

# Professional Responsibility and Accountability

Effective: November 16, 2022

## INTRODUCTION

The College of Licensed Practical Nurses and Health Care Aides of Alberta (CLHA) has the authority under the *Health Professions Act* (HPA) to carry out its activities and govern Licensed Practical Nurses (LPNs)\* in a manner that protects and serves the public interest.

LPNs are professionally responsible and accountable to deliver safe, competent, and ethical nursing care in accordance with legislation and regulatory standards. Responsibility can be defined as the ability to respond and answer for one's actions and obligations, and to be trustworthy, reliable, and dependable. Accountability is the obligation to answer for the professional, legal, and ethical responsibilities of one's activities and actions.<sup>i</sup>

This policy expands on the expectations of professional responsibility and accountability as set out in the HPA, the *Licensed Practical Nurses and Health Care Aides Profession Regulation* (LPN and HCA Profession Regulation), the *Standards of Practice for Licensed Practical Nurses in Canada* (Standards of Practice), and the *Code of Ethics for Licensed Practical Nurses* (Code of Ethics). These documents establish the foundation of LPN professionalism when providing practical nursing services.

## PURPOSE

The purpose is to outline key professional responsibilities that LPNs, as regulated health professionals, are accountable for as described in this policy. Some key professional responsibilities and accountabilities discussed in this document clarify expectations related to fitness to practice, professional development, abandonment of care, professional boundaries, and the duty to report.

## POLICY

Schedule 10 of the HPA sets out the LPN scope of practice and outlines the types of practical nursing services LPNs provide.

---

\*In this document, "LPN(s)" has the same meaning as "regulated member(s)" in the *Health Professions Act*.

### ***Health Professions Act, Schedule 10***

In their practice, LPNs do one or more of the following:

- a) apply nursing knowledge, skills and judgment to assess client needs,
- b) provide nursing care for clients and families,
  - a) teach, manage, and conduct research in the science, techniques and practice of nursing, and
- c) provide restricted activities authorized by the regulations.

Professional nursing services can encompass both direct and non-direct nursing practice (including roles in administration, management, education, or research). LPNs will be considered engaged in practical nursing when their responsibilities align with the provision of services under Schedule 10, section 3 of the HPA.

LPNs practicing in non-direct or alternative roles can contact the CLHA to have their role assessed to evaluate whether it falls within LPN nursing practice. LPNs can also use the *Nursing Practice Self-Assessment Tool* on the CLHA website. LPNs working in these roles are required to meet the same standards, conduct, and accountabilities as any other LPN.

LPNs are professionally responsible and accountable for the care and services they provide, regardless of their employment setting or job title.

### **Professionalism**

LPNs have professional responsibilities and accountabilities to the public, clients, the profession, colleagues, CLHA, and themselves. Professionalism is defined as the conduct, competence, skills, or qualities expected of a profession or a registrant of the profession.<sup>ii</sup>

LPN professionalism involves using practical nursing knowledge throughout the nursing process to guide nursing practice. Critical thinking, evidence-informed inquiry, and clinical judgment are key aspects of decision-making.<sup>iii</sup> LPNs must assess the outcomes of their decisions when providing care. Clinical judgment and decision-making should be evidence-informed.

LPN professionalism also includes maintaining accurate and up to date documentation as well as confidentiality in all aspects of care. To read more about documentation and confidentiality responsibilities as an LPN, please see the *Documentation* policy and the *Confidentiality* practice guideline.

LPNs are also expected to maintain their professionalism when communicating with CLHA, which includes timely responses.

## **Fitness to Practice**

Self-regulation includes the professional obligation to be personally responsible for maintaining fitness to practice. Being fit to practice requires having the physical, mental, and emotional health to provide safe, competent, and ethical nursing care.

The CLHA is mandated under the HPA to protect the public from unsafe, incompetent, and unethical nursing care. However, not all fitness to practice concerns reported result in the LPN being determined unfit to practice. Depending on the circumstances, the risk to the public could be mitigated with practice accommodations or restrictions to ensure the LPN's practice remains safe and competent. These practice modifications are established to ensure the safety of clients and colleagues and guide a successful transition back into the workplace.

