to address the full spectrum of human experiences and responses to health and illness through health promotion, protection, maintenance, restoration, rehabilitation, and end-of-life care (NANB, 2022b). RNs/NPs provide services independently to clients of all ages and levels of acuity and complexity across a wide range of practice settings; they exercise clinical judgment and make critical decisions that directly influence client outcomes (Nova Scotia College of Nurses [NSCN], 2022).

Nursing practice is grounded in knowledge, **critical thinking**, **evidence-informed** decision-making, and sound professional judgment. These components are essential to support safe, competent,

1 The CNNB is responsible for regulating registered nurses, graduate nurses, nurse practitioners and graduate nurse practitioners in New Brunswick, as such the abbreviation “RNs/NPs” used in this document refers to all aforementioned designations. Licensed practical nurses in New Brunswick are regulated by the Association of New Brunswick Licensed Practical Nurse.

2 Throughout the document, the term activity is used, but may also refer to tasks, procedures, roles and interventions depending on the context.

3 CNNB’s practice guidelines identify principles, give instructions, information or direction, clarify roles and responsibilities, and/or provide a framework for decision making.

compassionate and ethical nursing practice; therefore, nursing cannot be reduced to a list of tasks or activities.

Being able to describe what it means to be a RN/NP is often difficult because nursing practice cannot be reduced to a list of tasks or activities (NANB, 2020).

RN

Role

The role of the RN relates to the functions and responsibilities related to the practice of nursing. RNs practice in various nursing roles⁴, such as clinical practice, research, education, consultation, management, administration, policy development, and regulation.

The role of clinical practice is multifaceted encompassing direct client care, care planning and coordination, advocacy, support, education, collaboration and leadership (NANB, 2019a; NANB, 2023b). Direct client care includes a wide range of activities, such as client assessments, performance of screening/diagnostic tests, administration of treatments and medication, monitoring of client conditions/trends/risks, comfort measures and pain management, and providing education and emotional support.

RNs practicing in the other roles listed above contribute to the health care system through leadership, system level planning, advocacy, policy development and the creation and application of knowledge (Canadian Nurses Association [CNA], 2015).

Advanced Nursing Practice

NPs are RNs who have completed additional formal education at the graduate level, leading to enhanced knowledge and competencies, and the development of clinical expertise to function in an advanced practice role (NANB, 2020). Successful completion of the NP entry-to-practice exam is required to practice as an NP.

⁴ For a definition of active nursing practice related to each role, refer to Appendix A of the [Guideline for Recognition of Nursing Practice](#).

NP Role

NPs are autonomous health care professionals that integrate in-depth knowledge of **advanced nursing practice** and theory, health management, health promotion and disease/injury prevention, and other relevant biomedical and psychosocial theories to deliver comprehensive care. NPs collaborate with diverse client populations and other health care providers across various settings⁵ to provide high quality **client-centered** care (NANB, n.d.-b).

NP practice is clinically focused. NPs are authorized to perform activities that are beyond the scope of practice of RNs, including diagnosing and prescribing (NANB, 2024). Using critical thinking, clinical judgment, and evidence-informed decision-making, NPs integrate knowledge from nursing and other disciplines to deliver a broad range of essential services, such as primary, acute, chronic and end-of-life care.

NP practice is guided by professional, ethical, and legal standards within a **holistic** model of care. NPs also provide leadership and collaborate with health care professionals across communities, organizations, and populations to enhance health outcomes and strengthen the health care system (NANB, 2024).

Scope of Practice

Scope of practice refers to the activities that RNs/NPs are educated and authorized to perform and defines the boundaries of nursing practice. Given the evolving health care environment, RNs/NPs must continuously expand their knowledge and skills, while also making informed decisions to ensure practice is within scope.

To remain responsive to evolving health care the scope of nursing practice must remain adaptable, as rigid definitions or fixed lists of tasks can hinder this adaptability (NANB, 2020; NANB, 2022b). With RN/NP roles becoming more complex, understanding and navigating the scope of practice becomes essential.

