



# PRACTICE GUIDELINE

## Assigning, Delegating, Teaching and Supervising in Nursing Practice





## Mandate

The Association of New Brunswick Licensed Practical Nurses (ANBLPN) regulates licensed practical nurses (LPN), and the Nurses Association of New Brunswick (NANB) regulates registered nurses (RN) and nurse practitioners (NP), for the provision of safe, competent and ethical care in the interest of the public. In this document, the term nursing professional(s) will refer to all three classifications.

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Content of this guideline has been adapted from the Nova Scotia College of Nursing [Assignment and Delegation Guideline for Nurses](#).

## Table of Contents

<b>INTRODUCTION</b> .....	<b>4</b>
<b>GUIDELINE 1: ASSIGNMENT</b> .....	<b>5</b>
<b>GUIDELINE 2: DELEGATION</b> .....	<b>7</b>
<b>GUIDELINE 3: TEACHING</b> .....	<b>12</b>
<b>GUIDELINE 4: SUPERVISION</b> .....	<b>13</b>
<b>CONCLUSION</b> .....	<b>15</b>
<b>GLOSSARY</b> .....	<b>16</b>
<b>REFERENCES</b> .....	<b>18</b>

Note - **Bolded words** are defined in the glossary. They are shown in bold on first appearance.

## INTRODUCTION

Healthcare is continuously changing and requires adjustment for evolving roles and responsibilities amongst healthcare providers (National Council of State Boards of Nursing [NCSBN] and American Nurses Association [ANA], 2019). Changes to **skill mix** and **care delivery models** have created new working relationships between regulated healthcare professionals and unregulated care providers (UCPs)<sup>1</sup>.

In all practice environments, regulated nursing professionals<sup>2</sup> are expected to collaborate and practice in a manner that allows for **role optimization** of healthcare providers while ensuring safe, competent and ethical care. The abilities to assign, delegate, teach and supervise nursing care are important aspects of collaborative nursing practice<sup>3</sup> and support role optimization.

All nursing professionals are responsible for understanding practice expectations related to assigning, delegating, teaching, and supervising nursing care. They are equally responsible for understanding what is within their **scope of practice** and what is supported by employer policy in their practice setting. This document includes the four interrelated guidelines to help nursing professionals understand their accountabilities related to assignment, delegation, teaching, and supervision.

Regulated Healthcare Professional	Unregulated Healthcare Provider
<ul style="list-style-type: none"><li>• member of a health profession</li><li>• governed by legislation - legally defined scope of practice for the profession</li><li>• authorized to practice &amp; regulated by a professional regulatory body</li><li>• regulatory authority establishes standards of practice to support safe, competent &amp; ethical practice</li><li>• accountable to practice in accordance with relevant legislation, standards, regulatory requirements &amp; employer policies</li></ul>	<ul style="list-style-type: none"><li>• member of the healthcare team</li><li>• not licensed by a regulatory body - no legally defined scope of practice</li><li>• employer determines &amp; is responsible for job description, skills &amp; training requirements</li><li>• authorized by employer to perform selected nursing tasks</li><li>• accountable for their actions /decisions &amp; to provide care in accordance with job description &amp; employer policies</li></ul>

(CANADIAN NURSES PROTECTIVE SOCIETY [CNPS], 2015; COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN, REGISTERED PSYCHIATRIC NURSES ASSOCIATION OF SASKATCHEWAN AND COLLEGE OF LICENSED PRACTICAL NURSES OF SASKATCHEWAN [CRNS, RPNAS, CLPNS], 2023)

<sup>1</sup> UCPs provide direct personal care and defined assistance and support services in a variety of settings across Canada. There are over 60+ occupational titles; these are determined by the employer (Colleges and Institutes Canada [CIC], 2022).

<sup>2</sup> In NB, the Association of New Brunswick Licensed Practical Nurses (ANBLPN) regulates licensed practical nurses (LPN), and the Nurses Association of New Brunswick (NANB) regulates registered nurses (RN) and nurse practitioners (NP), for the provision of safe, competent, and ethical care in the interest of the public. In this document, the term nursing professionals refer to all three **designations**.

