College of Registered Nurses of Alberta

STANDARDS OF PRACTICE
Practice Standards for Registrants
Effective as of March 2023

Purpose

In Alberta, the government delegated the College of Registered Nurses of Alberta (CRNA), through the Health Professions Act (HPA, 2000), the responsibility for establishing, monitoring, and enforcing standards of practice and a code of ethics for **REGISTRANTS**[1] (HPA, s 3[1][c][d]), and outlines the process of adoption to be used (HPA, s 133). Standards of practice are foundational to the provision of safe, competent and ethical registered nurse (RN) and nurse practitioner (NP) practice.

The CRNA Practice Standards for Registrants

- outline the minimum practice expectations of registrants;
- inform the public, employers, and other stakeholders about what they can expect from registrants with respect to professional nursing practice;
- regulate, guide and provide direction for registrants in all domains of practice (clinical practice, administration, education and research) of their professional obligations;
- guide and evaluate nursing **PROFESSIONAL SERVICE;**
- are a legal reference for reasonable and prudent practice;
- assist registrants in decision-making within their RN or NP practice;
- enable the **CLIENT** to judge the adequacy of nursing professional service;
- provide a framework for developing further standards of practice;
- help explain the role of RN or NP practice within the **HEALTH-CARE TEAM**; and
- are used by registrants when assessing their practice to determine annual professional development plan to meet continuing **COMPETENCE** program (CCP) requirements as outlined in the CRNA *Continuing Competence Standards* (2022).

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The Profession of Registered Nurses

The goal of RN practice in Alberta is to provide safe, competent and ethical registered nursing care to Albertans. Registrants are **ACCOUNTABLE** and responsible for their practice.

The legislated practice statement for the profession of RNs applies to all registrants of the CRNA in clinical practice, research, education and administration, and is outlined in Schedule 24 of the HPA (2000, s 3):

> "3 In their practice, registered nurses do one or more of the following:
>
> (a) based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgment to
>
> (i) assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and wellbeing,
>
> (ii) assess, diagnose and provide treatment and interventions and make referrals,
>
> (iii) prevent or treat injury and illness,
>
> (iv) teach, counsel and advocate to enhance health and well-being,
>
> (v) co-ordinate, supervise, monitor and evaluate the provision of health services,
>
> (vi) teach nursing theory and practice,
>
> (vii) manage, administer and allocate resources related to health services,
>
> and
>
> (viii) engage in research related to health and the practice of nursing,
>
> and
>
> (b) provide restricted activities authorized by the regulations."

RN practice is a synthesis of the interaction among the concepts of person, health, environment and nursing. The practice of individual registrants is determined by the needs and health goals of their clients and is limited by the specific **COMPETENCIES** of the individual registrant to perform the interventions necessary for the client population with whom that registrant practices, within applicable legislation and employer requirements.

The Practice Standards for Registrants

It is the **RESPONSIBILITY** of all registrants to understand the *Practice Standards for Registrants* and apply them to their practice. The *Practice Standards for Registrants* apply at all times to all registrants regardless of their domain of practice, role, or setting.

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The standards outline the minimum expectations for registrants which the practice of all registrants will be measured by the CRNA, the public, clients, employers, colleagues and themselves. The indicators outline how the standards must be met and are not written in order of importance. The standards reflect the values of the profession and clarify what the CRNA expects of its registrants.

Contravention of the *Practice Standards for Registrants* may result in a finding of **UNPROFESSIONAL CONDUCT** leading to a professional sanction (penalty) or conditions under the HPA (2000). Registrants convicted of a criminal offence[2] related to the procurement or performance of mutilation of the vulva, also known as **FEMALE GENITAL MUTILATION**, will have their practice permit cancelled and are not eligible for registration under the HPA (2000).

STANDARD 1: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

The registrant is personally responsible and accountable for their nursing practice, professional conduct, and fulfilling their professional obligations.

