# PRACTICE GUIDELINE

## NURSING INTRAPROFESSIONAL COLLABORATION

ANBLPN
Association of New Brunswick Licensed Practical Nurses

AIAANB
L'Association des Infirmier(ère)s Auxiliaires Autorisé(e)s du Nouveau-Brunswick

NANB



©

Association of New Brunswick Licensed Practical Nurses and Nurses Association of New Brunswick, April 2020. Amended December 2021. Revised September 2025. Amended July 2026.

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without prior written permission from the publisher.

# Contents


Introduction ..... 4

Regulated and Unregulated Care Providers ..... 4

Nursing Collaboration ..... 5

Principles for Intraprofessional Nursing Collaboration ..... 5

LPNs and RNs: Foundational Knowledge and Practice Expectations ..... 6

Scope of Practice ..... 6

Three Factor Framework ..... 9

Clinical Guidance ..... 12

Role Optimization ..... 12

Appendix II: Variations between LPN and RN practice ..... 14

Appendix III: The incidence of the environment factors on the stability of the care setting ..... 16

Appendix IV: Application of the Three Factor Framework ..... 17

Appendix V: Frequently Asked Questions ..... 20

Glossary ..... 23

References ..... 24


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

# Introduction

Regulated nursing professionals – licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs)– and unregulated care providers (UCPs), all play an essential role in providing care and support across diverse healthcare settings. As **care delivery models** evolve in response to healthcare system pressures and workforce challenges, effective collaboration amongst providers becomes increasingly important.

While it is important to understand the UCP role as a member of the healthcare team to support collaboration, this document will focus on the responsibilities and expectations of regulated nursing professionals in collaborative nursing practice. This practice guideline outlines:

- the differences between regulated and unregulated care providers
- the foundational knowledge and scope of practice of LPNs and RNs
- the principles and expectations of **intraprofessional collaboration**
- the application of *Three Factor Framework*

# Regulated and Unregulated Care Providers

LPNs and RNs are authorized to practice and regulated by a professional regulatory body. They are expected to practice within their legislated scope of practice and in accordance with entry-level competencies, practice standards, their code of ethics and employer policies. **Uregulated care providers** are accountable to provide care in accordance with their job description and employer policies.

Nursing professionals are responsible for understanding what is within their scope of practice, including the coordination of **client** care and collaboration to meet the **clients**' needs. This may include determining which activities may be performed by UCPs within a specific context. LPNs and RNs are expected to understand the UCP's job description, education and training as well as the client's needs/condition in the coordination of care. As with all aspects of nursing care, LPNs and RNs apply the nursing process (assessment, planning, implementation, and evaluation).

In New Brunswick, UCPs have various titles such as Resident Attendant (RA) in long-term care, Personal Support Worker (PSW) in educational and community settings, and Personal Care Attendant (PCA) within the health authorities. Within the context of this document UCP refers specifically to those working within a collaborative nursing team. For more information on working with UCPs, please review the Practice Guideline: Assigning, Delegating, Teaching and Supervising in Nursing Practice.

# Nursing Collaboration

Collaboration between healthcare providers is a key requirement for providing optimal client centered care. For LPNs and RNs, collaboration is outlined in core regulatory nursing documents, such as *the Standards of Practice for LPNs in Canada*, *the Code of Ethics for LPNs*, and the Code of Conduct for Registered Nurses and Nurse Practitioners. Collaborative practice requires LPNs and RNs to:

- have a clear understanding and respect for each other's scopes of practice, roles and responsibilities;
- communicate respectfully, share knowledge, plan and provide care as indicated; and
- trust that appropriate consultation and collaboration will occur when clients' needs are beyond respective and individual scopes of practice;
- support and assist each other, and UCPs in the interest of providing the best possible client care.

## Principles for Intraprofessional Nursing Collaboration

The following principles provide guidance, promote and facilitate intraprofessional collaboration:

1. LPNs and RNs practice in a manner that is consistent with legislation, scopes of practice, standards of practice, codes of ethics, and employer policies.
2. LPNs and RNs understand the differences and respect the legislated scopes of practice, the standards of practice and basic education of each **designation**.
3. LPNs and RNs are responsible, accountable and liable for their own practice.
4. LPNs and RNs practice within their individual level of competence and seek direction and guidance when care required is beyond their competencies and scope of practice.
5. Decisions regarding the most appropriate nursing professional to provide care are guided by the client's care needs, the scope of practice and competencies of each nursing professional, and the practice environment.
6. Effective and professional communication between nursing professionals is essential to achieve quality client outcomes.
7. The nursing care delivery model supports intraprofessional collaboration through workplace policies and resources.
8. Responsibilities and accountabilities related to **assignment of nursing care** are understood and implemented.

# LPNs and RNs:
# Foundational Knowledge and Practice Expectations

LPNs and RNs are educated to provide safe, competent, compassionate and ethical care at an entry-to-practice level when they graduate from an approved nursing education program. The *Entry-Level Competencies for Licensed Practical Nurses* and the *Entry-Level Competencies for Registered Nurses in New Brunswick* describe the competencies required of beginning practitioners. There are many similarities between LPN and RN practice, however there are differences in the entry-level competencies of each and therefore, differences in foundational nursing education.

RNs work collaboratively within the health care team, however, their increased breath and depth of acquired foundational nursing knowledge results in a broader scope and more **professional autonomy**. LPNs practice their professional autonomy within a collaborative relationship with other care providers, most frequently with the RN (Nova Scotia College of Nurses [NSCN], 2022).