<sup>3</sup> For more information on intraprofessional collaboration, refer to: [Nursing Intraprofessional Collaboration Guidelines: LPNs and RNs Working Together](#).

## GUIDELINE 1: ASSIGNMENT

Assignment of nursing care is the process of assigning the responsibility for **client care**, **nursing interventions** or specific **tasks** to an individual who is competent to provide the care, and whose scope of practice or **scope of employment** authorizes them to provide this care. It is a knowledge-based process of selecting the most appropriate nursing care provider based on the assessment of client needs (College of Registered Nurses of Newfoundland & Labrador [CRNNL], 2022a), making assignment a process that occurs at the beginning and throughout the entire shift as client care needs may change.

Both Registered Nurses (RNs) and Licensed Practical Nurses (LPNs)<sup>4</sup> have the authority to assign nursing care and in accordance with the established **care plan**<sup>5</sup>, and employer policies. The assignment is based on the following:

- scope of practice and/or job description of the healthcare providers
- client's needs and condition (predictability, risk for negative outcome and complexity)
- care provider's **competency**
- practice environment (availability of support and resources).

### Assignment Accountability

The **standards of practice** set the expectation that employer policies support nursing practice, including assignment of nursing care.

The nursing professional responsible for the assignment<sup>6</sup> maintains **accountability** for the assignment throughout the shift. This role includes determining client needs, creating an appropriate assignment, providing ongoing supervision and **mentorship**, adjusting the assignment as required, and monitoring outcomes.

When client care is assigned to an RN or LPN, they may perform the assignment autonomously in accordance with their **legislated** and individual **scope of practice**. Once the client assignment has been received, it may be appropriate for the RN or LPN to assign client care interventions or specific tasks to other nursing care team members.

When client care interventions or tasks are assigned to a UCP, they must fall within their job description as defined by the employer, and within the individual's competency. RNs and LPNs who assign interventions or tasks to UCPs remain responsible and accountable for ensuring the

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<sup>4</sup> The client's condition should be considered to determine if the LPN is authorized to undertake and assign care. The LPN is authorized to undertake the care of custodial, convalescent, sub-acutely ill and chronically ill patients (under the direction and in collaboration with a RN, or duly qualified medical practitioner or pharmacist), and to assist RNs in the care of acutely ill clients (ANBLPN, 2014).

<sup>5</sup> For more information, refer to the [Practice Guideline: The Nursing Care Plan](#).

<sup>6</sup> An LPN can assume a nursing professional charge role, however the more acute and complex the needs of the client population, the less likely it is an appropriate for the LPN to assume this role. Consider the three-factor framework when determining the most appropriate care provider to assume the nursing professional charge role for the practice context. For more information on the Three Factor Framework refer to the [NURSING INTRAPROFESSIONAL COLLABORATION GUIDELINES LPNs and RNs Working Together](#).

assignment is appropriate, providing supervision and feedback, and intervening when unsafe or unethical practice is identified. This may include guidance, teaching and direction, clarification of the plan of care and, if necessary, reporting to the employer (College of Licensed Practical Nurses of Manitoba, College of Registered Nurses of Manitoba and College of Psychiatric Registered Nurses of Manitoba [CLPNM, CRNM, CRPNM], 2024).

Table I outlines the accountabilities related to assignment.