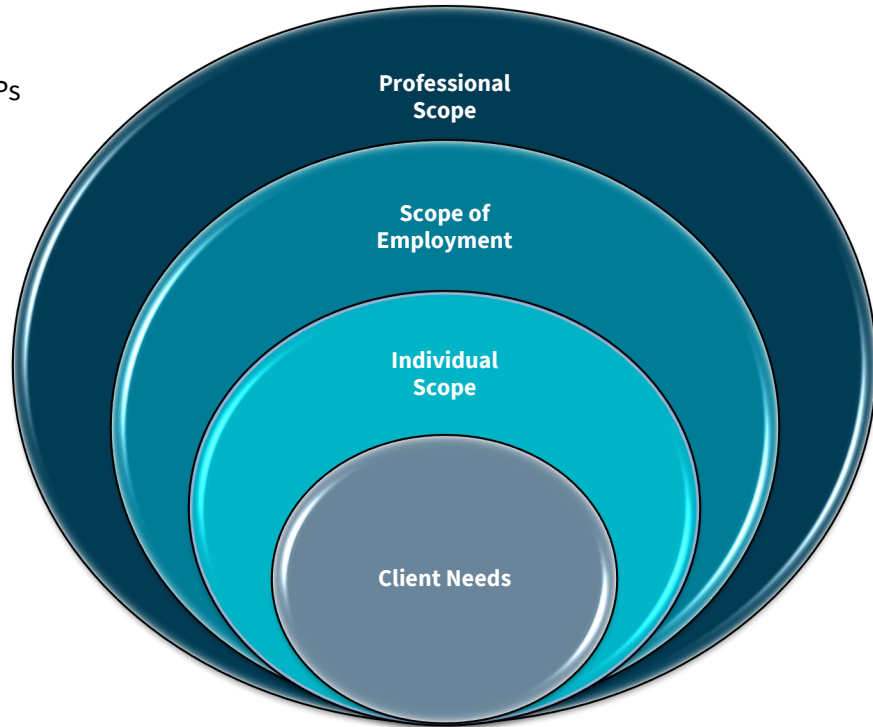
The scope of practice is defined by four key parameters:

- 1) the professional scope of practice,
- 2) the scope of employment,
- 3) the individual scope, and
- 4) client's needs (Almost, 2021; NANB, 2022b).

⁵ NPs work in a variety of settings such as community health centres, NP-led clinics, private practices, collaborative practices, emergency rooms, correctional facilities, nursing homes, and schools (NANB, n.d.-b).

Figure 1: Scope of Practice

Since the roles and responsibilities of RNs/NPs and nursing practice are ever changing and increasingly complex, it is essential that they recognize what defines their scope of practice and make informed decisions when determining if they should perform an activity. Figure 1 depicts how each parameter further defines the scope of practice for each RN/NP.



The following sections describe how each parameter defines the scope of practice.

1) Professional Scope of Practice

All RNs/NPs are responsible for practicing within the scope of practice of the nursing profession set by legislation.

Nursing Legislation in New Brunswick

The legislated scopes of practice for RNs and NPs are outlined in the [Nurses Act](#). This legislation defines the professional scope of practice establishing the outermost limits of the practice of nursing in NB. The professional scope of practice can only be modified through a legislative amendment (NSCN, 2022).

According to the *Nurses Act*, RN practice involves assessing and treating human responses to actual or potential health issues and providing nursing supervision. RNs apply nursing theory, health and human sciences, and critical thinking in their practice.

RN **Scope**

The RN scope includes:

- a) assessing client needs;
- b) planning, developing and implementing the nursing interventions;
- c) coordinating nursing services in collaboration with other care providers and community resources;
- d) monitoring, evaluating and adjusting nursing interventions and services based on client outcomes;
- e) evaluating client's outcomes;
- f) other nursing roles, functions and accountabilities that support client safety and quality services to:
 - i. promote, maintain and restore health;
 - ii. prevent or alleviate illness, disease, suffering and injuries;
 - iii. manage acute illness and conditions; and
 - iv. manage chronic disease and conditions, and provide guidance, counseling and teaching; and
- g) other roles that support clinical practice, including research, education, consultation, management, administration, policy development and regulation.

NP **Scope**

NPs have an advanced legislated scope of practice that expands upon the RN scope. They apply advanced nursing knowledge, skills and judgement in delivering healthcare services.