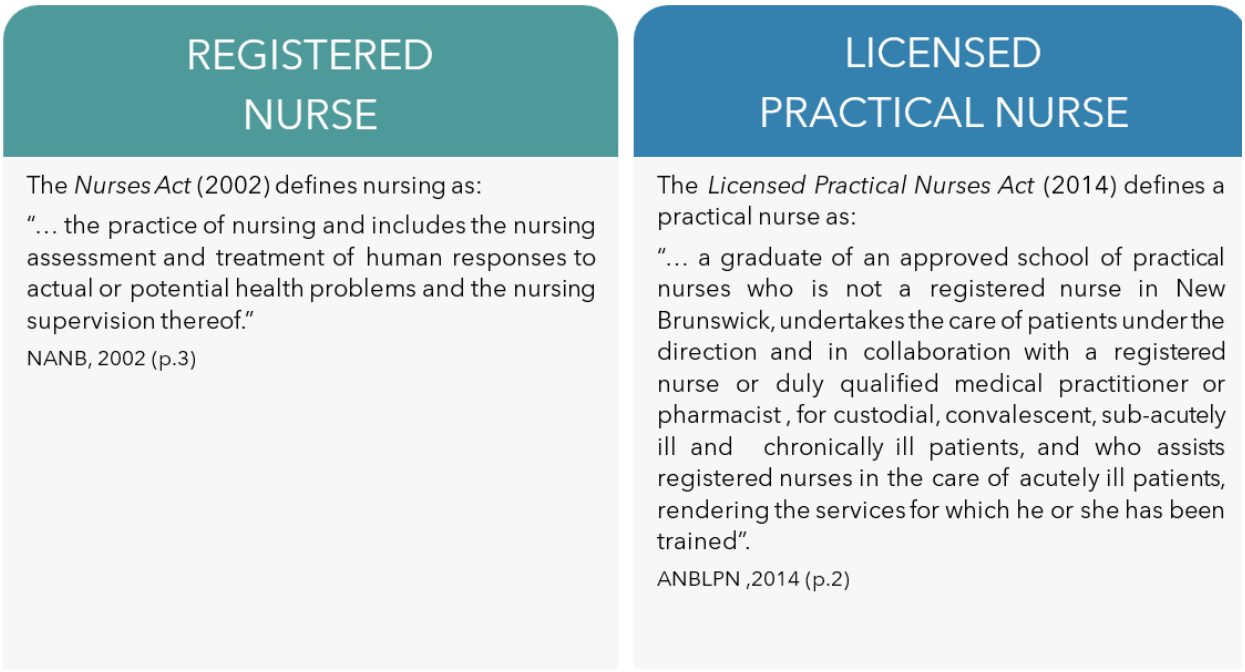
After completing their entry-level education, LPNs and RNs continue to consolidate their knowledge and skills and build on their initial education to develop and maintain competencies to meet the needs of clients in their areas of practice. If LPNs or RNs change areas of practice, they may need to enhance their level of knowledge and acquire new expertise.

## Scope of Practice

Scope of practice refers to a range of activities that nursing professionals have the authority to perform. This authority is defined by legislation, employer policies and practice setting requirements, and the individual nursing professional's competence (College of Nurses of Ontario [CNO], 2023).). Refer to the Practice Guidelines on scope of practice for more information:

- *CNNB Practice Guideline: Scope of Practice*
- *ANBLPN Scope of Practice: Professional Practice Series*

**Figure 1: Scopes of practice as per legislation**



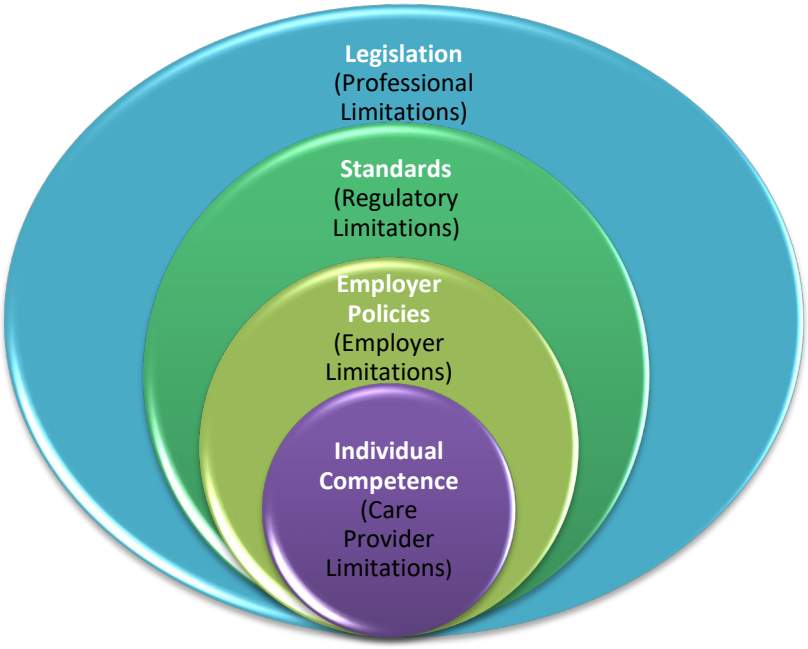

The practice of nursing is guided by four elements which influence the scope of practice for LPNs and RNs. These elements outline what each nursing professional can and cannot do.

These elements are:

1: Legislation
2: Standards of Practice
3: Employer Policies
4: Individual Competence

All four elements must be considered and respected to provide safe, competent, compassionate and ethical care. Each element successively narrows a nursing professional's practice as shown in Figure 2.