<b>Table I: Assignment – Summary of Accountabilities*</b>		
<b>SUPPORTING ASSIGNMENT</b> Employer/Nursing Leader	<b>RESPONSIBLE FOR ASSIGNMENT</b> Nursing Professional in charge (RN/LPN)	<b>ACCEPTING ASSIGNMENT</b> Care Provider (RN/LPN /UCP)
<ul style="list-style-type: none"> <li>○ develops staffing models that support safe &amp; competent care</li> <li>○ provides clear role/job descriptions</li> <li>○ implements policies &amp; procedures that support assignment - outlining activities that can be assigned to UCP</li> <li>○ provides education &amp; training</li> <li>○ establishes processes for assessing competency</li> <li>○ supports mentorship &amp; supervision</li> <li>○ monitors assignment processes &amp; outcomes</li> </ul>	<ul style="list-style-type: none"> <li>○ understands employer’s model of care delivery &amp; engages in collaborative approach when assigning clients/tasks</li> <li>○ familiar with client population, nursing practice requirements, scopes of practice/employment &amp; practice setting</li> <li>○ develops, updates &amp; refers to each plan of care before assigning clients/tasks</li> <li>○ assigns care as per employer policy</li> <li>○ ensures appropriate assignment - based on client needs, provider’s competency &amp; practice environment</li> <li>○ ongoing evaluation &amp; adjustment of assignment as required</li> <li>○ provides ongoing mentorship &amp; supervision</li> <li>○ documents assignment as per employer policy</li> </ul>	<ul style="list-style-type: none"> <li>○ understands employer’s model of care delivery &amp; assignment policy</li> <li>○ is aware of own scope of practice/employment</li> <li>○ notifies the appropriate supervisor of care if assignment not within individual scope/competency</li> <li>○ competent provision of assigned care as per employer policies</li> <li>○ seeks clarity &amp; assistance when needed</li> <li>○ maintains ongoing &amp; open communication</li> <li>○ reports to assigning nursing professional</li> <li>○ documents care as per employer policy</li> </ul>

\*Reproduced in part from [Assignment and Delegation Guideline for Nurses](#) (Nova Scotia College of Nurses [NSCN], 2022).

## GUIDELINE 2: DELEGATION

Delegation is the temporary transfer of authority to perform an intervention by a regulated healthcare professional to another regulated or unregulated healthcare provider, who does not have the authority to perform the intervention as part of their scope of practice or scope of employment. Delegation is client and time specific, meaning the delegated task can only be done at the specified time, for an identified client.

Although the delegation involves transfer of responsibility for the performance of the intervention, it does not involve transferring accountability for the outcome of the intervention (CNPS, 2024; NSCN, 2022). The delegated task does not become part of the care provider's scope of practice or scope of employment.

### Authorization for Delegation

Delegation is supported by authorizing mechanisms developed and implemented by employers. A collaborative process representing the various healthcare professionals should be involved in the development of these policies to ensure professional roles are accurate, and professional accountabilities and standards of practice can be met (CRNS, 2021). Delegation should reflect current evidence-based practice and enable the provision of safe, competent and ethical care (NSCN, 2021).

### Delegation by Nursing Professionals

The performance of nursing care activities may be delegated under the right conditions at the nursing professional's discretion. Guided by workplace policies, the nursing professionals must assess the **delegate's** skills and knowledge to determine if they can safely and competently perform the activity (British Columbia College of Nurses & Midwives [BCCNM], 2023). The level of supervision required during the delegation is determined by the clients' care needs, the education and experience of the delegate and the **predictability** of outcomes.

The nursing professional responsible for the delegation retains the accountability for evaluating and managing the outcome of the delegated intervention. Evaluating the outcome includes the analysis and interpretation of client data to assess the client's response (NSCN, 2022).

#### Delegation - Important to Note

It is important to note that the delegation:

- must be in the client's best interest
- is always client & time specific
- cannot be further transferred to another client or delegated to another provider
- does not become part of the scope of practice or scope of employment of the provider authorized by employer policy to accept the delegated intervention
- the professional who delegates maintains accountability for the client, while the provider who accepts the delegation is responsible for the activity.

All RNs and LPNs have a professional obligation to recognize and take action in situations where client safety is potentially or actually at risk (Canadian Council for Practical Nurse Regulators [CCPNR], 2021; NANB, 2019). When there is an increased risk of unintended or unexpected outcome, nursing professionals should refrain from delegating. In these situations, the LPN should engage the RN to determine collaboratively the next best action in situations where a decision to delegate or not to delegate, is required (NSCN,2022).

*Figure 1: Process of Delegation*



Adapted from [Assignment and Delegation Guideline for Nurses](#) (NSCN,2022)

## Making the decision to delegate

The following components inform the decision to delegate and are required to support delegation.

### Authorization

- Established policies support the delegation of the intervention in specific circumstances.
- The nursing professional has the knowledge and ability to make delegation decisions and implement the delegation.
- The intervention is within the **delegator’s** scope of practice.
- The delegator has the knowledge and competence to perform the intervention.

