

A photograph of four healthcare professionals, three women and one man, standing in a row and smiling. They are wearing medical scrubs. The woman on the far left is wearing maroon scrubs, the woman next to her is wearing blue scrubs, the woman next to her is wearing light blue scrubs and glasses, and the man on the far right is wearing blue scrubs. The background is a blurred clinical setting.

Know Your Scope: Navigating the Controls on Practice

Think back to a time when you were asked to perform something new at work— maybe a procedure or activity you hadn't done before. How did you decide if it was something you were allowed to do? How did you know if it was within your scope of practice?

In this module, we'll explain what scope of practice is and recognize how it fits within a broader regulatory framework known as the controls on practice. You'll learn to identify the four controls on practice that you must consider before performing any activity and differentiate between non-restricted and restricted activities. You will also develop the ability to recognize when you can act without an order and apply these principles to real-world scenarios and nursing practice.

We recommend completing the first two modules in this series: *Legislation and Nursing Regulations* and *BCCNM Explained: Our Role and Responsibility* to lay a solid foundation for this material.

Note: These modules are designed specifically for nurses. If you're a midwife, please refer to the separate modules created for midwifery practice.

Estimated time: 30-40 minutes

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Territorial acknowledgement



We acknowledge the rights and title of the First Nations whose collective unceded territories encompass the land base colonially known as British Columbia. We give specific thanks to the h̓ən̓t̓s̓q̓t̓s̓əm̓int̓s̓əm̓t̓s̓ speaking peoples the x̓t̓s̓m̓ə̓θ̓k̓ʷə̓y̓əm (Musqueam) and sel'íl'witulh (Tsleil-Waututh) Nations and the Sk̓w̓x̓w̓ú7mesh-ulh Sníichim speaking Peoples the Sk̓w̓x̓w̓ú7mesh Úxwumixw (Squamish Nation), on whose unceded territories BCCNM's office is located. We also give thanks for the medicines of these territories and recognize that laws, governance, and health systems tied to these lands and waters have existed here for over 9000 years.

We also acknowledge the unique and distinct rights, including rights to health and wellness, of First Nations, Inuit, and Métis, peoples from elsewhere in Canada who now live in British Columbia. As leaders in the settler health system, we acknowledge our responsibilities to these rights under international, national, and provincial law.

Lesson 2 of 10

Pre-assessment quiz

Pop quiz

Hi, I'm Sierra and I am going to be your guide for this module.

Before we start, let's see how much you know about scope of practice and the controls on practice with a short quiz.

If you get some questions wrong, don't worry. We will cover the answers in the module. As well, an answer key is available at the end of the module.



What does “scope of practice” refer to?

- a) The list of activities assigned by your manager
- b) The hours you are expected to work
- c) The professional activities you are legally and ethically allowed to perform
- d) The policies of your workplace

Which of the following is an example of a restricted activity?

- a) Taking a client’s temperature
- b) Assisting with feeding
- c) Giving an intramuscular injection
- d) Providing emotional support

Which of the following best describes autonomous scope of practice?

- a) Following written protocols
- b) Providing care only after receiving an order
- c) Performing authorized activities independently using your nursing judgment
- d) Being told what to do by your supervisor

What should a nurse do FIRST if unsure whether they can perform an activity?

- a) Ask a coworker
- b) Perform the activity and clarify later
- c) Refer to the controls on practice
- d) Refuse to perform the activity

True or False: A nurse's individual scope of practice can never be broader than the legal scope of the profession.

- a) True
- b) False

Coming up next, an overview of scope of practice.

Lesson 3 of 10

Scope of practice

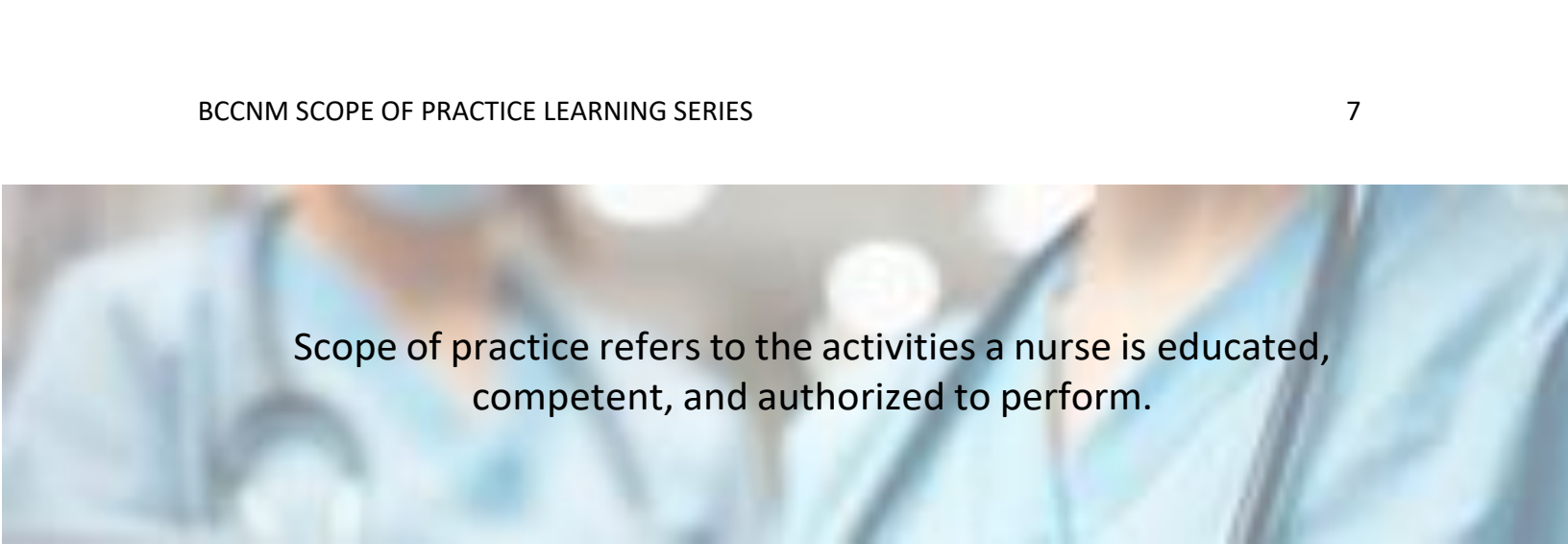


Nursing **scope of practice** describes the range of activities and responsibilities that a nurse is educated, competent, and legally authorized to perform. It is shaped by nursing education, clinical experience, regulatory standards set by BCCNM, and provincial and federal laws.