According to legislation, NPs are authorized to:

- a) diagnose or assess diseases, disorders or conditions;
- b) communicate diagnoses or assessments to clients;
- c) order and interpret approved screening and diagnostic tests⁶;
- d) select, prescribe and monitor the effectiveness of approved drugs⁷ and non-pharmaceutical interventions; and
- e) order the application of approved forms of energy⁷ (Nurses Act, 2002)

NPs also manage and prevent diseases, disorders, injuries, and medical conditions through:

- prescribing or ordering blood and related products;
- performing invasive and non-invasive procedures;
- authorizing, administering and dispensing medication;
- consulting with and referring to other healthcare providers;
- admitting and discharging from facilities and programs; and
- completing assessments, forms and certificates as required by law⁷.

⁶ In accordance with the [Standards of Practice for Nurse Practitioners: Appendix 1 -Nurse Practitioner Schedules for Ordering.](#)

⁷ Only certain provincial and federal legislation recognize the NP as a medical practitioner authorized to satisfy the requirements related to their Acts and/or regulations - refer to the [Jurisprudence Guide](#) for the legislation that applies to nursing practice in NB.

Applicable Provincial and Federal Legislation

RNs and NPs are accountable for practicing in accordance with applicable provincial and federal legislation. Each RN and NP is responsible for identifying the legislation relevant to their practice and understanding how it impacts their scope of practice. Key legislation relevant to nursing practice is outlined in the [Jurisprudence Guide](#) - Section 4.

Practicing within the legislated scope of practice includes practice in accordance with nursing regulation (set by the nursing regulatory body).

Since other laws define the scope of practice of various health professionals, certain activities may be restricted to specific professions. When activities are introduced into nursing practice within a particular setting, it is essential to confirm whether these interventions are restricted or protected under other legislation (e.g. *NB Pharmacy Act, Medical Act*) (NANB, 2024).

Regulation of Nursing Practice in New Brunswick

The *Nurses Act*⁸ grants CNNB the authority to regulate the practice of RNs and NPs in the province. Through this regulatory authority, CNNB further defines the practice of nursing (NANB, 2022b). This includes identifying **entry-level competencies** (ELCs), establishing expectations for professional conduct and setting **standards of practice**. These form the foundation for safe, competent, compassionate and ethical nursing practice, outlining the conduct and expected level of performance and informing RN and NP practice in NB in all settings and **domains**.

Entry-Level Competencies

ELCs define the essential knowledge, skills, and judgment required for safe, competent, compassionate and ethical nursing practice upon entry into the profession. RNs/NPs are accountable for meeting these competencies throughout their careers relative to their specific context and/or patient population (NANB, 2019a):

- [Entry-Level Competencies \(ELCs\) for the Practice of Registered Nurses in New Brunswick](#)
- [Entry-Level Competencies for Nurse Practitioners](#)

⁸ The Nurses Act is the private health legislation that gives CNNB the authority to regulate the practice of nursing in NB, through by-laws, standards of practice and other guidelines and practice resources that support safe, competent, compassionate and ethical nursing practice. NB is unique in this regard, as other provinces govern health professions through public legislation applying the same governance to all health professionals. Under various health professions acts, other Canadian jurisdictions identify controlled acts which may be performed only by authorized regulated health professionals. Controlled acts are considered potentially harmful if performed by someone who does not have the required knowledge, skill and judgment (College of Nurses of Ontario [CNO], 2023).

Professional Accountability

All RNs/NPs are accountable for their own practice and conduct, and must practice in accordance with the:

- [Code of Conduct for Registered Nurse and Nurse Practitioners](#)

RNs/NPs are also accountable to the standards of practice that address specific aspects of nursing practice, these include:

- [Standards for Documentation](#)
- [Standards for Medication Management](#)
- [Standards for the Nurse-Client Relationship](#)
- [Standards for Cultural Safety](#)

In addition, NPs are accountable to the:

- [Standards of Practice for Nurse Practitioners](#)
- [Standards for the Practice of Nurse Practitioners: Medical Assistance in Dying](#)

Limitations on Scope of Practice

Limitations are placed on the practice of graduate nurses (GNs), and graduate nurse practitioners (GNPs):

- GNs shall not:
 - perform those functions identified as “delegated medical functions” by the employer;
 - supervise the provision of nursing care by RNs or other GNs;
 - be in charge of a nursing unit or facility;
 - practice without having access to a RN within the facility for direct assistance; and
 - accept employment in which it is required to practice contrary to the Nurse’s Act, bylaws, or rules (NANB, 2025a).
- GNPs:
 - require the co-signature of a NP or a physician on orders or prescriptions for screening and diagnostic tests, prescribed drugs or the application of forms of energy (NANB, 2025a).

