



Fact Sheet: Reassignment to an Unfamiliar Practice Setting

Temporary reassignment to an unfamiliar practice setting is standard employer practice to meet client care needs. Staffing assignment decisions are based on multiple factors including the availability of resources. The following principles should underly every staffing decision (NANB & NBNU, 2019):

- The client is the central focus of nursing practice.
- Nurses¹ provide the best possible care in a safe, competent, compassionate, and ethical manner, regardless of the work situation.
- Nurses are supported to work within their role and scope of practice through considering their competencies and qualifications.
- Nurses do not abandon the client.
- Employers support their employees in meeting their [NANB Standards of Practice](#) and their [Code of Ethics](#), while striving to maintain safe and timely care to all clients.

RNs and NPs are accountable for:

- practising safely and compassionately, while using evidence-informed knowledge, skill and judgement.
- assessing own competence and identifying learning needs.
- requesting assistance of a colleague as needed.
- working collaboratively to deliver safe nursing care services.
- using effective communication strategies and interpersonal skills to appropriately establish, maintain and terminate the nurse-client relationship.

The following actions can assist an RN or NP when they are assigned to an unfamiliar setting:

- ensure that the employer/nurse leader making the staffing decision is aware of the workload;
- ensure that you have identified the appropriate person to contact if you have any problems or questions;
- discuss your competency and expected responsibilities with your supervisor and the person in-charge at the setting where you are assigned;
- ask for a brief orientation to the practice setting (i.e. equipment, supplies and so forth);
- perform activities you are competent to do and look for ways to address identified learning needs;
- collaborate with the health care team, to uphold safe client care that is timely as possible;
- recognize that your assignment may be to assist regular staff as they care for clients rather than caring for clients independently;

¹ For the purpose of this document, the term “nurses” refers to graduate nurses, registered nurses, and nurse practitioners.



- if you are assuming a client assignment, ensure appropriate handover of care at the beginning and at the end of your work shift; and
- in case of an inappropriate and unsafe assignment, discuss your concerns with the person in-charge and negotiate an appropriate assignment based on your experience or limitations.

Additional Resources

More information on the following topics can be found in the links below.

- [Abandonment of a client](#)
- [Role of formal nurse leaders](#)
- [Assigning, delegating, and teaching](#)
- [Handover of care](#)

Case Study

Let's examine a case study exploring the guidelines outlined above:

Bruce is a registered nurse who works primarily on general surgery. Due to the influx of COVID positive patients the surgical unit that he works has closed beds and redeployed staff throughout the hospital. He has been assigned to go to the Emergency Department (ED). Bruce has had no previous experience in the ED and does not have critical care education.

Bruce is concerned about being assigned high acuity Emergency Department clients. Bruce recognizes that he does not have the knowledge or experience to safely provide care to this client cohort. In this situation it is important that Bruce engage the manager of the ED and staff educator to share his concerns. Bruce, the manager of the ED, and staff educator meet and discuss three key points:

- What are the care requirements of clients in the Emergency Department?
- What knowledge, skills, and experience does Bruce have that could contribute to the care that is provided in the ED?
- What resources would help to facilitate Bruce to provide safe, ethical, and competent care to clients within the ED?

Following this discussion Bruce, the manager of the ED, and the staff educator identify client care opportunities that would enable Bruce to provide safe, ethical, and competent care within the ED. Care opportunities would entail providing basic nursing care, nursing assessments of less acute ED clients, interventions that Bruce feels competent in such as medication administration and documentation of these various nursing activities.



Using critical reflection of his own competencies Bruce was able to recognize his own limitations thus putting the safety of the clients in the ED first. Through the guided discussion points outlined above Bruce, the ED nurse manager and staff educator collaboratively developed a plan to ensure Bruce was able to successfully provide safe, ethical, and competent nursing care.

References

New Brunswick Nurses Union & Nurses Association of New Brunswick. (2019). *Practising with Limited Resources: A Guide for RNs and NPs*. Author.
<https://nanb.nb.ca/en/library/document/practice-guideline-practicing-with-limited-resources-a-guide-for-rns-and-nps/>

Acknowledgement

The College of Nurses of Ontario granted permission to NANB to adapt content from the *Novel Coronavirus (COVID-19)* section of their website: <https://www.cno.org/en/covid-19/covid-19-practice-resources/>