Scope of practice helps ensure nurses provide clinically and culturally safe, competent, and ethical care within their professional roles, and it varies based on the nurse's designation (e.g., LPN, NP, RN, or RPN) and practice setting.



Note: LPNs, NPs, RNs, and RPNs each have distinct nursing regulations. When "nursing regulation" is used, refer to the regulation specific to your designation.



Scope of practice refers to the activities a nurse is educated, competent, and authorized to perform.

Nurses may provide care:

- Autonomously, without an order using their clinical judgment and following legislation/regulations, BCCNM standards, limits and conditions, employer policies, and individual competence.
- With an order when carrying out activities that require a client- specific order from an authorized health professional, such as a physician or nurse practitioner (NP).



The scenarios presented in this module have been intentionally simplified to emphasize specific aspects of the content. Please note that they may not encompass all relevant details that should be considered.

Consider this scenario



Emma is an RN working in a rural health clinic. One morning, she sees a client who presents with signs of a urinary tract infection (UTI).

Drawing on her nursing education, clinical experience, workplace policies, and the BCCNM standards, Emma conducts a focused assessment, collects

a urine sample, and uses her clinical judgment to autonomously initiate a nursing intervention— recommending increased fluid intake.

However, when the client asks for a prescription for antibiotics, Emma knows that prescribing medications like antibiotics is a restricted activity that requires an order from an authorized health professional. Emma refers the client to the NP in the clinic, who reviews Emma’s assessment, makes a diagnosis of a urinary tract infection, and provides a client-specific order for the appropriate medication.

This scenario highlights how Emma practises within her nursing scope of practice—providing safe, competent care autonomously when appropriate and seeking authorization when required. The table below provides a summary.

Factor	Description	Example
Legislation and regulations	Outlines activities nurses can perform autonomously or with a client- specific order, as per their nursing regulation.	Emma checks the Nurses (Registered) and Nurse Practitioners Regulation, which outlines what activities RNs are authorized to perform autonomously. For example, Section 6 of the regulation lists activities that can be performed autonomously, while Section 7 lists those requiring a client-specific order.
BCCNM bylaws, standards,	Outlines standards, limits, and conditions for autonomous practice and activities	Emma consults BCCNM's RN: Acting Within Autonomous Scope of Practice: Standards, Limits, and Conditions. This document outlines

limits, conditions	requiring additional authorization.	what she may do using her professional nursing judgment, sets boundaries for her practice, and outlines responsibilities and accountabilities to be met.
Organizational policies	Ensures actions align with organizational policies, procedures, and restrictions.	Emma ensures her actions are consistent with her organization's policies, procedures, and any additional restrictions.
Personal competence	Limits activities for which the nurse is educated, competent, and authorized.	Emma only performs activities for which she is personally educated, competent, and authorized. Her individual competence may further limit what she can do within the broader scope.

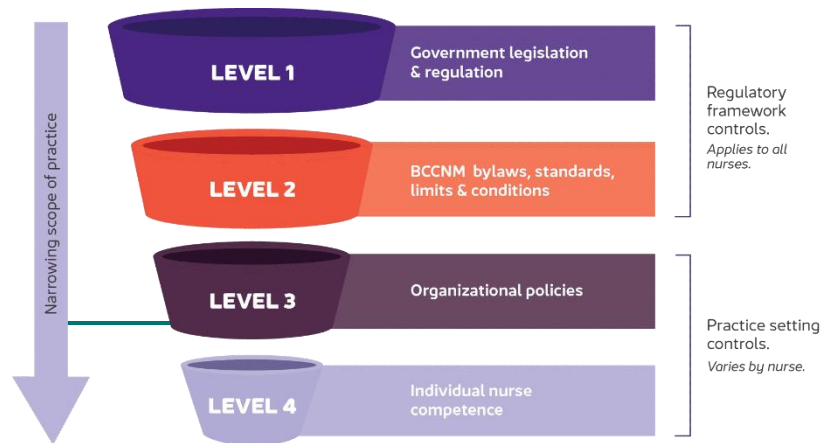
How to determine your scope of practice

Nursing scope of practice is defined by legislation, regulatory standards, workplace policies, and individual competence.

Key considerations for determining scope

1. **Legislation and regulation:** Nurses begin by consulting the relevant nursing regulations, which set out the professional scope for their designation. This defines the boundaries of nursing practice for their nursing designation.
2. **BCCNM bylaws, standards, limits and conditions:** BCCNM provides standards, limits, and conditions that further clarify which activities can be performed autonomously and those which require additional authorization.
3. **Organizational policies:** Nurses must consider the policies, procedures, and job descriptions set by their employer, which may further restrict (but not expand) their scope of practice.
4. **Individual competence:** Nurses assess their own knowledge, skill, attitudes, and judgment to ensure they are personally competent to perform the activity safely.

Are these considerations familiar to you? These four factors are commonly referred to as the controls on practice.



Proceed to the next lesson for a detailed discussion of the controls on practice.

Lesson 4 of 10

Controls on practice

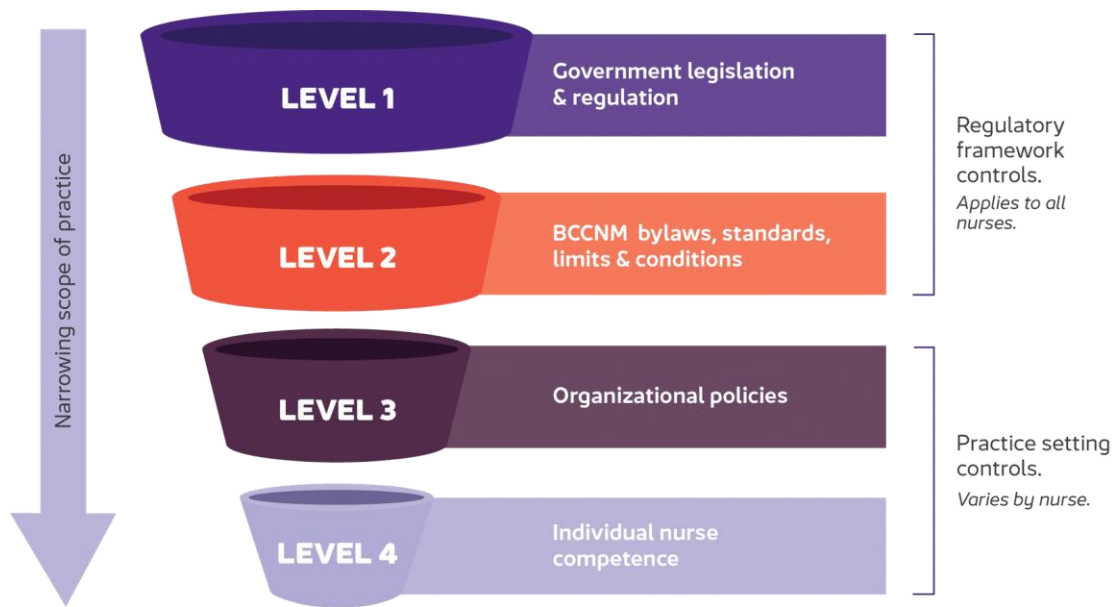


Your nursing scope of practice is shaped by more than just what's legally allowed. It is defined by four controls on practice: legislation and nursing regulations, BCCNM bylaws, standards, limits, and conditions, employer policies, and a nurse's individual competence.