A GN or GNP may have additional conditions and/or restrictions on their nursing practice. It is important that the GN/GNP communicate any conditions and/or restrictions on their practice. Registration status and any conditions and/or restrictions are available on the [CNNB Public Directory](#).

Other Regulatory Resources

The CNNB provides additional resources such as practice guidelines, fact sheets, FAQs, toolkits and consultation services to support decision-making and clarify scope of practice. These are available in the [CNNB document library](#).

2) Scope of Employment

In addition to practicing within the professional scope, RNs/NPs must practice in accordance with the scope of employment.

The scope of employment defines an RN/NP's role within a specific workplace. It is determined by the employer through job descriptions, policies, guidelines and relevant workplace specific education. While RNs/NPs may have the competency to perform an intervention, they may not be authorized to perform it in their current employment setting. Scope of employment varies between settings and RNs/NPs are responsible for understanding what is expected of them in their current role (NSCN, 2022).

Nursing practice must be supported by employer policy. RNs/NPs are expected to work within their job description and in accordance with employer policy. If an activity is not supported by the employer, RNs/NPs should advocate for and contribute to the development of supporting policies (CNNB, 2026)

Before performing an activity, RNs/NPs must ensure the adequate clinical supports are in place, including:

- authorizing mechanisms (defined below);
- appropriate equipment and supplies to perform the activity safely;
- resources to support the RN/NP before, during and after the activity; and
- supervision as required or applicable.

The scope of employment may not exceed the professional scope of practice.

RNs/NPs must understand the level of supervision required for specific activities when indicated:

- Direct supervision: the person providing direct supervision is physically present.

- Indirect supervision: the person providing indirect supervision is available for consultation and guidance but is not physically present and must be readily available to provide assistance when needed.

Authorizing Mechanisms

Authorizing mechanisms are organizationally approved processes that enable the RN to execute identified interventions that are within the RN scope of practice. An authorizing mechanism can be a prescriber **order** (see Table 1), an organisational policy or practice guideline, an established process, or a communication between a prescriber and RN in a client record (College of Registered Nurses of Newfoundland & Labrador [CRNNL], 2022d; NSCN, n.d.). RNs must understand the types of authorization required in their practice setting and ensure appropriate authorizing mechanisms are in place to support safe and effective nursing practice (CNO, 2024).

Independent nursing interventions are actions that RNs can initiate and perform without an order from an **authorized prescriber** (Thomas & Slater, 2024). This includes:

- applying the steps of the nursing process (see [Practice Guideline: The Nursing Care Plan](#) for more information);
- initiating and performing nursing interventions based on nursing knowledge, skills and clinical judgment; and
- taking accountability and responsibility for nursing practice decisions.

**Table 1:
Types of Prescriber Orders**

Client Specific or Direct Order	<i>Order (instruction or authorization) for a specific intervention provided by an authorized prescriber for an individual client.</i>
Pre-printed Orders	<i>Lists of orders for specific health conditions or medical procedures from which the authorized prescriber selects applicable orders for a specific client.</i>
Directives	<i>Written orders from an authorized prescriber for an intervention or a series of interventions that may be implemented for a number of clients when specific conditions are met and when specific circumstances exist. For the RN/NP accountabilities related to the application of directives, refer to: Fact Sheet Directive.</i>

Some interventions require an authorized prescriber’s order or directions before an RN can perform them; these may be referred to as dependent nursing interventions (Thomas & Slater, 2024). These interventions are not initiated by the RN independently because they involve treatments or actions that fall under the authorized prescriber’s legal and professional scope and require oversight or specialized knowledge that falls outside the RNs autonomous scope of practice (Ernstmeyer & Christman, 2023). Authorization is typically needed for interventions initiated by regulated health professionals that are authorized to assess and treat health conditions, and have prescribing authority, such as a physician or a NP. Examples of dependent nursing interventions include, but are not limited to, administering prescribed medication, initiating an intravenous perfusion, inserting a urinary catheter, changing wound dressings with medical products, and providing tube feeding.