As outlined in the code of ethics and standards of practice, LPNs are responsible and accountable to recognize their capabilities and limitations. This means:

- maintaining the required mental, physical, and emotional wellness to meet the responsibilities of their role,
- engaging in ongoing self-assessment of their practice and competence, and
- informing the appropriate authority if they become unable to practice safely, competently, or ethically.<sup>iv</sup>

Health professionals must assess the implications of their decisions when providing care to clients using critical thinking, critical inquiry, and clinical judgment. If a health professional's capacity to perform these functions is impaired, they may not be fit to practice. An individual's fitness to practice may be compromised by:

- illness or injury,
- fatigue,
- being under the influence of any substance that impairs your physical, mental, or emotional health regardless of whether the substance is prescribed, recreational, or illegal,
- ongoing or chronic conditions, disorders, or addictions, and
- undergoing certain types of treatment.

What matters in assessing fitness to practice is whether the individual has the required physical, mental, and emotional health to practice safely, competently, and ethically. For example, some medications and drugs intended to address a particular health condition may also impair the LPN's fitness to practice.

Assessing and disclosing concerns about fitness to practice to the appropriate authority promptly and proactively demonstrates professional responsibility and accountability. LPNs are reminded that displaying a lack of judgment in the provision of professional services or contravening the code of ethics or standards of practice is unprofessional conduct and can result in disciplinary action.<sup>v</sup>

LPNs must be proactive in maintaining their fitness to practice and take actions to address anything that may compromise their ability to be fit to practice (e.g., seeking counselling, peer support, or medical advice). Some illnesses or conditions can affect an individual's capacity to self-identify that their fitness to practice might be impaired. In these situations, it becomes important to take note if concerns are raised by others and assess your practice carefully or seek outside assistance.

When fitness to practice is compromised the LPN risks being considered "incapacitated" under the HPA. Section 1(1)(s) of the HPA explains that an individual is considered incapacitated if they are suffering from a physical, mental, or emotional condition or disorder or an addiction to alcohol or drugs as defined in the *Pharmacy and Drug Act* or other chemicals that impairs the ability to provide professional services in a safe and competent manner.<sup>vi</sup> An LPN may be unfit to practice without being considered incapacitated. More information can be found in the *Fitness to Practice and HPA Definition of "Incapacitated"* interpretive document.

## Reporting Fitness to Practice

In keeping with the mandate to regulate the profession in a manner that protects and serves the public interest, the CLHA requires:

- all applicants to report on their fitness to practice when applying for registration; and
- all current LPNs to report on their fitness to practice status at registration renewal each year as part of the ongoing self-assessment of their practice and competence.

In accordance with the code of ethics, LPNs must report to the appropriate authority if they become unable to practice safely, competently, and ethically at any time.<sup>vii</sup> The appropriate authority to which an LPN must report may vary. The appropriate authority is often the employer, but could also be the CLHA, depending on the nature of the concern.

### Reporting Fitness to Practice Issues

During the registration year, LPNs will manage fitness to practice issues with their employer.

At renewal each year, the LPN must report to the CLHA if they are currently off work or on a leave of absence due to a condition, disorder, addiction, or treatment that impairs their ability to provide professional services in a safe and competent manner.

This allows the CLHA to confirm that the LPN meets the criteria for registration and practice before returning to work.

## Assessment Authority Under the HPA

Under section 28(3) of the HPA, the Registrar may require an applicant for initial registration to undergo a physical or mental examination if there are reasonable and probable grounds to think that the applicant would pose a risk to the public or provide unsafe care due to disability

or incapacity. This means that the Registrar is authorized to request information from the applicant about their fitness to practice in order to determine whether there are grounds to believe that an applicant may be unsafe to practice.

Section 118 of the HPA provides authority for the Complaints Director to direct an LPN to undergo physical or mental examinations, or both, if there are grounds to believe that an LPN is unfit for practice or “incapacitated” as defined in the HPA. Further information about the legalities and obligations related to this process can be found in the *Fitness to Practice and HPA Definition of “Incapacitated”* interpretive document.