While nursing regulations may authorize certain activities, nurses can only perform them if permitted by all four controls on practice. Each control may narrow what a nurse is allowed to do, but none can expand beyond what is allowed by the level above.

Controls on practice overview

The controls on practice are essential for ensuring that every nursing activity you undertake is safe, appropriate, and within your legal scope of practice. By examining each level—legislation and regulation; BCCNM bylaws, standards, limits, and conditions; employer policies; and your own competence—you can assess whether you are authorized and safe to proceed.



Level 1: Legislation and nursing regulations

This level sets the legal foundation for nursing practice in B.C., through the *Health Professions Act (HPA)*/ *Health Professions and Occupations Act (HPOA)* and nursing regulations. These laws ensure that all nurses provide safe, ethical, and competent care.

The legislated scope applies to all nurses, regardless of setting (e.g., hospital, community, long-term care facility, or self-employment).

For example: A nurse in an ER and a school nurse follows the same legislated scope, though they apply it differently based on their roles

Level 2: BCCNM bylaws, standards, limits, & conditions

BCCNM sets standards and may place limits or conditions on certain activities authorized in the regulation. Bylaws may also set additional requirements for practice.

For example: BCCNM may require additional education before you are authorized to perform specific activities, like venipuncture.

Level 3: Organizational policies

Employers may create workplace policies that limit or specify how certain activities are performed. Sometimes, employer policies are more restrictive than legislation or BCCNM standards.

Employer's job descriptions should clearly outline a nurse's expected responsibilities within a specific role. Employers may require additional education or certification for nurses to perform certain activities.

For example:

- A hospital may allow nurses to insert IVs but require additional training before performing advanced IV therapy.
- A nurse working in an intensive care unit (ICU) may be authorized to assist with ventilator management, whereas a nurse in a long-term care facility may not be.
- A nurse may be legally allowed to perform a certain activity, but their employer may prohibit it due to safety concerns, resource limitations, or organizational policies.

Level 4: Individual nurse competence

While legislation/regulations, BCCNM standards, and employer policies define what nurses are allowed to do, a nurse's individual competence determines whether the nurse can safely perform an activity.

Competencies are unique to each nurse and expand with additional education and experience.

For example: A nurse who has been practising for 20 years will have a greater scope of practice based on their competencies than a newly graduated nurse.



Reflection

How do you currently determine whether an activity is within your individual scope of practice? Do you use the controls on practice to guide your decision-making?

Can you think of a time when you had to clarify whether something was within your scope? What steps did you take?

Which of the following best describes the role of individual nurse competence in the controls on practice?

- a) It is only relevant for newly graduated nurses with limited experience.
- b) It replaces the need for employer policies and training requirements.
- c) It determines whether a nurse can safely perform activities within the defined scope of practice.
- d) It allows nurses to expand their scope of practice beyond legal and organizational limits.

Can an organization's policies expand your scope of practice beyond what is allowed by nursing regulations and BCCNM?

- a) Yes, if approved by the employer
- b) Yes, but only under special circumstances
- c) No, but they can bypass BCCNM standards
- d) No, organizational policies cannot expand scope of practice

How to apply the controls on practice



Most of the time, it's easy to recognize that what you're doing is within your scope of practice. However, there may be times when you're unsure whether a specific activity is within scope.

Making this decision can be challenging without a clear understanding of what to consider. This is where the four controls on practice can help guide your decision-making.

Navigating scope using the controls on practice

This tool walks you through the four controls on practice to help you determine whether an activity is within your scope. At each level, you must be able to answer “Yes” to every question before moving forward. If the answer is “No” at any point—stop and seek guidance from workplace supports or contact BCCNM.

Level 1 - Legislation & regulation

Ask yourself:

- Am I authorized to perform it under my nursing regulation?
- Can I perform the activity within my autonomous scope of practice (without an order) or do I need a client-specific order from an authorized health professional?
- Have I considered other relevant legislation?

If yes: Move to Level 2.

If no: Stop and seek guidance.

Your responsibilities: Comply with your nursing regulation, understand legal requirements, and determine if you're legally authorized to perform an activity.

Level 2 - BCCNM bylaws, standards, limits & conditions

Ask yourself:

- Do I have a practising nursing license from BCCNM to practice in B.C.?
- Does this activity align with BCCNM practice standards including those related to scope of practice?
- Do I meet limits and conditions to perform this activity, if there are any?

If yes: Move to Level 3.

If no: Stop and seek guidance.

Your responsibilities: BCCNM standards are not used in isolation. Make sure you are following all relevant standards, limits, and conditions (limits are restrictions set by BCCNM on activities; conditions are requirements set by BCCNM that must be met to perform an activity).

Level 3 - Organizational policies

Ask yourself:

- Is the activity within my job or role description?
- Does my employer allow me to perform this activity?
- Does my employer have policies and procedures that authorize and support me in performing this activity?
- Are there sufficient resources to support me before, during and after the activity?

If yes: Move to Level 4.

If no: Stop and seek guidance.

Your responsibilities: Know your role within your employment setting and any limits specific to that role. Determine if employers support nurses to perform an activity in your practice setting. Review relevant policies, check resource availability, and consult with your employer and health-care team.

Employers are responsible for defining staff roles and whether nurses can perform specific activities in the practice setting. If your practice setting does not support the performance of an activity, you can advocate for and assist in the development of policies and procedures in the interest of client safety.

Level 4 - Individual nurse competence

Ask yourself:

- Do I have the competence (knowledge, skill, attitude, and judgment) to:
 - Assess whether it is appropriate to perform the activity?
 - Perform the activity?
 - Manage the client before, during and after the activity?
- Do I have a plan and strategies to obtain and maintain my competence?

If yes: Proceed with the activity.

If no: Stop and seek guidance.

Your responsibilities: Reflect on your practice and competence. Each nurse is unique and may need different amounts of training, support, and resources to be competent to safely perform a particular activity.