Importantly, having the authority to perform an intervention does not mean it should be automatically implemented. RNs must always apply their knowledge, assessment, competence, and judgment to determine if an activity should be performed (CRNNL, 2022a). For more information, please refer to the [Scope of Practice Decision-Making Framework](#).

Advancing the Scope of Employment

There may be situations where new or emerging competencies—**beyond entry-level competencies** (BELCs)—are needed to meet specific practice settings demands (CRNNL, 2022c). When considering the introduction of new activities within the scope of employment, the boundaries for nursing practice set by the *Nurses Act* must be considered. To determine whether a proposed activity aligns with the professional scope of practice and should be added to the scope of employment, a decision-making framework is available in the [Practice Guideline: Beyond Entry-Level Competencies](#).

Self-employed RNs/NPs who wish to add new or emerging activities into their practice must request an assessment of nursing practice to determine whether the proposed activity is recognized as nursing practice. For details on this assessment process, refer to the [Practice Guideline: Recognition of Nursing Practice](#).

While employers may limit a RN/NP’s scope of practice, they cannot expand it beyond the legislated scope. In cases of conflicting policies, RNs/NPs must advocate for policies that support safe nursing practice.

BELCs are additional competencies that are introduced in the practice of nursing; these competencies should always be within the limits of the legislated scope of practice (NANB, 2022a).

3) Individual Scope

In addition to practicing within the professional scope and the scope of employment, RNs/NPs must practice within their individual scope.

Nursing education prepares RNs/NPs with the foundational competencies required for entry-level practice within the professional scope of nursing. This encompasses the full range of roles and responsibilities of the nursing profession. The individual RN/NP's scope of practice is more specific and shaped by their education, experience, and context of practice. As the professional scope of practice sets the outer boundaries of nursing practice, the individual RN/NP's scope of practice must remain within these boundaries (CRNNL, 2022b; NSCN, 2022). RNs/NPs are accountable for making informed decisions about their scope of practice, and must recognize their own limitations (Foster, 2023).

The individual scope of practice is narrower than that of the profession, however individuals may have more specialized, in-depth knowledge and competence in a specific area of practice (NSCN, 2022).

Since the individual scope of practice is unique and specific to each RN/NP, before performing an activity, they should reflect on whether it falls within their individual scope by asking:

- Have I obtained the education required to perform this activity competently? How will I maintain my competence?
- Do I have the knowledge, skill and judgment to:
 - (a) assess whether it is appropriate for me to perform the activity;
 - (b) perform the activity safely; and
 - (c) manage outcomes effectively in my practice setting (e.g. access to emergency services, equipment or support)?

If additional learning or professional development is needed, RNs/NPs should discuss this with their employer and seek educational support.

4) Client Needs

In addition to practicing within the professional scope, the scope of employment, and within their individual scope, RNs/NPs must consider the client's specific needs.

Each client has unique needs. RNs/NPs play a vital role in promoting and implementing measures that support positive client outcomes (CNNB, 2026). Before performing an activity, RNs/NPs should assess the client's physical, psychosocial, cultural and emotional needs along with the following factors:

- Level of Complexity –
 - the degree to which a client's condition and care needs can be easily identified and how variable those needs are.
- Predictability –
 - the extent that a client's outcome and future care needs can be anticipated.
- Risk of Negative Outcome –
 - the likelihood of the client experiencing a negative outcome due to their condition or in response to treatment.

RNs/NPs must also consider:

- whether the activity is in the client's interest; and
- whether the RN/NP is the most appropriate provider to perform the activity.

Considering these factors will help the RN/NP determine if the nursing activities that the client requires is within the individual RN/NP's scope of practice. All nursing activities must align with the client's needs, preferences, goals, and care plan when applicable. Client consent- whether implied, verbal or written- is required before proceeding with nursing activities (CRNNL, 2022d). For more information, refer to the [Fact Sheet: Consent](#).

Scope of Practice Decision-Making Framework

It is expected that RNs/NPs are competent to perform nursing activities they undertake. Competence involves not only the ability to perform an activity, but also the integration and application of knowledge, skills and judgment to support safe, competent, compassionate and ethical nursing practice in a specific role and setting (NANB, 2025b). Each RN/NP is responsible for using professional judgment to decide whether to perform a specific activity, task, procedure, role or intervention. Even if an activity falls within the legislated scope of practice, it does not automatically mean the RN/NP should perform it.