**Figure 2: Limitations on the scope of practice**



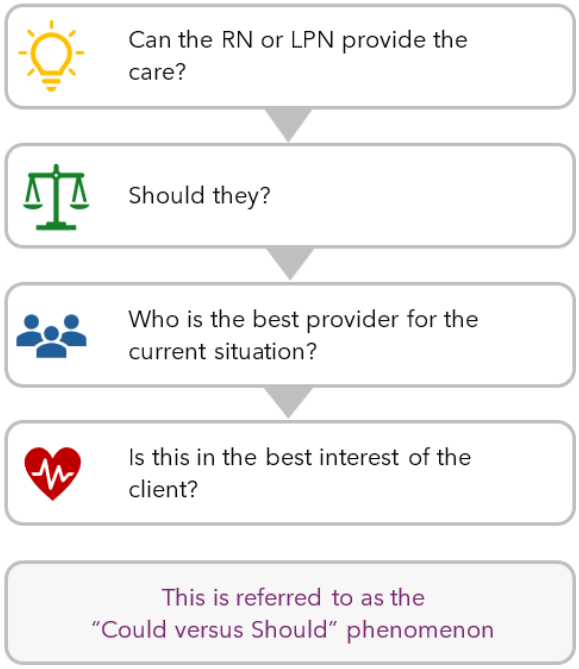

Adapted from: Standards of Practice for Registered Nurses, NANB, 2019.

Both LPNs and RNs can have an **autonomous practice**, which requires nursing professionals to be aware of the limits of their individual scope and competency. Nursing professionals must continually reflect on and enhance their knowledge and competence through ongoing education, experience and participation in quality assurance activities.

While some activities may fall within the legislated scope of practice of both the LPN and RN, this does not mean that it is appropriate for all LPNs and/or RNs in all settings to carry out those activities. For example, while it is within the scope of practice of both the LPN and the RN to initiate an IV, not all have the competence to provide this care. A nursing professional must have the competence to engage in any aspect of care.

Competence involves not only skill, but also the integration of knowledge and judgement. When the activities fall within the legislated scope of practice of both the LPN and RN, it is helpful to think about the difference between the concept of what the nursing professional "can do" versus what they "should do" (Figure 3).

**Figure 3. Could versus Should**

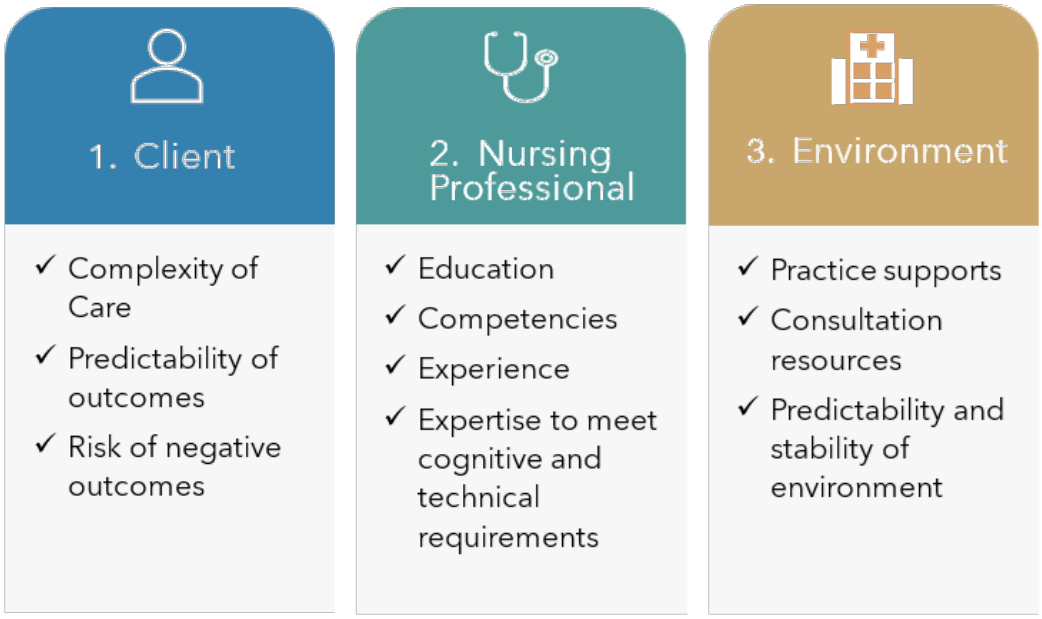



## Three Factor Framework

The Three Factor Framework (see Table 2) is a decision-making tool to help determine which care provider is best suited to meet the client's needs in a given context. In many instances, activities may fall within the legislated scope of practice of both the LPN and RN, and some tasks may be appropriate for the UCP, but this does not mean that it is appropriate for all clients in all settings. Since LPNs and RNs are to guide overall nursing practice when working together with UCPs, the scope of employment for UCPs must be clearly defined by the employer, through job description and policies.

The decision of which nursing care provider is assigned to client care (LPN or RN or UCP), must always be made in the interest of the client. Assignment occurs prior to each care interaction and can be modified throughout the care period to meet client needs. For more guidance on this topic, refer to the publication Practice Guideline: Assigning, Delegating, Teaching and Supervising in Nursing Practice (ANBLPN & NANB, 2025). While it is important to ensure the overall scope is respected, it is also important to consider the client's needs, the care provider's competencies and the care setting.

**Table 2: The Three Factor Framework - Key factors to consider in care assignment and the need for clinical guidance and collaboration.**




Adapted from: Coordination of Client Care Guidelines, College of Registered Nurses of Alberta, 2023.

## 1 - Client Factor

When assessing the client's needs, whether at the individual, family, or population level, consideration must be given to the client's level of complexity, predictability and risk of negative outcomes. As client needs becomes more complex, less predictable and their risk of a negative outcomes increases, the need for consultation and collaboration with the RN increases (See Appendix 1). The outcome of the consultation may result in certain aspects of care being transferred to the RN or there may be a need for all aspects of care to be transferred to the RN, as shown in Figure 4 (section1-Client). If a transfer of care occurs, it is expected that a collaborative relationship will continue between the LPN and the RN.