The final consideration before performing any activity is whether it is in the best interests of the client.

Remember, just because you can doesn't mean you should.





Scenarios presented are simplified examples to show how the controls on practice can be applied in more complex or uncertain situations. Nurses aren't expected to work through all four levels for every routine activity—especially when they already know an activity is within their scope.

Practice snapshot

In the following scenario, Sonya, a newly graduated LPN, faces a situation where she must determine if she is authorized to insert a new IV for her client.

Sonya's IV dilemma



Sonya, a newly graduated LPN, is working at a community hospital. One of her clients is to receive an antibiotic infusion. She checks the IV's patency and finds that it is interstitial. Sonya wonders if she is allowed to insert a new IV.

Level 1: Legislation and regulation

Sonya checks her nursing regulation and confirms that venipuncture for IV insertion is within the LPN scope of practice but requires a client-specific order (Section 7 restricted activities that require an order).

Level 2 – BCCNM standards, limits, conditions

Sonya next reviews the *Licensed Practical Nurse: Acting with Client-specific Orders practice standard*. She finds under the limits and conditions that she needs additional education and can only insert short peripheral IVs.

Sonya hasn't completed the necessary additional education. She sees that she doesn't meet the requirements at this level so cannot insert a new IV.

What does Sonya Do?

Sonya asks her colleague Linh, another LPN, for help. Sonya makes a mental note to complete additional education so she can perform this activity in the future.

Let's work through the controls on practice to find out if Linh is allowed to insert the IV.



Level 1 – Legislation and Regulation (for Linh)

As an experienced LPN, Linh knows that LPNs are allowed to insert short peripheral IVs with a client-specific order. Linh reviews the client record and sees a client-specific order is in place.

Level 2 – BCCNM bylaws, standards, limits, conditions

Linh meets the conditions in the *Acting with client-specific orders practice standard* as she has completed additional education for this activity and will insert a short peripheral IV.

Level 3 – Organizational policies

Linh confirms by reviewing the workplace policy that she meets the hospital's requirements for IV insertion.

Level 4 – Individual nurse competence

Linh inserts IVs regularly and is confident she can perform the activity safely and competently.

Linh assesses the client, gets the client's consent, inserts a new peripheral IV, and documents her care.

Summary

Before performing any activity, especially one you're unfamiliar with, consider the Controls on Practice Framework to see if you are authorized to perform it.

This process will help you assess whether the activity is within your scope, ensuring that you're practising safely and ethically.

Check your understanding

Now that you've reviewed the scenario, let's test your understanding of the controls on practice. Answer the following questions to ensure you can apply the framework effectively in similar situations.

What is the first step Sonya takes to determine if she can insert a new IV?

- a) She reviews the hospital's workplace policy.
- b) She checks if there is a client-specific order.
- c) She asks her colleague Linh for help.
- d) She reviews the nursing regulation to confirm if venipuncture is within her scope of practice.

Why is Sonya unable to insert the IV herself?

- a) She does not have a client-specific order.
- b) She does not meet BCCNM's condition of additional education required for IV insertion.
- c) The hospital policy does not allow LPNs to insert IVs.
- d) She is not confident in her ability to perform the procedure.

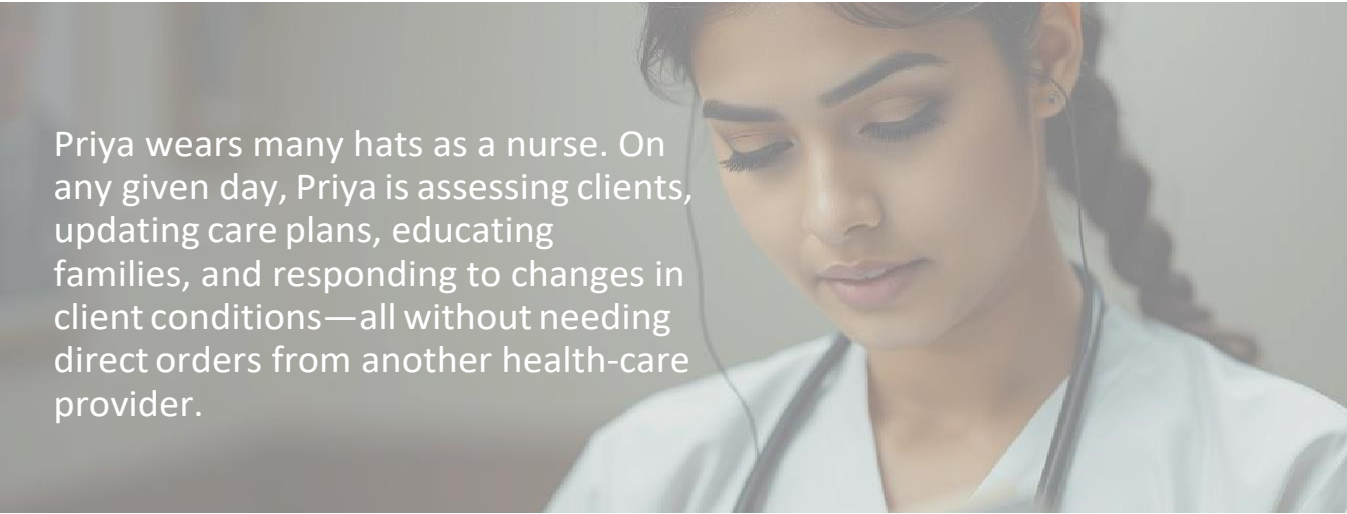
Great job completing the knowledge check! Remember, the controls on practice is a valuable tool to help you assess your scope of practice and ensure safe, competent, and ethical nursing care.

In the next lesson, we will look more closely at autonomous scope of practice.

Lesson 5 of 10

Autonomous scope of practice

Imagine this



Priya wears many hats as a nurse. On any given day, Priya is assessing clients, updating care plans, educating families, and responding to changes in client conditions—all without needing direct orders from another health-care provider.

Priya is confident in performing many of these activities autonomously because they fall within her autonomous scope of practice. For example, Priya frequently conducts nursing assessments, initiates wound care and provides health teaching—all based on professional judgment and training.

But some situations make Priya pause. When a client's condition changes rapidly or a new intervention is needed, Priya wonders: *Am I authorized to do this on my own? Do I have the competence and support to proceed safely?*

In this lesson, we'll explore how to navigate autonomous scope of practice. You'll learn what activities may be performed autonomously, what you need to consider before acting autonomously, and what BCCNM standards apply.



Every day, you make decisions and take actions based on your professional judgment, experience, and knowledge you have gained throughout your nursing career. Much of this work is done **autonomously**—within the scope of your training and legal authority—and without direct orders from another health-care professional.