### Client Assessment

- The client’s condition is stable, client care needs are identified, and outcomes are predictable.
- There is no known risk of harm to the client if the intervention is delegated to another provider.
- The decision to delegate is client-focused and will not compromise client safety.

Delegation Policies
<p>Policies that support delegation outline the conditions &amp; contexts of delegation:</p> <ul style="list-style-type: none"> <li>• the types or nature of interventions that can be delegated</li> <li>• the regulated professionals who are authorized to delegate &amp; the providers who are authorized to accept delegation (authorized delegators/delegates).</li> <li>• the necessary education required to perform the delegated intervention</li> <li>• the process to determine the baseline &amp; continued competence. (NSCN, 2022)</li> </ul>

### Provider (Delegate) Competency

- The delegate has the appropriate knowledge, skills and abilities to perform the intervention.
- The delegate has received training and has demonstrated knowledge and competency to perform the intervention<sup>7</sup>.
- The delegate must have an opportunity to accept or decline the delegation and be clear about their responsibility and accountability (BCCNM, 2023).

If the participating nursing professional is satisfied that the decision to delegate is appropriate after assessing these components, delegation may proceed in accordance with employer policy. When nursing professionals have any doubts that the decision to delegate is well supported by these components, they should NOT proceed with the delegation.

### Engaging in the process of delegation

#### Communication

- The delegating nursing professional communicates expectations for the delegated intervention to the delegate (e.g. data to collect, timeframe to report, other relevant info), and the receiving delegate verbalizes understanding.
- The delegating nursing professional provides client-specific teaching to the delegate until satisfied that the provider is competent to perform the intervention.
- The delegate reports outcomes as instructed, asks questions and requests assistance when needed.

#### Supervision

- The delegator determines the [type of supervision](#) required for the safe performance of the intervention.
- The delegator monitors and provides support as required to ensure the delegated intervention can be performed successfully.
- The delegation may be terminated at any point if the client's condition changes, the level of competence of the delegate is deemed no longer appropriate for the client, or the complexity of the practice setting no longer supports delegation.

### Verifying Competency

Verifying competency is a collaborative effort. Even though the accepting delegate has obtained training with validation of competency, it is important to ask the delegate to self-assess their competence and verify they have the necessary knowledge, skill & judgment to perform the intervention safely. (NSCN, 2022).

<sup>7</sup> Competency validation should follow education and competency testing and should be kept on file. Competency must be periodically evaluated to ensure continued competency. The context and processes associated with competency validation will be different for each activity, skill or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility, as well as to the level of practitioner to whom the activity, skill, or procedure has been delegated (NCSBN & ANA), 2019).

## Evaluation

- The nursing professional documents the delegation process (the intervention, ongoing assessment and evaluation) as per employer policy.

## Delegation to Nursing Professionals

In certain circumstances, client healthcare needs require competencies that are beyond the nursing scope of practice and another regulated healthcare professional may need to delegate to nursing professionals; this can be authorized through an established process (see Table II on page 12).

The delegator is responsible and accountable for the decision to delegate the activity and for the overall client outcomes. The nursing professional is responsible and accountable for the decision to carry out the delegated task <sup>8</sup> and for its performance and outcome. The nursing professional should ensure there are sufficient safeguards and resources available to ensure that the delegated activity can be performed safely and competently, and outcomes can be managed (College of Nurses of Ontario [CNO], 2023).

Nursing professionals who perform a delegated task report to the professional responsible for the delegation and document in the client record, in accordance with employer policy (CNO, 2023).

## Delegation in Emergency Situations

In an emergency, an intervention may be delegated if the delegator believes that the risk to the client's safety is greater if delegation does not occur. In these circumstances, delegation may occur for clients whose status may be unpredictable and/or when the delegate has not received the necessary formal education.

To support delegation or accept delegation in emergency or exceptional situations, nursing professionals should:

- Ensure that valid and current policies and/or guidelines are in place to direct nursing practice in emergencies or exceptional circumstances.
- Follow the approved policies and best practice procedures for the intervention.
- Provide appropriate instruction and supervision, and/or seek guidance from appropriate sources whenever possible (e.g., authorized prescriber).
- Implement required follow-up actions, including documentation and communication with appropriate healthcare professionals.
- Provide the best care that circumstances, experience, and education permit. (CRNNL, 2022b).