## 2 - Nursing Professional Factor

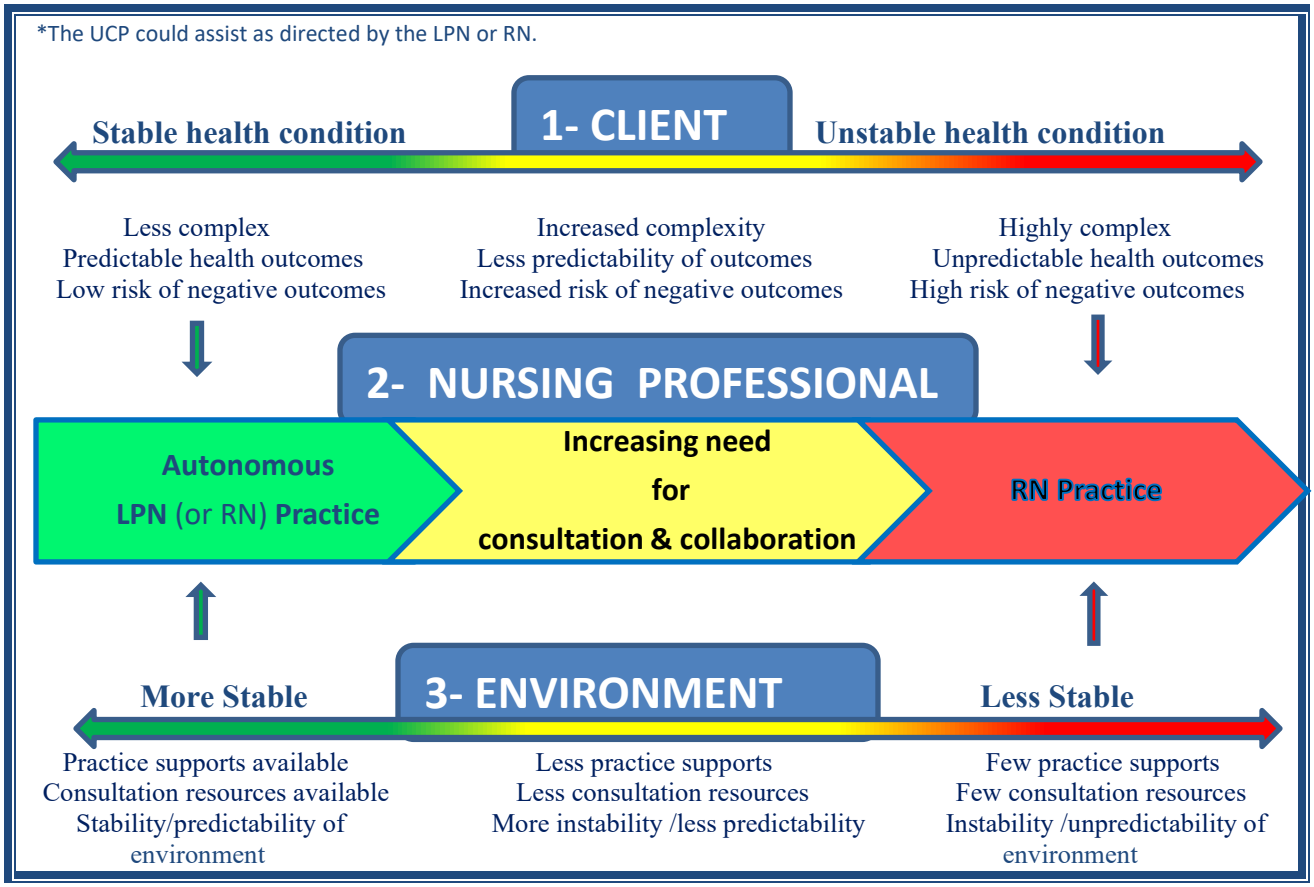
The practice of LPNs and RNs differs because of the differences in their foundational nursing knowledge, legislation and nursing regulation. Although nursing professionals can become experts in an area of practice, enhanced competence through continuing education and experience does not mean that an LPN will acquire the same foundational competencies as an RN. Appendix II outlines the variations between LPN and RN practice.

## 3 - Environnement Factor

Accessibility of practice supports, and consultation resources impact the predictability of the care environment. The lack of stability increases the need for team collaboration and more in-depth nursing competencies. See Appendix III.

Figure 4 (section 3 – Environment) outlines how environmental components combine to create a representation of the environment that can be placed on a continuum that varies from more stable to less stable.

**Figure 4: The Three Factor Framework- Continuum of Care**




Adapted from: College of Nurses of Ontario *Practice Guideline: RN and RPN practice: The Client, the Nurse and the Environment*, 2018. *The original work is available on cno.org.*

## Clinical Guidance

Clinical guidance includes the provision of consultation and practice support. Due to the differences in the legislation for LPNs and RNs, clinical guidance impacts the practice of the two groups differently. UCPs, LPNs and RNs are responsible and accountable for requesting guidance or support when needed, and both LPNs and RNs are required to provide that guidance and support if requested.

In order to provide clinical guidance, the LPN and RN must be familiar with:

- the practice setting;
- the scope of practice;
- the role of each nursing professional;
- the client population; and
- the individual LPN or RN competencies.

Consultation involves seeking advice or information from a more experienced or knowledgeable healthcare professional. Nursing professionals consult with one another, or with other healthcare professionals when a situation demands nursing expertise that is beyond their competence. Consultation results in one of the following:

- advice is received and the nursing professional continues to care for client;
- care is provided in collaboration, or some aspect of care is transferred to the more experienced or knowledgeable nursing professional;
- all care is transferred to the more experienced or knowledgeable nursing professional.