Indicators

The registrant

1.1. is accountable at all times for their actions;

1.2. follows all current and relevant legislation and regulations;

1.3. meets expectations in the CRNA standards, and follows directions in guidelines, and other regulatory guidance;

1.4. follows policies and employer requirements relevant to their practice setting;

1.5. questions policies and procedures inconsistent with therapeutic client outcomes, best practices and safety standards;

1.6. practices within the legislated scope of practice of the profession;

1.7. practices within their level of competence;

1.8. regularly assesses their practice and takes the necessary steps to improve personal competence;

1.9. engages in and supports others in the CCP;

1.10. reports unprofessional conduct to the appropriate person, agency or regulatory college;

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1.11. must not **PROCURE** or perform female genital mutilation;

1.12. must report to the complaints director of the appropriate regulatory college, where, while acting in their professional capacity, the registrant has **REASONABLE GROUNDS** to believe a regulated member of any health profession, has procured or performed female genital mutilation;

1.13. ensures their **FITNESS TO PRACTISE;** and

1.14. maintains current registration.

STANDARD 2: KNOWLEDGE-BASED PRACTICE

The registrant continually acquires and applies knowledge and skills to provide competent, evidence-informed nursing care and service.

Indicators

The registrant

2.1. supports decisions with **EVIDENCE-INFORMED** rationale;

2.2. uses resources and evidence-informed information that enhance client care and the achievement of desired client outcomes;

2.3. uses **CRITICAL THINKING** in collecting and interpreting data, planning, implementing and evaluating all aspects of their nursing practice;

2.4. exercises reasonable judgment and sets justifiable priorities in practice;

2.5. documents timely, accurate reports of assessment data, interpretation, planning, implementation and evaluation of nursing practice;

2.6. supports, facilitates or participates in research relevant to health and the practice of nursing;

2.7. applies nursing knowledge and skill in providing safe, competent, ethical care and professional service; and

2.8. performs **RESTRICTED ACTIVITIES** authorized under the Health Professions Restricted Activity Regulation (Alta Reg 22/2023, s 60) that they are authorized and competent to perform, that are appropriate to their area of practice, and appropriate for the client care needs.

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STANDARD 3: ETHICAL PRACTICE

The registrant complies with the Code of Ethics adopted by the Council in accordance with Section 133 of the HPA (2000) and College bylaws.

Indicators

The registrant

3.1. practises with honesty, integrity and respect;

3.2. identifies ethical issues and uses ethical and reasoned decision-making to resolve;

3.3. treats clients, **ESSENTIAL CARE PARTNERS**, and members of the health-care team with respect~~s diversity and promotes a **CULTURALLY SAFE** and inclusive~~ and contributes to a safe and respectful environment~~ for clients, **ESSENTIAL CARE PARTNERS,** and members of the health-care team~~;

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3.4. uses **TRAUMA AND VIOLENCE INFORMED** approaches to care for clients, and when interacting with essential care partners and with members of the health-care team;

3.5. protects and promotes a client's right to autonomy, respect, privacy, dignity and access to information;

3.6. ensures their relationships with clients are therapeutic and maintains professional boundaries;

3.7. communicates effectively and respectfully with clients, essential care partners and other members of the health-care team to enhance client care and safety outcomes;

3.8. advocates for safe, competent and ethical nursing care and contributes to establishing practice environments that have the organizational and human support systems, and the necessary resource allocations;

3.9. promotes a safe practice environment that contributes to healthy teams and therapeutic client outcomes; and

3.10. follows ethical guidelines when engaged in any aspect of the research process.

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STANDARD 4: SERVICE TO THE PUBLIC

The registrant has a duty to provide safe, competent and ethical nursing care and service in the best interest of the public.

Indicators

The registrant

4.1. coordinates client care activities to promote continuity of **HEALTH SERVICES;**

4.2. collaborates with the client, essential care partners and other members of the health-care team regarding activities of care planning, implementation and evaluation;

4.3. establishes and maintains **THERAPEUTIC RELATIONSHIPS;**

4.4. effectively coordinates care or nursing service and supervises others when appropriate or required to enhance client outcomes;

4.5. explains nursing care to clients and essential care partners;

4.6. articulates nursing's contribution to the delivery of health care services;

4.7. participates in **QUALITY IMPROVEMENT** activities; and

4.8. integrates infection prevention and control principles, standards and guidelines in providing care

Glossary

ACCOUNTABILITY – The obligation to answer for the professional, ethical, and legal responsibilities of one's activities and duties (Ellis & Hartley, 2009).

CLIENT(S) – The term client(s) can refers to patients, residents, families, groups, communities and populations who receive medical care, treatment or professional services from a registrant.