The *Scope of Practice Decision-Making Framework* is a tool designed to help RNs/NPs determine whether to perform an activity. Its application supports this decision by answering specific questions to determine whether the activity aligns with the following:

- 1) the professional scope of practice,
- 2) the scope of employment,
- 3) the individual scope, and
- 4) the client's needs.

Answering “No” to any question means that activity may be considered beyond scope and/or inappropriate for the individual RN/NP to perform. In such case, consultation with the CNNB may be necessary. If it is possible to answer “Yes” for all questions, there should be sufficient information to make an informed decision about the proposed activity being within scope and being appropriate for the individual RN/NP to perform.

Refer to [Appendix I](#) to apply the Scope of Practice Decision Making Framework.

For assistance with the application of the framework, or for questions related to scope of practice, contact a nurse consultant at consultation@cnnb-opinb.ca

Appendix 1–Application of the Scope of Practice Decision-Making Framework

1- Identify, describe or clarify the activity (role, intervention, procedure)
2- Proceed to answer each question

▶ **Professional Scope:**

Is the activity in accordance with:

- the RN or NP scope of practice as defined by nursing legislation?
- applicable legislation (no specific prohibitions in other legislation)?
- the Code Conduct, nursing practice standards & nursing regulation?



▶ **Scope of Employment:**

Are the necessary practice supports available:

- authorizing mechanisms (employer policies, orders, directives, etc.)?
- proper equipment and supplies?
- necessary resources to support the nurse (before/during/after)?
- appropriate supervision?



▶ **Individual Scope:**

Have I obtained the education required to perform this activity competently?

Will I be able to maintain my competence?

Do I have the knowledge, skill and judgment to:

- assess the appropriateness of performing the activity?
- safely perform the activity?
- manage the outcomes?



▶ **Client Needs:**

Do I have the competency to perform this activity safely with this specific client?

Is the performance of the activity by the RN/NP in the client's best interest?

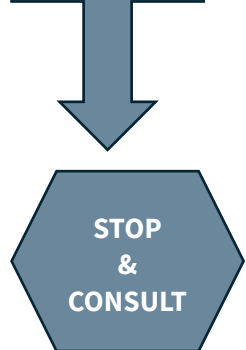
Do I have the client's consent?



If all questions are answered YES, and there is sufficient information to make an informed decision that the proposed intervention is within scope, proceed with the activity in accordance with the standards of practice and employer policy.

If NO to any question, the activity may not be appropriate at this time.

Negative answers do not necessarily disqualify the activity; however, it is an indication that additional analysis and consultation with the CNNB is required.



*If it is still not clear if the activity is within scope, consult the CNNB.

Glossary

Advanced nursing practice: Reflects the integration and application of a broad range of theoretical and evidence-based knowledge that occurs as part of graduate nursing education. ANP encompasses all the domains of nursing practice, the entire field of nursing and does not necessarily refer only to direct clinical care. Nurses in ANP roles may include those with graduate education working in policy, administration, nursing informatics, etc.

Authorized prescriber: A practitioner lawfully entitled to prescribe treatments or medications. According to the [Controlled Drugs and Substances Act](#), a practitioner means a person who is registered and entitled under the laws of a province to practise in that province the profession of medicine, dentistry or veterinary medicine, and includes any other person or class of persons prescribed as a practitioner. In addition, a practitioner is defined by the New Classes of Practitioners Regulations as midwives, nurse practitioners and podiatrists. In NB current authorized prescribers include physicians, nurse practitioners, optometrists, dentists, pharmacists, midwives, veterinarians and physician assistants.

Beyond entry-level competencies: Advanced knowledge, skills and judgment gained through additional education, training and clinical experience outside the core knowledge, skills and judgment obtained through entry-level nursing programs. These competencies are not currently part of RN or NP work expectations and are being introduced into nursing practice in specific practice settings.

Client: An individual, family, group, community or population who require nursing services. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; and in research, the client may be a subject or participant.

Client-centered care / practice: An approach in which clients are viewed as whole persons. It is not merely about delivering services where client is located. It involves advocacy, empowerment, and respecting the clients' autonomy, voice, self-determination and participation in decision-making.