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<sup>8</sup> Delegated tasks are used less frequently now because there is a regulatory process for adding interventions to an individual scope of practice or role (NSCN, 2021). Refer to the [Practice Guideline: Beyond Entry-Level Competencies](#) for more information.

## Delegation Accountability

The delegation process begins with the decision made at the administrative level of the organization and extends to the staff responsible for delegating and overseeing the process (delegator) and the staff performing the delegation (delegate). It involves effective communication, and empowering staff in making decisions based on their judgment (NCSBN & ANA, 2019). Table II summarizes the accountabilities related to delegation.

Table II: Delegation – Summary of Accountabilities *		
Employer SUPPORTING DELEGATION	Delegator RESPONSIBLE FOR DELEGATION	Delegate ACCEPTING DELEGATION
<ul style="list-style-type: none"> <li>○ analyses need for delegation/impact on client care</li> <li>○ implements policies identifying activities that may be delegated to whom &amp; under which circumstances</li> <li>○ provides education &amp; training</li> <li>○ establishes competency validation processes for baseline &amp; continued competency</li> <li>○ monitors delegation/care delivery</li> <li>○ promotes positive culture/work environment</li> </ul>	<ul style="list-style-type: none"> <li>○ understands the principles of delegation</li> <li>○ verifies that delegation is supported by employer policy</li> <li>○ ensures that the delegated intervention is within their scope of practice</li> <li>○ ensures own competence to perform intervention</li> <li>○ assesses if delegation is indicated based on client needs</li> <li>○ verifies delegate's competence to perform the intervention</li> <li>○ supervises delegated intervention as required</li> <li>○ evaluates outcome</li> <li>○ documents as per employer policy</li> </ul>	<ul style="list-style-type: none"> <li>○ understands principles of delegation</li> <li>○ verifies that delegation is supported by employer policy</li> <li>○ completes additional education &amp; validation of competence</li> <li>○ self-assesses competence to perform intervention</li> <li>○ performs delegated intervention competently &amp; safely</li> <li>○ seeks clarification &amp; assistance</li> <li>○ communicates with delegator when unable to complete the delegated intervention, or when client's response is unexpected</li> <li>○ reports outcome to delegator</li> <li>○ documents as per employer policy</li> </ul>

\*Reproduced in part from [Assignment and Delegation Guideline for Nurses](#) (NSCN, 2022).

## GUIDELINE 3: TEACHING

In this document, the term teaching refers to the action of instructing another on how to perform a task, including the evaluation to determine if the person receiving instruction is competent to perform the task (CRNM, CLPNM, CRPNM, 2024).

Achieving learning opportunities can be challenging in busy and complex settings where client care is the priority and therefore, incorporating teaching into nursing care should lead to more attainable goals (Reynolds et al., 2020). In some situations, RNs and LPNs may be required to teach<sup>9</sup> nursing interventions and techniques to clients and/or significant others, or other non-nursing care providers.

### Requirements for Teaching Nursing Care

RNs and LPNs may teach nursing tasks to clients, their significant others and other non-nursing care providers if the following criteria are met:

1. The nursing professional has the knowledge, skill and judgment to perform the procedure competently.
2. The nursing professional has the knowledge, skill and judgment to teach the procedure.
3. The decision to teach is informed by known risks and benefits to the client, the predictability of outcomes, available safeguards and resources, and other factors specific to the client setting.
4. The appropriateness of teaching the client or care provider has been assessed and it has been determined that it is in the client's best interest.
5. It has been determined that the client or care provider has the necessary skills and knowledge to perform the intervention safely and competently.
6. The nursing professional accepts the accountability for the decision to teach the client or care provider.
7. There is a plan in place for the nursing professional to assess the effectiveness of the teaching,
8. The content being taught is appropriate for the learner and appropriate resources are available.
9. Ongoing evaluation occurs to determine if the care continues to meet the client's needs. (CNO, 2013).