Unless care is transferred, the nursing professional who sought consultation is still accountable for the client's care.

## Role Optimization

Role optimization supports LPNs and RNs in practicing to the full extent of their scope of practice, and UCPs in working within the full scope of employment, as defined by job descriptions and policies. All nursing professionals must practice within their individual level of competency, which is informed by their education and experience.

To achieve role optimization, it is essential to understand the scopes of practice of each designation, consider client care needs, the practice environment, and prioritize collaboration and consultation. This approach ensures optimized, client-centered care and positive client health outcomes. Should you require any assistance with the application of the Three Factor Framework, please contact ANBLPN or NANB.

## Appendix I: Matching client needs to the appropriate care provider

| Client factors | Autonomous LPN Practice | Autonomous RN Practice or RN involved in collaboration or RN providing care with LPN and/or UCP assisting |
|---|---|---|
| **Complexity** | ▪ Care needs well defined<br>▪ Effective coping mechanisms and support systems in place<br>▪ Health condition well managed | ▪ Care needs not well defined or changing<br>▪ Coping mechanisms and support systems unknown, not functioning, or not in place<br>▪ Health condition not well managed<br>▪ Requires close, frequent monitoring and reassessment with likelihood of consultation with physician or nurse practitioner<br>▪ Requires consideration of multiple intersecting systems and collaboration across sectors<br>▪ Requires rapid adaptation with changing evidence based on trends |
| **Predictability** | ▪ Minimal fluctuation in health status<br>▪ Predictable outcomes<br>▪ Predictable changes in health condition<br>▪ Signs and symptoms are obvious | ▪ Fluctuating health condition<br>▪ Unpredictable outcomes<br>▪ Unpredictable changes in health condition<br>▪ Signs and symptoms are subtle and difficult to detect<br>▪ Emerging health threats (e.g. outbreaks, environmental hazards) |
| **Risk of negative outcomes** | ▪ Predictable, localized and manageable responses to interventions.<br>▪ Low risk of negative outcomes | ▪ Unpredictable, systematic or wide-ranging responses to interventions<br>▪ High risk of negative outcomes |

Adapted with permission from: Collaborative Decision-making Framework: Quality Nursing Practice, SALPN, SRNA, RPNAS, 2017.

# Appendix II: Variations between LPN and RN practice

The differences in the practice of the LPN and the RN are set in **blue bold** in the following table.

| Nursing Process | Autonomous LPN Practice | Autonomous RN Practice |
|---|---|---|
| **Assessment** | **Collaborates** with RN to establish baseline<br><br>Assesses, **identifies the status and collaborates with RN as needed, to make decisions** of client's actual /potential Nursing needs<br><br>**Recognizes changes, assesses** further and manages or **consults with** RN when outside scope of practice. | **Establishes** baseline<br><br>Assesses, identifies the status and **makes final decisions** about client's actual/ potential Nursing needs<br><br>**Anticipates and recognizes subtle changes, assesses** further, identifies relevant factors, understands significance and applies **critical thinking** to manage appropriately |
| **Planning** | **Collaborates, contributes and participates** in the care planning process<br><br>**Collaborates** in the development of care plans<br><br>**Accepts assignments** from RN **and may be involved in assigning, delegating and supervising UCPs**<br><br>Provides **leadership, direction, assignment** and **supervision to UCPs**<br><br>**Supports** clients, colleagues and students by sharing nursing knowledge and expertise and by acting as an effective role model, resource, preceptor or mentor | **Coordinates and collaborates in** the care planning process<br><br>**Establishes** and collaborates with LPNs and UCPs to finalize the **initial plan of care** based on a **comprehensive assessment***<br>**RNs can utilize data collected by other healthcare providers, but they cannot delegate the comprehensive nursing assessment of that data*<br><br>**Assigns and delegates** nursing activities in accordance with client needs, the roles and competence of other providers and the requirements of the practice setting<br><br>**Supports** clients, colleagues and students by sharing nursing knowledge and expertise and by acting as an effective role model, resource, preceptor or mentor |

| | | |
|---|---|---|
| **Implementation** | **Accountable for requesting guidance and support** in the implementation of plan of care, providing guidance and support to UCPs<br><br>Modifies **established** plan of care /coordinates care of/ provides care **to less acute, less complex, less variable clients with more predictable outcomes**<br><br>**Performs planned nursing interventions** for which **client outcomes can be managed during and after** the intervention, and resources are accessible<br><br>**Consults appropriately** in changing situations and emergencies, when requirements of safe, competent and ethical care, exceed individual professional limits<br><br>**Provides elements of care** for **highly complex clients with the RN** | **Coordinates** and **oversees** the **overall care and provides clinical guidance and support to LPNs and UCPs**<br><br>Provides **direction**, **clinical expertise, leadership, clinical guidance** and **support** for the implementation of plan of care<br><br>Modifies / coordinates / provides care to client **regardless of acuity, complexity, variability and predictability**<br><br>**Directs** plan of care/ cares for **highly complex client** |
| **Evaluation** | Monitors and **recognizes changes** in client status / **deviations** from expected response to interventions and **consults when scope of practice is exceeded**<br><br>**Revises** plan of care for **stable/predictable clients**<br><br>**Participates in revising/modifying/changing** the plan of care for clients with **variable/complex status**, when **outcomes are not as anticipated/achieved** (in collaboration with healthcare team and client) | **Monitors** and **interprets** changes in client status /response to interventions /effectiveness of plan of care<br><br>**Revises/modifies/changes** plan of care when the client is/ is not achieving established or optimal health outcomes (in collaboration with healthcare team and client) |