Before acting autonomously, ensure you meet your nursing designation's *Acting Within Autonomous Scope of Practice: Standard, limits, and conditions*, employer policies and procedures, and that you are competent.

Common areas of autonomy

Client assessment

- Gathering health histories, performing assessments, and monitoring vital signs.
- Identifying health concerns based on your assessments.

Care planning

- Developing individualized care plans based on assessments.
- Prioritizing client care needs based on clinical judgment.

Client education

- Teaching clients and families about health conditions, medications, and self-care.
- Offering guidance and support to clients living with chronic conditions, mental health issues, or end-of-life care.

Nursing interventions

- Performing clinical procedures like wound care and IV insertion.
- Initiating necessary interventions based on client needs, like starting oxygen therapy or initiating CPR.

Monitoring and evaluation

- Tracking client progress and adjusting care plans.
- Recognizing and responding to signs of deterioration.
- Accurately documenting client care and interventions.

Advocacy

- Advocating for clients' best interests ensuring they receive appropriate care and their rights are respected.
- Making ethical decisions in care that adhere to ethical standards, even if it involves challenging decisions made by other health-care professionals.

Collaboration and consultation

- Collaborating with health-care professionals and consulting others as needed.
- Delegating to other health-care professionals while retaining accountability for client outcomes.

Leadership roles

- Managing teams, making staffing decisions, and ensuring the quality of care.
- Contributing to policy development and implementation of health-care policies and protocols.

Your nursing regulation outlines the types of activities nurses of that designation may perform autonomously.

These include:

Non-restricted activities

Non-restricted activities are typically routine, lower-risk activities that do not pose significant risk and can be performed without an order by regulated health professionals and unregulated care providers.

Restricted activities that do not require an order (Section 6)

Restricted activities that do not require an order may be performed autonomously if relevant BCCNM standards are met, the practice setting allows, and the nurse is competent.



There are some non-restricted activities that are higher risk (e.g. applying restraints, enteral feeds). Thus, BCCNM requires that **some non-restricted activities** be performed **with an order**. As well, the employer may also require an order before the nurse performs the activity.

Comparison: Non-restricted vs. restricted activities (no order required)

Non-restricted activities	Restricted activities that do not require an order
<p>Typically routine, lower-risk activities that do not pose significant risk and can be performed without an order by regulated health professionals and unregulated care providers.</p>	<p>Restricted activities that do not require an order may be performed autonomously if relevant BCCNM standards are met, the nurse is competent, and the practice setting allows.</p>
<p>Key features of non-restricted activities:</p> <ul style="list-style-type: none"> • May be performed autonomously by nurses. • Do not generally require an order from a physician or other authorized health professional. • Are generally lower risk. • May have BCCNM limits and conditions, such as additional education or the need to follow a decision support tool. 	<p>Key features of restricted activities that do not require an order:</p> <ul style="list-style-type: none"> • May be performed autonomously by nurses. • Do not generally require an order from a physician or other authorized health professional. • Are generally higher-risk and invasive. • May have BCCNM limits and conditions, such as additional education or the need to follow a decision support tool.
<p>Examples:</p> <ul style="list-style-type: none"> • Performing personal hygiene • Assisting a client with activities of daily living • Documenting • Teaching 	<p>Examples:</p> <ul style="list-style-type: none"> • Administering oxygen • Performing a nursing assessment • Making a nursing diagnosis of a condition

Practice snapshot

In the following scenario you will engage with a real-world situation that tests your decision-making skills. Consider how you would handle the challenges presented.

Autonomous practice and the controls on practice



Leo is an RPN working in a long-term care facility. While doing morning rounds, he notices that Raj, a client with type 2 diabetes, appears pale and confused. Leo checks Raj's blood glucose and finds it is 3.2 mmol/L. Raj is conscious but shaky and disoriented.

Level 1 – Legislation and regulation

Leo knows that under the RPN nursing regulation, RPNs are permitted to carry out non-restricted and restricted activities without an order related to managing hypoglycemia.

"This is something I can do autonomously, without an order."

Level 2 – BCCNM standards, limits, conditions

As this activity is within Leo's autonomous scope of practice, he reviews the standard, limits, and conditions in the *Registered Psychiatric Nurse: Acting Within Autonomous Scope of Practice Standard* and confirms that treatment of hypoglycemia is within scope. He notes that if D50W is used to treat the condition, he must follow an established employer decision support tool (DST).

"BCCNM's standard for acting autonomously outlines the requirements I need to meet to act autonomously. I also see that I will need to follow a DST if I administer D50W."

Level 3 – Organizational policies

Leo refers to the care facility's policy on diabetes management. It authorizes RPNs to autonomously treat hypoglycemia using the facility's DST.

"Our workplace policy supports autonomous action in hypoglycemic events. I can

proceed according to the DST.”

Level 4 – Individual nurse competence

Leo reflects on his training and experience. He has completed workplace education on diabetes care, regularly manages clients with diabetes, and has used the DST multiple times.

“I know the signs, I’ve treated this before, and I feel competent acting now. I’ll follow the DST.”

Outcome

In this scenario, Leo demonstrates the importance of following the controls on practice, even when acting autonomously. By carefully considering legislation, standards, organizational policies, and his own competence, Leo ensures his actions align with established guidelines while addressing an urgent situation. Leo treats Raj’s hypoglycemia according to the DST. Raj improves quickly. Leo documents his care and notifies the physician.

What should Leo consider before acting autonomously to treat Raj's hypoglycemia?

- a) Legislation and regulations that permit autonomous practice.
- b) Standards, limits, and conditions set by BCCNM.
- c) Organizational policies on diabetes management.
- d) His own competence and experience in managing hypoglycemia.
- e) All the above

What must a nurse consider when practising within their autonomous scope of practice?

- a) Always seek approval from a senior nurse before making decisions
- b) Follow employer policies even if they conflict with BCCNM standards
- c) Practise within their level of competence and adhere to the controls on practice
- d) Only perform restricted activities that require an order

A person is standing on a sandy beach, looking out at the ocean. The water is calm and reflects the sky. In the background, there are mountains under a soft, hazy sky. The overall scene is peaceful and contemplative.

Reflection

Think about a time when you had to make a clinical decision within your autonomous scope.

- What factors guided your decision-making process?
- How did you ensure your actions were aligned with your competencies, organizational policies, and BCCNM standards?

Proceed to the next lesson for some real-life examples to apply what you've learned.