COMPETENCE – The integrated knowledge, skills, judgment and attributes required of a ~~nurse~~ registrant to practise safely and ethically in a designated role and setting.

COMPETENCIES – The observable ability of a ~~registered nurse~~registrant that integrates the knowledge, skills, abilities, and judg~~e~~ment required to practise nursing safely and ethically.

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CRITICAL THINKING – Purposeful, informed and outcome-focused thinking that includes clinical reasoning, judgment and decision making (Alfaro-Lefevre, 2013).

~~**CULTURALLY SAFE** – An outcome based on respectful engagement free from racism and discrimination so that patient is a powerful player, not a passive receiver, of health care (Yeung, 2016).~~

ESSENTIAL CARE PARTNERS – Provide physical, psychological and emotional support, as deemed important by the client. This care can include support in decision making, care coordination and continuity of care. Essential care partners are identified by the client and can include family members, close friends, caregivers~~,~~ or any person identified by the client (Canadian Foundation for Healthcare Improvement, & Canadian Patient Safety Institute, 2020).

EVIDENCE-INFORMED – The process of combining the best available evidence through a variety of sources such as research, grey literature, experience, context, experts, and client experiences and perspectives.

FEMALE GENITAL MUTILATION – "The excision, infibulation or mutilation, in whole or in part, of the labia majora, labia minora, clitoral hood or clitoris of a person, except where valid consent is given, and

i. a surgical or other procedure is performed by a regulated member under the Health Professions Act for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function, or

ii. the person is at least 18 years of age and there is no resulting bodily harm."

(Health Professions Act, 2000)

FITNESS TO PRACTISE – "All the qualities and capabilities of an individual relevant to their practice as a ~~registered nurse~~registrant, including but not limited to, freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs their ability to practise nursing" (Canadian Nurses Association ~~[CNA]~~, 2017).

HEALTH-CARE TEAM – ~~"A number of health-care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with persons, families, groups, communities or populations" (CNA, 2017)~~Members of the intraprofessional and/or interprofessional team and/or community supporting client care. This also includes students, new learners, Indigenous and traditional healers (College of Nurses of Ontario, 2026).

HEALTH SERVICE(S) – "A service provided to people

i. to protect, promote or maintain their health,

ii. to prevent illness,

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iii. to diagnose, treat, or rehabilitate, or

iv. to take care of the health needs of the ill, disabled, injured or dying"

(Health Professions Act, 2000)

PROFESSIONAL SERVICE(S) – "A service that comes within the practice of a regulated profession" (Health Professions Act [HPA], 2000). This refers to activities listed in the legislated scope of practice statement in Schedule 24, section 3 of the HPA (2000).

QUALITY IMPROVEMENT – A ~~continuous cycle of planning, implementing strategies, evaluating the effectiveness of these strategies, and reflection to see what further improvements can be made. Quality-improvement activities require health professionals to collect and analyze data generated by the processes of health care (World Health Organization, 2011)~~systematic, data-guided approach to improving processes and outcomes in health care by identifying gaps, testing changes, and implementing evidence-based strategies to enhance safety, effectiveness, and patient experience (Institute for Healthcare Improvement, 2024).

PROCURE – To facilitate, assist in or refer.

REASONABLE GROUNDS – Enough credible evidence to lead an ordinary person to prudent judgment of the suspicions and beliefs that they hold.

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs), graduate nurse practitioners (GNPs), neonatal nurse practitioners (NNPs), graduate neonatal nurse practitioners (GNNPs) and RN ~~or~~, NP or NNP courtesy registrants on the College of Registered Nurses of Alberta ~~register~~registry.

RESPONSIBILITY – Obligation to provide for the needs of implied or explicit nursing care in accordance with professional and legal standards.

RESTRICTED ACTIVITIES – High risk activities that require~~s~~ specific competencies and skills to be carried out safely and are listed in the *Health Professions* Act (2000) and the *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60)~~,~~ that are part of providing a health service. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity.

THERAPEUTIC RELATIONSHIP – A relationship established and maintained with a client by the ~~nurse~~ registrant, through the use of professional knowledge, skills~~,~~ and attitudes, in order to provide ~~nursing care~~professional services expected to contribute to the client's health outcomes.