## Appendix III: The incidence of the environment factors on the stability of the care setting

| Environment factors | More stable Environment | Less stable environment |
|---|---|---|
| **Practice supports** | ▪ Clear and identified procedures, policies, directives, protocols, plans of care, pathways and assessment tools<br>▪ High proportion of experienced LPNs and RNs<br>▪ High proportion of LPNs and RNs familiar with the practice environment | ▪ Unclear and unidentified procedures, policies, directives, protocols, plans of care, pathways and assessment tools<br>▪ Low proportion of experienced LPNs and RNs<br>▪ Low proportion of LPNs and RNs familiar with the practice environment |
| **Consultation ressources** | ▪ Many consultation resources available to manage outcomes effectively | ▪ Few consultation resources available |
| **Stability & predictability of the environment** | ▪ Low rate of client turnover<br>▪ Few unpredictable events | ▪ High rate of client turnover<br>▪ Many unpredictable events |

College of Nurses of Ontario: *Practice Guideline: RN and RPN Practice. The Client, the Nurse and the Environment*, 2018.

# Appendix IV: Application of the Three Factor Framework

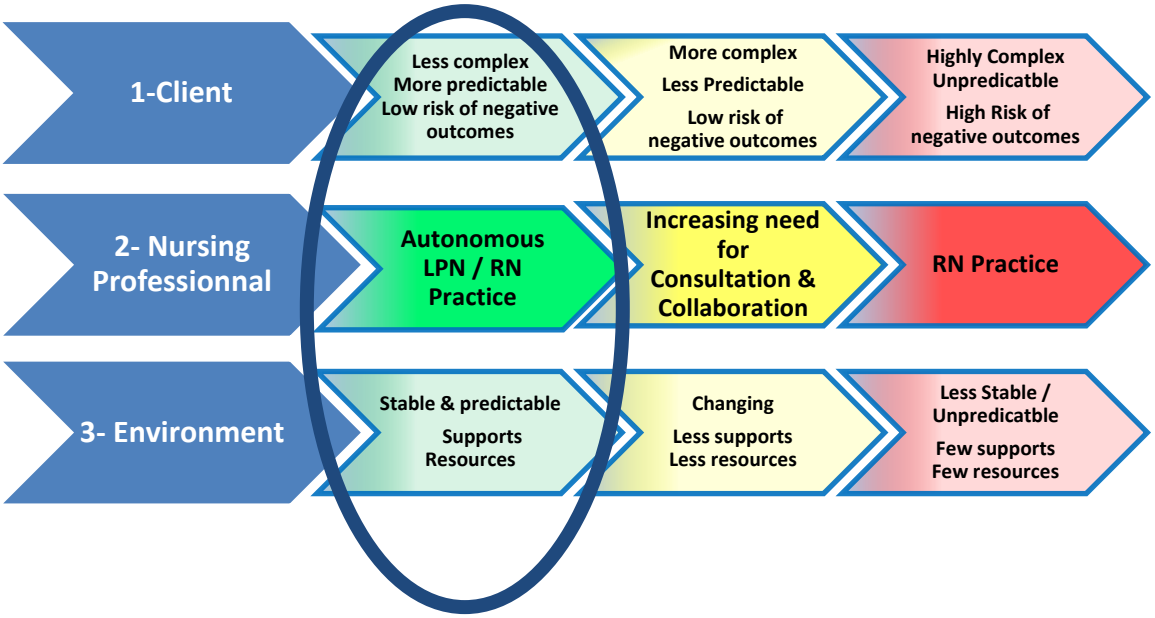
In clinical scenarios A, B and C, the framework is used to determine which provider the client should be assigned.

**Clinical Scenario A**

A 76-year-old with a history of heart failure, in stable condition, has been admitted to the surgical unit for an infected wound following an abdominal surgery. A saline lock is in place and intravenous antibiotics are prescribed. Standardized assessment tools and an established care plan are in place. There is one experienced RN, two LPNs and 3 UCPs, familiar with the practice setting working this night shift. The LPNs and RN working the shift have the education and experience to administer intravenous medications.

In this scenario, it is appropriate to assign the client to the LPN.

The LPN would be expected to consult the RN should the client`s condition change.



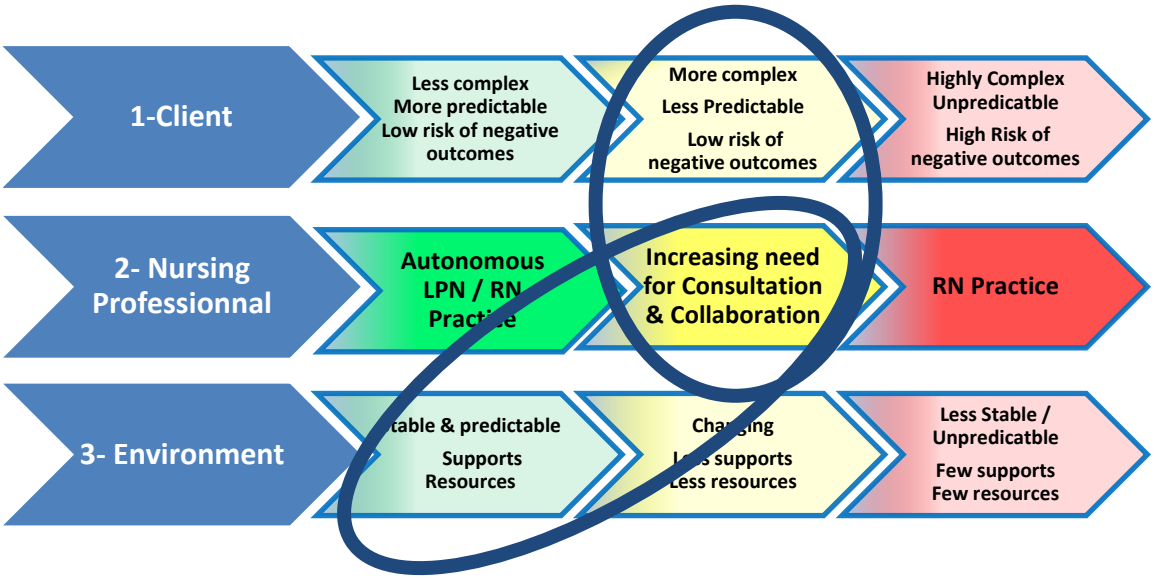
**Clinical Scenario B**

The LPN has now noted a decrease in urinary output for the client in clinical scenario A.
A standardized assessment tool has been used to monitor the urinary output, and the care plan has been updated to monitor for signs of heart failure.