Lesson 6 of 10

Case Study: Naomi

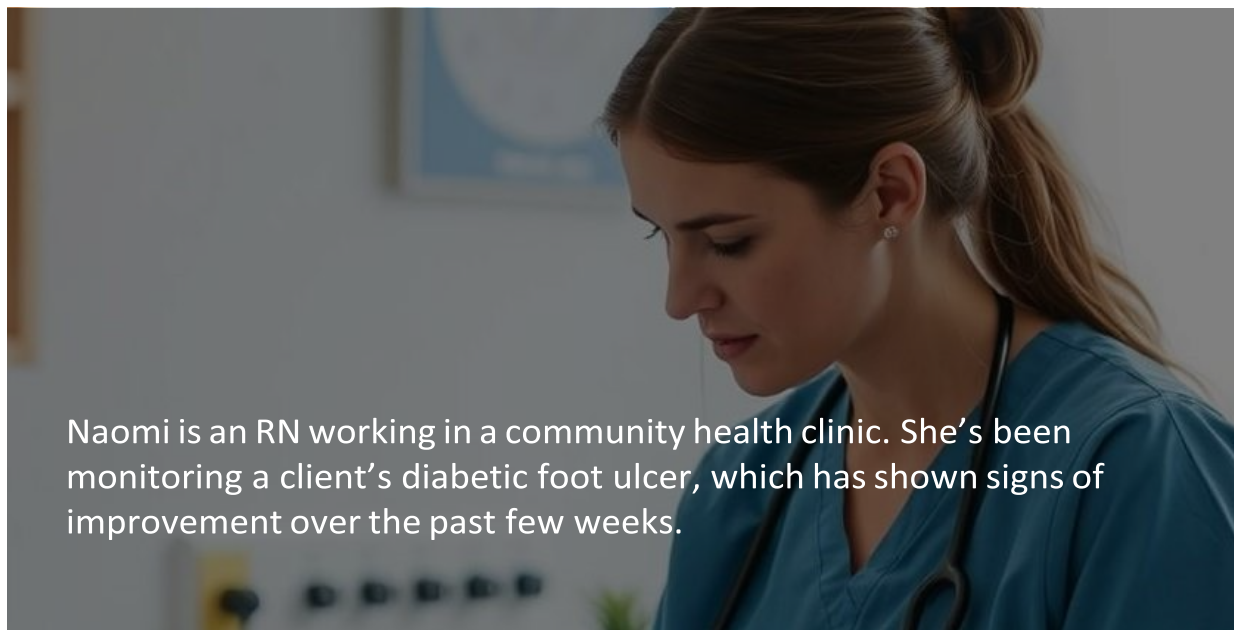


Now it's your turn to apply the **controls on practice** to real-world nursing situations. In each scenario, you'll work through the decision-making process to determine whether an activity is within scope of practice.

Use your critical thinking skills and remember: every level must align for you to proceed.



Remember, scenarios presented are simplified examples to show how the controls on practice are applied. You aren't expected to work through all four controls if you know an activity is within your scope and you are competent.



Naomi is an RN working in a community health clinic. She's been monitoring a client's diabetic foot ulcer, which has shown signs of improvement over the past few weeks.

During a routine visit, she notices that the wound is now draining more than usual and has a different odour. Naomi suspects a possible infection.

She considers collecting a wound swab and updating the client's care plan to include more frequent dressing changes. Before proceeding, Naomi pauses to reflect:

"Is this within my autonomous scope of practice? Are there any controls on practice I need to consider before moving forward?"

Which of the following should Naomi do to ensure she's acting within her autonomous scope of practice? Select all that apply.

- a) Assess the client to ensure the situation is within her competence and consistent with her role and setting
- b) Determine whether a wound swab is an activity she is authorized and competent to perform
- c) Review the employer's policy and guidelines related to wound care
- d) Automatically proceed with the swab because she suspects infection
- e) Document her clinical decision-making process and rationale

Naomi's autonomous scope of practice is shaped by **four controls**:

Control	Naomi's consideration
Legislation & regulations	Before performing a wound swab, Naomi confirms in the RN nursing regulation that it is a restricted activity that does not require an order.
BCCNM bylaws, standards, limits, and conditions	Naomi reviews the RN: Acting Within Autonomous Scope of Practice Standard to see if there are any limits or conditions on this activity and reviews her responsibilities when acting autonomously.
Organizational policies	Naomi reviews her workplace policy to see the requirements and if there are any restrictions on this activity.
Individual competence	Naomi ensures she has the competence to perform a wound swab.

After reviewing the controls on practice, Naomi determines:

- Collecting a wound swab is a non-restricted activity (collecting a wound swab does not involve procedures on tissue below the dermis or other restricted actions, so it is a non-restricted activity). This means RNs can perform this procedure without requiring an order from another health professional.
- BCCNM outlines that RNs may carry out wound care activities— including cleansing, irrigating, probing, debriding, packing, dressing, and suturing—without an order, provided they are educated, competent, and follow applicable limits and conditions.

If Naomi's assessment suggests a worsening infection and the employer does not authorize her to perform a wound swab or prescribe treatment, what should she do next?

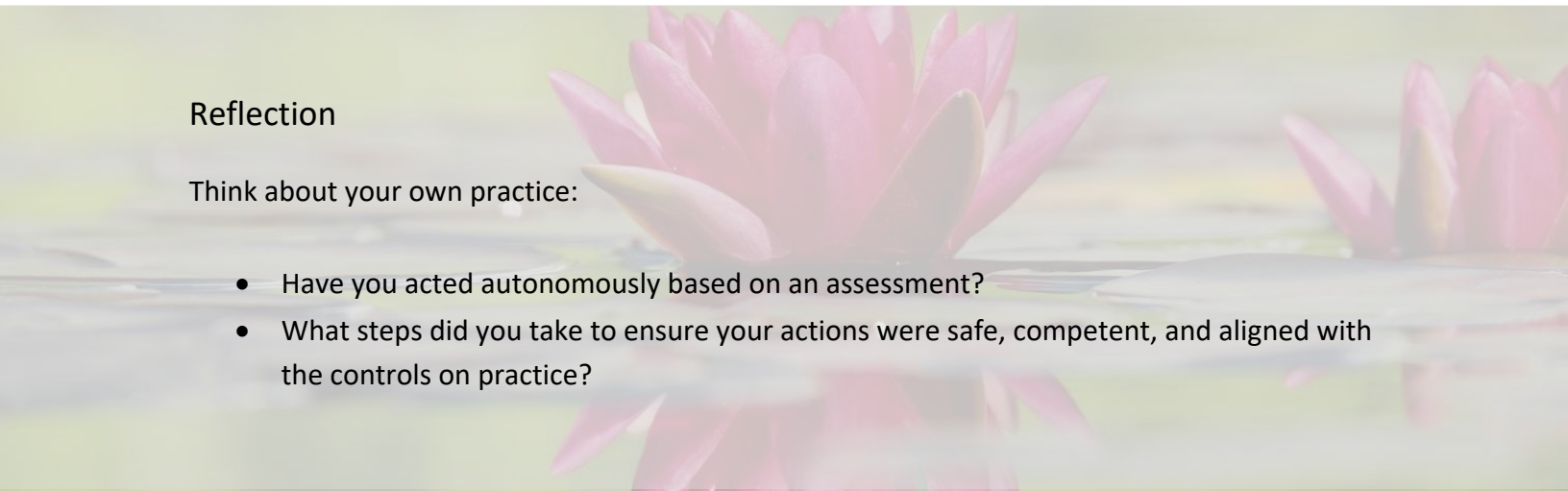
- a) Wait until the client's next scheduled visit with the provider
- b) Refer the client to the emergency department
- c) Communicate her concerns to the authorized health professional and request an order
- d) Continue monitoring and document the change in symptoms