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<sup>9</sup> Nursing professionals do not delegate to clients, family members, significant others or other non-nursing care providers as these individuals would not have a scope of practice or scope of employment that defines their responsibility and accountability for the provision of care. However, they nursing professionals can teach clients and others about the care interventions the client requires to allow them to assist with the provision of care when indicated and appropriate (NSCN, 2022).

## GUIDELINE 4: SUPERVISION

Supervision in nursing care involves monitoring, coaching, supporting, assisting and educating as needed to ensure timeliness, appropriateness and completeness of the care being provided (Ernstmeyer & Christman, n.d.). It entails initial direction, periodic inspection and corrective action when needed (CNPS, 2012). Supervision is an essential component of nursing practice and should be part of an ongoing process that occurs throughout the shift within the nursing care team.

Nursing professionals only supervise the activities they are competent and authorized to perform. They are also expected to address and manage issues identified in the performance of an activity under their supervision (College of Registered Nurses of Alberta [CRNA], 2022).

### Principles of Supervision

The following principles set the foundation for supervision of nursing care:

- The focus of supervision is the provision of safe, competent, and ethical care to clients.
- Assessment of client needs and safety risks are the priority considerations for supervision decisions and requirements.
- Effective communication between members of the healthcare team is required for appropriate supervision and safe client care.
- Appropriate supervision assists in the consolidation of knowledge and skill in practice.
- A quality practice environment supports and facilitates supervision and safe client care.
- Supervision facilitates continuity of care.
- Direction and guidance are provided as required to the individual being supervised by answering questions, consultation, oversight and constructive feedback (CRNA, 2022).

### Type of supervision

Nursing professionals determine the type of supervision required by using their critical judgment and considering the following factors:

- client healthcare needs
- experience and knowledge of the individual requiring supervision
- complexity of the task
- predictability of the overall outcomes
- availability of support resources in the practice setting (policies, practice environment, equipment, mentoring).

The type and frequency of supervision may change throughout the same shift and over time as the determining factors also change and evolve.

Supervision is supported by:

- scope of practice
- clear role/job descriptions and employer policies
- identification of performance and/or learning expectations and objectives
- comprehensive orientation and **mentoring** by staff; and
- access to resources.

Supervision can be direct, indirect or indirect remote – refer to Table III. Each mode of providing supervision has different benefits, and there will be situations where certain modes of supervision will be more appropriate. Supervision can be provided through a specific mode or a combination of modes depending on the client, the provider, the environment and the supervisor.

TABLE III - Modes of Supervision*		
Direct	Indirect	Indirect - Remote
The RN/LPN is physically present in the practice setting to observe & provide guidance & support as the intervention is being performed.	The RN/LPN is not directly observing the intervention as it is being performed but monitors by having the provider report regularly on the outcomes, & is readily available within proximity for consultation, & to provide guidance & support.	The RN/LPN is not physically present in the location where care is provided & does not directly oversee the provision of care but is available for consultation or to provide guidance through various means of communication and/or technology (e.g. phone or videoconference). The provider reports and documents on outcomes.

\*Reproduced in part from [Assignment and Delegation Guideline for Nurses](#) (NSCN, 2022)

Determining which mode is most appropriate will depend on the operational and clinical context, employer policy and collaborative discussion between the nursing professionals and the healthcare team. It will also depend on whether the care provider has the appropriate knowledge and skills and has the authority to undertake activities independently.

Remote supervision may be appropriate or even necessary for those that work in less accessible locations, where direct or indirect supervision is not available. However, if the supervision requires an observation of another’s clinical practice, then either direct or indirect supervision would be more appropriate (Ernstmeyer & Christman, n.d.) When contacted by phone, the nursing professional must consider whether it is possible to gain sufficient information and understanding of the client’s status to provide direction remotely. Remote supervision requires good communication, which can be enhanced by conveying client information in a structured way. This may consist of briefly outlining the current situation, providing background information

about the client, detailing the assessment of the situation, and stating what is being sought from the supervising RN/LPN. The supervising nursing professional should however be prepared to attend in person or take other appropriate and timely measures to assess the situation if an adequate understanding of the client's condition cannot be gained over the phone (CNPS, 2012). If this is not possible, then the client may need to be transferred to another unit or facility where adequate nursing care may be provided to meet the client's needs.