In this scenario, it is appropriate to assign the client to the LPN in collaboration with the RN.

The LPN would be expected to collaborate with the RN when making decisions about a change in the plan of care or when a change in health status is identified.

The RN would be expected to accept the transfer of care if the client's condition becomes highly complex.

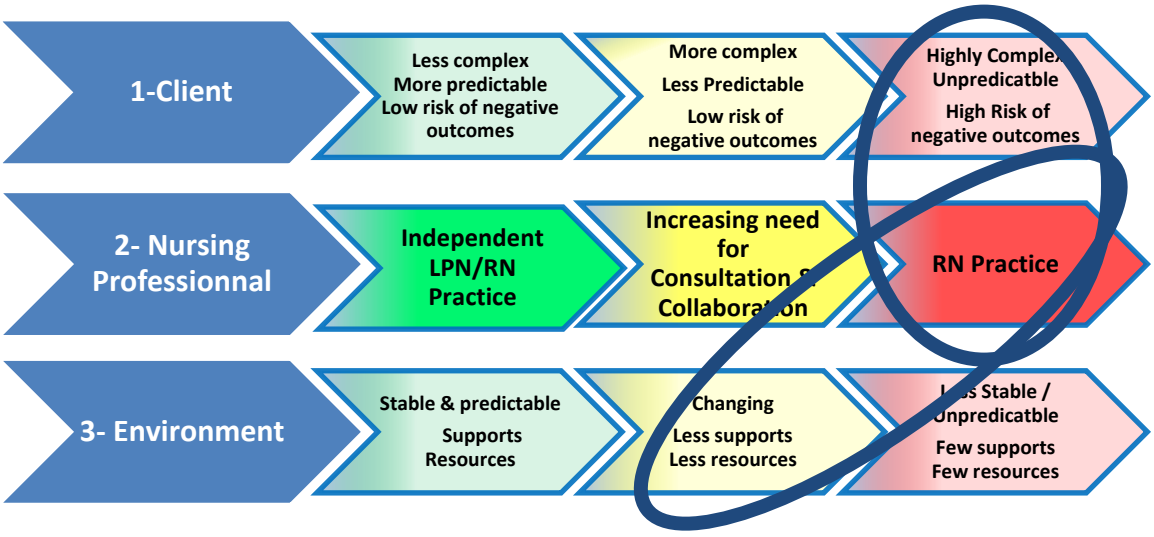


**Clinical Scenario C**

The RN has called in sick on the night shift, leaving one RN for consultation on a different unit and an additional LPN to join the 2 LPNs, with the 3 UCPs on shift. The same client complains of shortness of breath and pain around his wound, IV of normal saline running at 125 mL/hr with IV antibiotics, and elevated blood glucose levels. The doctor has been paged, but there has been no response yet.

In this scenario, it is most appropriate for the client to be assigned to an RN as the client condition is complex, unpredictable and high risk of negative outcomes. As such the LPN should advocate for an RN to take over the client assignment, or at a minimum float to assist with the provision and coordination of care until the client`s condition stabilizes.

When the care needs are complex, unpredictable and high risk of negative outcomes, the care required is beyond the scope of autonomous LPN practice. In this case, it is expected that the employer collaborates to ensure that the most appropriate nursing professionals are providing the care in accordance with clients` needs.



# Appendix V: Frequently Asked Questions

1. **As an RN providing clinical guidance, am I responsible for the practice of the LPN and UCP? As an LPN, who am I responsible for?**

RNs are not responsible for the practice of LPNs, nor the practice of UCPs. Like RNs, LPNs are self-regulated professionals who are required to meet their Standards of Practice and follow a Code of Ethics. UCPs are required by the employer to adhere to policy and function within their role as defined by the employer. LPNs are not responsible for the practice of an RN, nor the practice of a UCP.

As an RN or LPN providing clinical guidance, both RNs and LPNs are responsible for what they do with the information shared and the decisions made based on this information. To provide clinical guidance, the RN and LPN need to obtain relevant data to make decisions and be familiar with the scope of practice of each licensed professional, including the role of the UCP in the practice setting; the client population; and the available supports. A nursing professional cannot be held responsible for what they have no way of knowing. Nursing professionals are responsible if they neglect to seek out information through collaborative relationships within the Nursing team.

2. **What is the LPN's role in developing care plans?**

LPNs contribute to the care planning process through information gathering, including assessments, and by collaborating with an RN for final approval. This process includes identifying initial client status, implementing interventions, monitoring changes in client status, evaluating client responses to interventions, and modifying the plan of care while collaborating with the RN as needed.

3. **What are my responsibilities if I see evidence of unsafe or incompetent nursing practice that may pose a risk to clients?**

As self-regulated professionals, LPNs and RNs have an ethical, legal and professional responsibility to report unsafe practice or professional misconduct. Professional and ethical standards establish an obligation to report situations in which there is good reason to believe that a health professional's fitness or competence to practice may pose a significant risk to the public. In most cases, you report to your immediate supervisor or employer. LPNs, RNs and UCPs are expected to follow employer policies and procedures and advocate professionally, if guidance is needed for safe nursing care.