Naomi's situation shows how autonomous scope of practice allows nurses to make decisions based on their assessment and judgment, while also recognizing when additional authorization or collaboration is required.

Reflection

Think about your own practice:

- Have you acted autonomously based on an assessment?
- What steps did you take to ensure your actions were safe, competent, and aligned with the controls on practice?



Check your understanding

Now that you've seen how Naomi used the controls on practice to determine scope of practice, let's see if you can do the same. Complete the activity below by writing the correct control on practice: Legislation and regulation, BCCNM bylaws, standards, limits, and conditions, organizational policies, or individual competence next to each statement.

	I must not perform a restricted activity unless I am authorized by regulation
	My employer requires me to complete additional training before inserting IVs
	I use informed consent processes as required under provincial law
	I follow the BCCNM Practice Standards for medication administration
	I decline activities I'm not competent to perform, even though it's within scope
	I must comply with the Health Professions Act
	My unit policy requires two nurses to verify high-alert medications
	I follow BCCNM Professional Standards, even when working in a non-clinical role
	I assess my knowledge, skills, and judgment before performing a new activity
	My employer requires annual CPR certification for all direct care staff

Summary

Understanding and applying the controls on practice is essential for making informed decisions within your professional scope. These controls ensure that actions align with legislation, professional standards, employer policies, and individual competence. By assessing each level, you can confidently determine whether an activity is within your autonomous scope of practice.

In Naomi's case, she demonstrated the importance of reflection and adherence to these controls when addressing a potential infection. Her approach highlights the value of critical thinking and thorough evaluation to ensure safe and competent care, reinforcing professional accountability and trust in health-care settings.

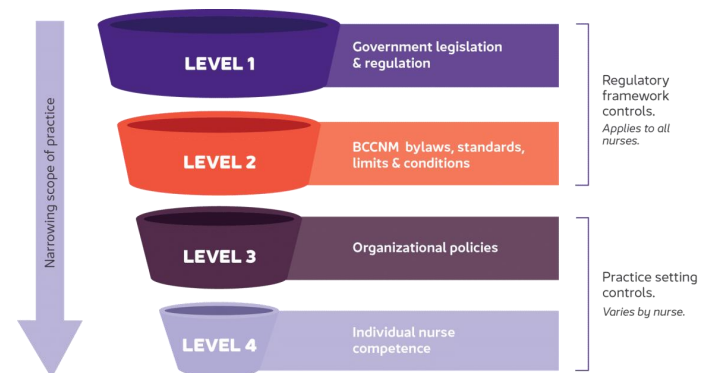
Great job! Let's try another one.

Lesson 7 of 10

Case Study: Julia

In this scenario, you will assist Julia to navigate her scope of practice. Remember the four controls on practice that determine scope:

- Legislation & regulation
- BCCNM standards, limits, conditions
- Employer policy
- Individual competence



Help Julia decide




The ER is packed with clients, and the team is stretched thin. Dr. Matthews is managing multiple cases, including a young trauma client, Daniel, with a large, deep leg wound that requires suturing.

Julia, an RN, has been assigned to care for Daniel. She has cleaned and prepped the wound, but it needs sutures.


Dr. Matthews, already overwhelmed with a cardiac arrest client and several other critical cases, hurries over to Julia and makes a quick request.

"Julia, I'm going to need you to suture up that wound on Daniel's leg. I won't be able to get to him for at least several hours."



I've seen sutures done hundreds of times, and could probably do it, but I haven't completed the required wound care education to suture and I'm not competent. How should I respond?

- a) Refuse the doctor's request.
- b) Explain her scope of practice to Dr. Matthews.
- c) Suture the wound as requested.



Julia knows that it can be difficult to say no to a physician in a fast-paced environment, but she feels confident in her decision to uphold her scope of practice.

Julia adheres to the four controls on practice ensuring safe, competent, and ethical care within her scope of practice.

End scenario

Apply your understanding

What could happen if Julia decided to suture the wound despite not being competent?

Select all that apply.

- a) She could compromise Daniel's safety
- b) She could face legal and professional consequences
- c) She would be expanding her scope of practice appropriately
- d) She could be disciplined by her regulatory body

What could be the consequences if Julia ignored her competence and sutured Daniel's wound? Select all that apply.

- a) Increased risk of wound infection for Daniel
- b) Faster healing and better cosmetic outcomes
- c) Legal and professional consequences for Julia
- d) Potential for excessive scarring and delayed recovery
- e) Strengthened trust in the health-care team

You are a nurse in a pediatric unit. A parent asks you to adjust the dosage of their child's medication because they believe the current dose is too high. You are familiar with the medication but are unsure about making dose adjustments. What is the best course of action?

- a) Adjust the medication dose as requested to meet the parent's concerns
- b) Explain to the parent that medication changes require a physician's order and that you will consult with them
- c) Tell the parent you are not allowed to discuss medication doses
- d) Ask a more experienced nurse to make the change for you



Reflection

Think about a time when you had to make a clinical decision within your autonomous scope.

- What factors guided your decision-making process?
- How did you ensure your actions were aligned with your competencies, organizational policies, and BCCNM standards?

Summary

Julia's case highlights the importance of following the four controls on practice: legislation and regulation, BCCNM standards, limits, and conditions, employer policies, and individual competence. These controls ensure that health-care professionals practise within their scope. Ignoring these controls can lead to serious consequences, including compromised client outcomes and legal repercussions.