Critical thinking: Reasoning in which an individual analyzes the use of language, formulates problems, clarifies and explains assumptions, weighs evidence, evaluates conclusions, distinguishes between pros and cons and seeks to justify those facts and values that result in credible beliefs and actions. Critical thinking is performed by all nurses at a level consistent with their educational preparation and scope of practice.

Domains: Five domains or areas of practice are identified within the profession of nursing: practice, education, administration, policy and research. The practice domain is fundamental to nursing, and all other domains ultimately exist to maintain and support practice. Registered nurses may practise in more than one domain within the context of their role.

Entry-level competencies (ELCs): Refers to the foundational competencies required of a newly graduated and newly regulated nurse to begin practice safely, competently, ethically, and collaboratively, recognizing that further development occurs through experience, mentorship, and continuing competence.

Evidence-informed: The deliberate process of integrating the best available research evidence with clinical expertise, client preferences, and contextual factors to guide safe, competent, compassionate and ethical nursing practice.

Holistic: A system of comprehensive or total patient care that considers the physical, emotional, social, economic, and spiritual needs of the person; his or her response to illness; and the effect of the illness on the ability to meet self-care needs. Holistic nursing is the modern nursing practice that expresses this philosophy of care.

Nursing Practice: The application of specialized, evidence-based knowledge drawn from nursing theory and the health and human sciences, including the principles of primary health care. It encompasses roles in clinical practice, research, education, consultation, management, administration, policy development, and regulation.

Order: Direction from a regulated health professional with legislative ordering authority (that permits performance of a procedure by another).

Professional autonomy: Having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base.

Scope of practice: Activities that nurses are educated and authorized to perform, as set out in legislation and described by standards, limits, and conditions set by regulators.

Self-employed: Refers to nurses operating their own economic enterprise to provide nursing services.

Standards of practice: Establish the regulatory and professional foundation for nursing practice. These standards establish for all nurses, the public, government and other external collaborators the expected level of performance of a registered nurse. Relates to the written standards of practice approved by the CNNB Board, and other standards of practice inherent to the nursing profession.

References

- Almost, Joan. (2021). *Regulated Nursing in Canada: The landscape in 2021*. <https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada>
- Canadian Nurses Association. (2015). *Framework for the practice of registered nurses in Canada*. <https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/rn-practice-framework2>
- College of Nurses of Ontario. (2023). *Practice standard: Scope of practice*. <https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/49041-scope-of-practice.pdf>
- College of Nurses of Ontario. (2024). *Understanding Your Scope of Practice. As a nurse, how do I determine if I can perform a procedure? Or if an activity is within my scope of practice?* <https://cno.org/standards-learning/ask-practice/understanding-your-scope-of-practice#understanding-scope-of-practice-and-your-nursing-accountabilities-is-it-appropriate-to-perform-the-activity-within-the-context-of-your-practice-setting>
- College of Nursing of New Brunswick. (2026). *Code of Conduct for Registered Nurses and Nurse Practitioners*. <https://cnnb-opinb.ca/en/library/document/code-of-conduct-for-registered-nurses-and-nurse-practitioners/>
- College of Registered Nurses of Newfoundland & Labrador. (2022a). *Care directives and preprinted orders*. <https://crnml.ca/wp-content/uploads/2022/06/care-directives-and-preprinted-orders.pdf>
- College of Registered Nurses of Newfoundland & Labrador. (2022b). *Differentiating scope of practice within the profession*. [differentiating-scope-of-practice-within-the-profession.pdf](https://crnml.ca/wp-content/uploads/2022/06/differentiating-scope-of-practice-within-the-profession.pdf)
- College of Registered Nurses of Newfoundland & Labrador. (2022c). *Employers adding a new/emerging competency*. <https://crnml.ca/wp-content/uploads/2022/06/employers-adding-a-new-emerging-competency.pdf>
- College of Registered Nurses of Newfoundland & Labrador. (2022d). *Scope of practice framework*. <https://www.crnml.ca/site/uploads/2022/06/scope-of-practice-framework.pdf>