### **Professional Development**

The establishment of a Continuing Competence Program (CCP) is required under the HPA for regulatory colleges to enhance the provision of professional services and ensure LPNs maintain competence.<sup>viii</sup> LPNs must maintain their competence to fulfill their professional responsibility to provide safe, competent, and ethical care. This requirement means that LPNs are expected to be engaged in the practice of practical nursing on an ongoing basis.<sup>ix</sup> Section 1(1)(f) of the HPA defines competence as “the combined knowledge, skills, attitudes, and judgment required to provide professional services.”

LPNs must participate in the CLHA's CCP. The CCP allows the CLHA to confirm that LPNs have the competence to provide the safe and ethical care required in their role, responsibilities, and practice setting. Each year LPNs must identify and engage in activities according to their own learning needs for continued competence development.

The standards of practice and code of ethics outline the professional responsibility and accountability of LPNs to be engaged in ongoing self-assessment of their professional practice and competence and seek opportunities for continuous learning. LPNs are expected to assess their strengths and address any limitations in their practice when engaged in the provision of practical nursing services. LPNs must demonstrate and document their continuing competence in the practice of practical nursing through the CCP outlined in the LPN and HCA Profession Regulation.

### **Continuing Competence Program Audit**

LPNs must be periodically selected in accordance with criteria established by Council to undergo a review and evaluation of their continuing competence activities. The CCP Audit process requires the LPN to provide proof of completion of their learning plan and how their learning translated into practice. More information on the CCP and the audit process is available on the CLHA website.

## **Abandonment of Care**

The duty to provide quality care is fundamental to professional nursing practice. LPNs should be mindful of their responsibilities and accountabilities that come into effect once they accept a client assignment. Abandonment of care occurs if the nurse-client relationship is severed without reasonable notice to the appropriate person (i.e., supervisor or employer) so that arrangements can be made to transfer care. Failing to do so may result in disciplinary action.

Once an LPN accepts a care assignment, they are required to transfer care of the client to an appropriate provider in the event they cannot continue to care for the client. The LPN should not accept an assignment if they are not competent or able to perform the required care.

## **Professional Boundaries**

Professional boundaries are defined as the space between the nurse's power and the client's vulnerability, and the defining lines which separate the therapeutic behaviour of nurses from behaviours which, well-intentioned or not, can reduce the benefit of care to clients.<sup>x</sup> Because of the LPN's inherent position of power and influence over clients, it is their professional responsibility to uphold professional boundaries in their practice.

Standard 3.1 in the standards of practice expects LPNs to develop trusting and therapeutic relationships. A therapeutic nurse-client relationship is defined as a trusting relationship between a client and an LPN that respects and maintains professional boundaries and contributes to health-related treatment goals for a defined period of time. Professional boundaries should be maintained both on and off duty.

Additional information related to professional boundaries can be found in the *Standards of Practice for Licensed Practical Nurses on Professional Boundaries*.

## **Technology and Social Media**

LPNs should be mindful of professional boundaries in their use of technology and social media when communicating with clients and their family members, colleagues, and supervisor(s). Improper use of technology and/or social media can blur the line between professional and personal conduct.<sup>xi</sup> Appropriate use of technology and social media supports an LPN in upholding the legal and ethical obligations of maintaining a client's privacy and confidentiality and maintaining the integrity of the nursing profession.

Please see *Social Media and e-Professionalism Guideline for Nurses*, *Privacy Legislation in Alberta* interpretive document, and the *Confidentiality* practice guideline for more information.

## **Duty to Report**

LPNs have to report unsafe practice, unprofessional conduct, or abusive behaviour to the appropriate authority in accordance with legislation, the standards of practice, and code of ethics. This duty to report extends beyond an LPN's own personal practice or profession and includes reporting to the appropriate authority (employer, regulatory body, or external authority) if unethical or incompetent care by another care provider is suspected to ensure client safety and quality of care.<sup>xii</sup> LPNs may also have ethical or legal obligations to report in other situations. See the *Duty to Report* Interpretive Document for additional information.