4. **Do LPNs and RNs need to document the consulting they have done with each other?**

LPNs and RNs document client assessments, interventions carried out, client responses to interventions and follow up actions, including any advocacy undertaken on the client's behalf. When consultation occurs, nursing documentation includes the name of the person who was consulted, their professional designation, the information or concerns reported, the guidance provided and any follow up actions in response to the consultation. UCPs are expected to follow employer policy regarding documentation.

5. **As an LPN, what do I do if I am concerned about the guidance (direction) given by the RN?**

All LPNs and RNs have a professional and ethical responsibility to advocate for safe, competent, ethical client care. If after consulting with an RN, you are concerned that you have not received appropriate guidance, you must continue to advocate in the client's best interest. This may include consulting with another health care provider or bringing your concerns forward to your manager or supervisor. LPNs and RNs must also document any advocacy undertaken on the client's behalf.

6. **What if I am asked to carry out an activity for which I am not competent?**

All nursing professionals are responsible and accountable for their own individual competence. They are expected to practice competently and to continually acquire new knowledge and skills in their areas of practice. When asked to carry out activities for which they are not competent, they discuss the situation with the person assigning the care so that alternative arrangements can be made to provide that care, safely. They provide only the care they are competent to give while seeking out ways to gain the competencies required in their role.

7. **My workplace has started optimizing the LPN role and we now have our own client assignments. What do I do if I feel I cannot meet a client's care needs on my assignment?**

LPNs and RNs are accountable for their own individual competence. If you feel that a client's care needs have become too complex, unpredictable and that the client is at risk for a negative outcome, you must collaborate and consult with an RN. The RN can then reassess the client and re-establish priorities or assignments as necessary.

8. **I just started a new job and because of employer/unit policy I'm not able to do all the things I was able to do in my old job. What do I do?**

Nursing professionals receive direction for their practice in a variety of ways. One of these is through employer policies. UCPs receive guidance through policy and job descriptions as written by the employer. Legislation and Standards of Practice from ANBLPN and NANB set the expectations for the LPN and RN practice and from these, the employer develops policies around what is appropriate practice for LPNs and RNs. If you believe UCPs, LPNs or RNs at your new employment could be working in different ways to provide safe, competent, ethical care to clients, you may advocate for this by talking with your manager or supervisor about how this can be explored.

9. **I'm an RN providing clinical guidance (directing care) to LPNs. If one of the client's health statuses deteriorates, do I have to take over the care in addition to my own workload?**

If the condition of one of the LPN's clients deteriorates, there are several different ways the RN can provide support.

The RN may:

- provide advice to the LPN as requested,
- collaborate with the LPN in providing care focusing on aspects of care that may be outside of the LPNs role description or level of competence, or

- take over the client assignment if most aspects of care are outside the LPN's role description or level of competence. If this occurs, the LPN is expected to continue with collaborative nursing care, as needed.

It is important to consider how the impact of caring for an additional client may affect the RN's workload and their ability to provide safe, competent and ethical care. There may be a need to modify the nursing assignment. For example, the LPN may take over care for another client currently assigned to the RN or, the LPN may carry out certain tasks for clients on the RNs assignment.

# Glossary

**Assignment of nursing care:**
Allocation of duties (e.g., responsibility for client care, interventions, or specific tasks as part of client care) to individuals whose scope of practice or scope of employment authorizes the performance of these duties.

**Autonomous practice:**
Assuming accountability and responsibility for their decisions about client care; autonomous practice includes performing activities that the regulated nursing professional is competent and allowed to perform.

**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.

**Client:**
Individuals, families, groups, populations or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.

**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 nursing professionals at a level consistent with their educational preparation and scope of practice.

**Designation:**
A professional title granted to the members of a category of nursing professionals by their regulatory authority.

**Intraprofessional collaboration:**
The provision of comprehensive health care services to clients by multiple members of the same profession who work collaboratively to deliver quality care within and across settings.

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

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

**Unregulated care providers:**
Paid health care providers who are neither licensed nor registered by a regulatory authority.

# References


Association of New Brunswick Licensed Practical Nurses. (2014). *Licensed Practical Nurses Act*. https://5ccafe30.delivery.rocketcdn.me/wp-content/uploads/2021/04/LPN_Act-2014.pdf

Association of New Brunswick Licensed Practical Nurses, & Nurses Association of New Brunswick. (2025). *Practice guideline: Assigning, delegating, teaching and supervising in nursing practice.* https://nanb.nb.ca/media/documents/NANB-ANBLPN-PracticeGuideline-AssigningDelegatingTeachingSupervising-May-19-Mar-25-E.pdf

College of Nurses of Ontario (2023*). Scope of practice.* https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/49041-scope-of-practice.pdf

Nova Scotia College of Nursing. (2022). *Nursing scope of practice: Practice guideline*. https://cdn3.nscn.ca/sites/default/files/documents/resources/Scope_of_Practice.pdf

Nurses Association of New Brunswick. (2002). *Nurses Act*. https://nanb.nb.ca/en/library/document/nurses-act/

**The Nurse Association of New Brunswick**
165 Regent Street, Fredericton, NB
E3B 7B4
Telephone :1-506-458-8731
Toll Free 1-800-442-4417
Fax: 1-506-459-2838

**The Association of New Brunswick**
**Licensed Practical Nurses**
384 Smythe Street Fredericton, NB
E3B 3E4
Telephone: 1-506-453-0747
Toll Free: 1-800-942-0222
Fax: 1-506-459-0503

ANBLPN | AIAANB
Association of New Brunswick Licensed Practical Nurses
L'Association des Infirmier(ère)s Auxiliaires Autorisé(e)s du Nouveau-Brunswick

NANB