TRAUMA AND ~~VIOLENCE~~ VIOLENCE-INFORMED APPROACH~~ES~~ – ~~Policies and practices regarding the provision of services and programming that include a violence informed approach, work to minimize harm to victims of violence, and aid healing and justice~~

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~~(Ponic et al., 2016)~~This approach recognizes the connections between violence, trauma and health acknowledging that trauma can be ongoing. It emphasizes safety, trust, choice, collaboration and strengths while also addressing the broader social context in which people live (Government of Canada, 2025).

UNPROFESSIONAL CONDUCT – ~~"~~Means "unprofessional conduct" as defined in Section 1(1)(pp) of the Health Professions Act (HPA, 2000) and refers to what types of conduct can be treated as unprofessional conduct under the HPA and could be addressed through a college's complaints and discipline processes.~~one or more of the following, whether or not it is disgraceful or dishonourable:~~

~~i. displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;~~

~~ii. contravention of this Act, a code of ethics or standards of practice;~~

~~iii. contravention of another enactment that applies to the profession;~~

~~iv. representing or holding out that a person was a regulated member and in good standing while the person's registration or practice permit was suspended or cancelled;~~

~~v. representing or holding out that person's registration or practice permit is not subject to conditions when it is or misrepresenting the conditions;~~

~~vi. failure or refusal~~

~~(A) to comply with the requirements of the continuing competence program, or~~

~~(B) to co-operate with a competence committee or a person appointed under section 11 undertaking a practice visit;~~

~~vi.1 failure or refusal~~

~~(A) to comply with a request of or co-operate with an inspector;~~

~~(B) to comply with a direction of the registrar made under section 53.4(3);~~

~~vii. failure or refusal~~

~~(A) to comply with an agreement that is part of a ratified settlement,~~

~~(B) to comply with a request of or co-operate with an investigator,~~

~~(C) to undergo an examination under section 118, or~~

~~(D) to comply with a notice to attend or a notice to produce under Part 4;~~

~~viii. contravening an order under Part 4, conditions imposed on a practice permit or a direction under section 118(4);~~

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~~viii. contravening an order under Part 4, conditions imposed on a practice permit or a direction under section 118(4);~~

~~ix. carrying on the practice of the regulated profession with a person who is contravening section 98 or an order under Part 4 or conditions imposed on a practice permit or a direction under section 118(4);~~

~~xii. conduct that harms the integrity of the regulated profession;"~~

~~(HPA, 2000)~~

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References

Ifaro-LeFevre, R. (2013). *Critical thinking, clinical reasoning and clinical judgement: A practical approach*. Elsevier Saunders.

Canadian Foundation for Healthcare Improvement, & Canadian Patient Safety Institute. (2020). *Evidence brief: Caregivers as essential care partners*. https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/essential-together/evidence-brief-en.pdf?sfvrsn=103fe5b3_4

Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics

College of Nurses of Ontario. (2026). *Code of conduct*. https://www.cno.org/globalassets/docs/prac/49040_code-of-conduct.pdf

Commented [LT15]: Editorial

College of Registered Nurses of Alberta. (2022). *Continuing competence standards*.

Ellis, J. R., & Hartley, C. L. (2009). *Managing and coordinating nursing care* (5th ed.). Lippincott Williams & Wilkins.

Government of Canada. (2025). *Trauma and violence-informed approaches to policy and practice*. https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html

Commented [LT16]: Editorial

Health Professions Act, RSA 2000, c H-7.

Health Professions Restricted Activity Regulation, Alta Reg 22/2023, s 60.

Institute for Healthcare Improvement. (2024). *Quality improvement essentials toolkit*. Retrieved from https://www.ihi.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx

Commented [LT17]: Editorial

Ponic, P., Varcoe, C., & Smutylo, T. (2016). Trauma and violence informed approaches to

supporting victims of violence: Policy and practice considerations. *Victims of Crimes Research Digest, 9*, 3-15.

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World Health Organization. (2011). *Patient safety curriculum guide: Multi-professional edition*. https://www.who.int/publications/i/item/9789241501958

~~Yeung, S. (2016). Conceptualizing cultural safety: Definitions and applications of safety in health care for Indigenous mothers in Canada. *Journal for Social Thought*, *1*(1), 1-13. https://ojs.lib.uwo.ca/index.php/jst/article/view/498/285~~

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