## **Unprofessional Conduct**

Unprofessional conduct on or off duty can result in disciplinary action by the CLHA as LPNs are accountable for their behaviors and actions. The definition of unprofessional conduct in section 1(1)(pp) of the *HPA* includes the following:

- a) displaying a lack of knowledge, skill, or judgment in the provision of professional services,
- b) a contravention of the *HPA*, code of ethics, or standards of practice,
- c) contravention of another enactment that applies to the profession (e.g., the LPN and HCA Profession Regulation),
- d) representing or holding out that a person was an LPN and in good standing while the person's registration or practice permit was suspended or cancelled,
- e) representing or holding out that person's registration or practice permit is not subject to conditions when it is or misrepresenting the conditions, or
- f) conduct that harms the integrity of the regulated profession.
- g) failing to respond in a timely manner to communication (e-mail, written letters, phone calls, etc.) from the CLHA.

LPNs are expected to practice within their scope of practice, level of competence, and role in the practice setting. The LPN must consult with appropriate healthcare professionals if the clients' needs exceed their individual level of competence or the LPN scope of practice. These expectations form the basis of LPN professional responsibility and accountability.<sup>xiii</sup>

## CONCLUSION

LPNs are responsible and accountable for their own nursing decisions, actions, and professional conduct. The commitment to providing safe, competent, and ethical care begins with LPNs taking care of themselves and maintaining their physical, mental, and emotional health, and includes interactions with clients, their families, colleagues, and the public. LPNs have the responsibility to self-report or report others to appropriate authorities if unethical behaviour or incompetent care is suspected on or off duty. Anyone who has a genuine concern that an LPN is not practicing safely should report this in writing to the CLHA.

Documents are updated frequently. For the most current version and access to related documents and resources, please visit the Knowledge Hub on [clha.com](http://clha.com).

If after reading this document you have questions, please contact the CLHA's Professional Practice Team via [practice@clha.com](mailto:practice@clha.com) or 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

## REFERENCES

- <sup>i</sup> British Columbia College of Nurses & Midwives (BCCNM), *Licensed Practical Nurses Professional Standards* (2014), 12, [https://www.bccnm.ca/Documents/standards\\_practice/lpn/LPN\\_ProfessionalStandards.pdf](https://www.bccnm.ca/Documents/standards_practice/lpn/LPN_ProfessionalStandards.pdf).
- <sup>ii</sup> Merriam-Webster, "Professionalism," <https://www.merriam-webster.com/dictionary/professionalism>; Oxford Dictionaries, "Professionalism," <https://en.oxforddictionaries.com/definition/professionalism>.
- <sup>iii</sup> CCPNR, *Standards of Practice*, 6; CLHA.
- <sup>iv</sup> CCPNR, *Code of Ethics*, 8; CCPNR, *Standards of Practice*, 7
- <sup>v</sup> *Health Professions Act, RSA 2000 c H-7*, s 1(1)(pp)(i)-(ii)
- <sup>vi</sup> *Health Professions Act*, s 1(1)(s).
- <sup>vii</sup> CCPNR, *Code of Ethics*, 8.
- <sup>viii</sup> *Health Professions Act*, s 50.
- <sup>ix</sup> CCPNR, *Standards of Practice*, 5; CCPNR, *Code of Ethics*, 8; CCPNR, *Entry-Level Competencies*, 5; CLHA.
- <sup>x</sup> CCPNR, *Entry-Level Competencies*, 15.
- <sup>xi</sup> CLHA, *Social Media and e-Professionalism Guideline for Nurses* (2021), [https://www.CLHA.com/wp-content/uploads/2020/03/doc\\_Social\\_Media\\_E-Professionalism\\_Nurses.pdf](https://www.CLHA.com/wp-content/uploads/2020/03/doc_Social_Media_E-Professionalism_Nurses.pdf)
- <sup>xii</sup> *Code of Ethics*, 5.
- <sup>xiii</sup> *Standards of Practice*, 5; CLHA.