## CONCLUSION

Nursing professionals practice within a healthcare team which includes other regulated healthcare providers, unregulated healthcare providers, the client and clients' significant others. Assigning, delegating, teaching and supervising (summarized in Table IV) are important nursing responsibilities that support the provision of safe, competent and ethical care within a collaborative team approach. When assigning, delegating, teaching and supervising, RNs and LPNs have a professional obligation to be knowledgeable about these activities, competent in undertaking them, accountable for their decisions, and intervene if they become aware of any situation deemed unsafe or unethical.

TABLE IV- Assigning, Delegating, Teaching and Supervising*				
	Assigning	Delegating	Teaching	Supervising
<b>What is it?</b>	Allocation of client care or specific care interventions.	Transferring the authority to perform an intervention to a person not usually authorized to perform that intervention.	Providing instructions to perform a task/procedure.	Monitoring and directing the performance of specific activities.
<b>What does it apply to?</b>	Client care / interventions that the provider is competent to perform.	Delegated Interventions/ functions (identified by employer policy).	Tasks /procedures that are appropriate to teach to a provider.	Activities performed by other members of nursing team.
<b>Who is responsible?</b>	An RN/LPN with the necessary knowledge, skill & judgment to assign care.	A RN/LPN who is authorized to delegate the intervention.	A RN/LPN who meets the <a href="#">requirements for teaching nursing care.</a>	A RN/LPN with the necessary knowledge, skill & judgment to supervise.
<b>Who is directly involved?</b>	A competent provider with the authority (scope of practice or employment) to provide the care.	A delegate who receives the authority to perform the intervention through a formal process (employer policy).	A client /significant other / or care provider with the ability to learn the task/procedure.	A care provider (or client / significant other) performing an activity/ procedure that requires supervision.

\*Reproduced in part from the [Practice Guideline Working with Unregulated Care Providers](#) (CNO, 2013).

## GLOSSARY

**Accountability:** The obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated.

**Care delivery models:** A system for organizing and delivering nursing care to clients and their families. It represents both the structural and contextual elements of nursing practice.

**Care plan (plan of care):** An individualized, comprehensive and current guide to clinical care designed to identify and meet clients' healthcare needs. It may or may not be developed by registered nurses in collaboration with other members of the healthcare team, including LPNs and clients.

**Client:** The person, patient or resident who benefits from nursing care. A client may be an individual, a family, group, community or population.

**Competency:** A component of knowledge, skill, and/or judgement, demonstrated by an individual, for safe, ethical, and effective nursing practice.

**Delegator:** Regulated healthcare professional, legally authorized and competent to perform an act who has the authority to delegate an act to another individual.

**Delegate (person):** Individual who is authorized to perform a delegated act and accepts the delegation from a regulated healthcare professional authorized to delegate the act.

**Designation:** A professional title attributed to a category of nursing professionals that is granted by the individual's professional regulatory authority.

**Mentoring/Mentorship:** Mentoring is a supportive and collaborative relationship in which a more experienced nurse (mentor) provides guidance, counsel, and teaching to a less experienced nurse, nursing student, or other healthcare professional to facilitate professional growth and development.

**Nursing interventions:** Actions that are part of the nursing care plan that are performed to allow clients to reach expected outcomes, such as providing physical treatment, emotional support and client education.

**Predictability:** The extent that a client's outcome and future care needs can be anticipated.

**Role optimization:** Allows all nursing professionals to practice to their full scope to better meet the healthcare needs).

**Scope of employment:** The scope of employment is set by individual organizations and can be described in a job description or policy and procedure manual.

**Scope of practice/ Legislated scope of practice:** The activities that registered nurses are educated and authorized to perform, as set out in legislation and described by standards, limits, and conditions set by regulators.

**Skill mix:** Refers to the number, educational preparation of nurses or level of nurses, and their experience working in a clinical setting).

**Standards of Practice:** Establish the regulatory and professional foundation for nursing practice. These standards establish for nursing professionals, the public, government and other stakeholders the expected level of performance.

**Task:** One part of client care which has clearly defined limits.

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