- Ernstmeyer, K., & Christman, E. (2023). *Nursing Fundamentals (OpenRN)*. [https://med.libretexts.org/Bookshelves/Nursing/Nursing_Fundamentals_\(OpenRN\)/04%3A_Nursing_Process/4.06%3A_Planning](https://med.libretexts.org/Bookshelves/Nursing/Nursing_Fundamentals_(OpenRN)/04%3A_Nursing_Process/4.06%3A_Planning)
- Foster, S. (2023). Defining the scope of advanced practice. *British Journal of Nursing*, 32(20), 1017. <https://www.britishjournalofnursing.com/content/regulars/defining-the-scope-of-advanced-practice>
- Lynch, M., Dahlin, C., Hultman, T., & Coakley, E. E. (2011). Palliative care nursing: Defining the discipline? *Journal of Hospice and Palliative Nursing*, 13(2), 106-111. <https://www.nursingcenter.com/static?pageid=1168369#:~:text=For%20nurses%2C%20human%20response%20is,of%20life%20and%20alleviate%20suffering>
- New Brunswick College of Pharmacists. (n.d.). *Pharmacy practice resources. New Brunswick Provincial Legislation*. <https://nbpharmacists.ca/legislation/federal-provincial-legislation/?highlight=Pharmacy%20Practice%20Resources.%20New%20Brunswick%20Provincial%20Legislation>
- New Brunswick College of Pharmacists. (2014). *An act respecting the New Brunswick College of Pharmacists*. <https://nbpharmacists.ca/wp-content/uploads/2020/12/New-Act-with-Table-of-Contents.pdf>
- Nova Scotia College of Nursing. (n.d.). *NSCN glossary terms*. <https://www.nscn.ca/sites/default/files/documents/resources/NSCN%20Glossary%20of%20Terms%20Feb%202024.pdf>
- Nova Scotia College of Nursing. (2022). *Nursing scope of practice. Practice guideline*. https://www.nscn.ca/sites/default/files/documents/resources/Scope_of_Practice.pdf
- Nurses Association of New Brunswick. (n.d.-a). *Nursing education. Education & support*. <https://nanb.nb.ca/en/education/nursing/>
- Nurses Association of New Brunswick. (n.d.-b). *Standards of practice for nurse practitioners*. <https://nanb.nb.ca/en/library/document/standards-of-practice-for-nurse-practitioners/>
- Nurses Association of New Brunswick. (2002). *Nurses Act*.
- Nurses Association of New Brunswick. (2019a). *Entry-level competencies for the practice of registered nurses in New Brunswick*. <https://nanb.nb.ca/en/library/document/entry-level-competencies-for-the-practice-of-registered-nurses-in-nb/>

- Nurses Association of New Brunswick. (2020). What is my scope of practice? *Info nursing*, 17-18. <https://nanb.nb.ca/media/documents/INFO-What-Is-My-Scope-Of-Practice-E.pdf>
- Nurses Association of New Brunswick. (2021). *Practice guideline. The nursing care plan*. <https://nanb.nb.ca/en/library/document/practice-guideline-the-nursing-care-plan/>
- Nurses Association of New Brunswick. (2022a). *Practice guideline. Beyond entry-level competencies*. <https://nanb.nb.ca/en/library/document/practice-guideline-beyond-entry-level-competencies/>
- Nurses Association of New Brunswick. (2022b). *The jurisprudence guide*. <https://nanb.nb.ca/en/library/document/jurisprudence-guide/>
- Nurses Association of New Brunswick. (2023a). *Fact sheet: Graduate nurse scope of practice*. <https://nanb.nb.ca/en/library/document/fact-sheet-graduate-nurse-scope-of-practice/>
- Nurses Association of New Brunswick. (2023b). *Entry-level competencies for nurse practitioners*. <https://nanb.nb.ca/en/library/document/entry-level-competencies-for-nurse-practitioners/>
- Nurses Association of New Brunswick (2024). *Standards of practice for nurse practitioners*. <https://nanb.nb.ca/en/library/document/standards-of-practice-for-nurse-practitioners/>
- Nurses Association of New Brunswick. (2025a). *NANB rules*. <https://nanb.nb.ca/en/library/document/nanb-rules/>
- Nurses Association of New Brunswick. (2025b). *Practice guideline. Nursing intraprofessional collaboration*. <https://nanb.nb.ca/en/library/document/nursing-intraprofessional-collaboration-guidelines-lpns-and-rns-working-together/>
- Thomas, A., & Slater, A. (2024). *Nursing interventions: Implementing effective client care plans*. <https://simplenursing.com/what-are-nursing-interventions/#toc3>



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