By reflecting on her competencies and consulting appropriate resources, Julia can make informed decisions that align with her professional responsibilities. This approach not only safeguards her practice but also reinforces trust within the health-care team and ensures safe, competent, and ethical care for clients.

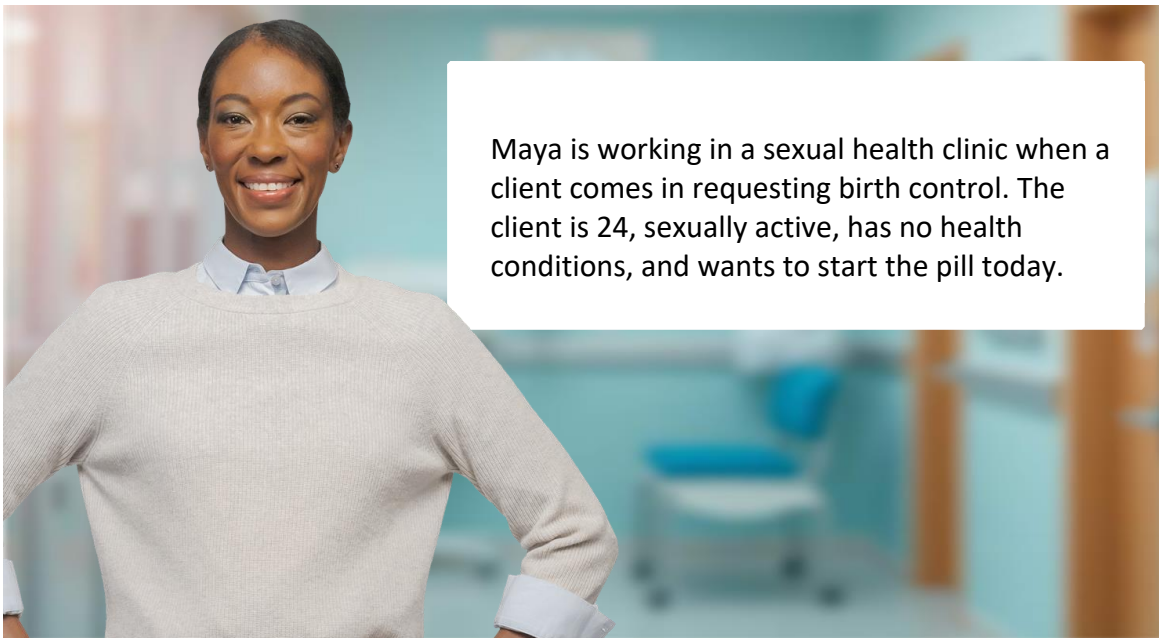
Let's look at another case scenario.

Lesson 8 of 10

Case Study: Maya

In this scenario, you will assist Maya, an RN with Certified Practice in reproductive health contraceptive management, as she navigates her scope of practice. You will explore the four controls on practice that guide her professional decisions:

- Legislation & regulation
- BCCNM standards, limits, conditions
- Organizational policy
- Individual competence



Maya is working in a sexual health clinic when a client comes in requesting birth control. The client is 24, sexually active, has no health conditions, and wants to start the pill today.

**Legislation and regulation**

Maya verifies that Certified Practice RNs are authorized to autonomously perform additional restricted activities in section 8 of the RN regulation, including prescribing drugs.



Can I prescribe birth control, or do I need an order from an authorized health professional?

- a) You need a physician to assess and write the prescription.
- b) As a Certified Practice RN, you can initiate birth control autonomously using the appropriate DSTs.
- c) Only Nurse Practitioners can prescribe birth control in B.C.

**BCCNM standards, limits, conditions**

Maya reviews applicable BCCNM standards for limits or conditions that may apply and accesses the appropriate Certified Practice decision support tool from the NNPBC website.



I've reviewed the standards and the DST. How should I proceed?

- a) As long as the client asks for birth control, you can prescribe it—no assessment or DST is needed.
- b) Follow the appropriate standards and DST and document your care.
- c) Give the client a prescription. Skip documentation since this is a routine visit.

**Organizational policies**

Maya recalls that her clinic allows Certified Practice RNs to prescribe using DSTs and to consult with a NP or physician when needed.

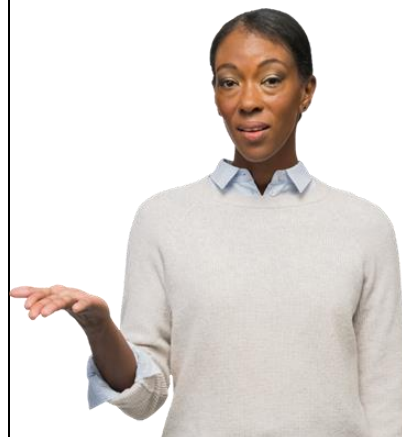


What should I keep in mind about my employer's policies?

- a) You can do whatever you want, as long as you feel confident.
- b) The clinic policy allows you to prescribe only with a co-sign from a physician or NP
- c) The clinic supports autonomous RN (CP) prescribing using DSTs, with consultation if needed.


**Individual competence**

Maya reflects on her own practice and competence to ensure she has the knowledge, skills, attitudes, and judgment



What's my best approach now?

- a) You've done this a few times, so you can skip following the DST.
- b) You've done this before and are competent. Follow the DST, provide thorough teaching, and document your

to safely prescribe birth control. She also assesses the currency of her skills.	care. c) You're competent, but you still need to ask an NP or physician to verify your care and any prescriptions you give.
<div data-bbox="272 491 578 919">  </div> <div data-bbox="597 554 1386 636"> <p>Maya adheres to the four controls on practice ensuring safe, competent, and ethical care within her scope of practice.</p> </div>	

Maya is navigating her scope of practice as a Certified Practice RN. Which of the following controls should she apply to ensure she stays within her scope? Select all that apply.

- a) Personal preferences
- b) Peer opinions
- c) Legislation and regulation
- d) BCCNM standards, limits, and conditions
- e) Employer policy

Maya is faced with a situation where she is unsure if a specific activity falls within her scope of practice as a Certified Practice RN. Which control should she consult first to determine her scope?

- a) Employer policy
- b) BCCNM standards, limits, and conditions
- c) Legislation and regulation
- d) Individual competence

Match each scenario Maya might encounter as a Certified Practice RN with the appropriate control she should apply to navigate her scope of practice effectively: Legislation and regulation, BCCNM bylaws, standards, limits, and conditions, organizational policies, individual competence.

	Maya needs to determine if a new procedure is legally permissible for Certified Practice RNs.
	Maya needs to confirm if her workplace allows Certified Practice RNs to perform a specific activity.
	Maya is evaluating whether she has the necessary competence to perform a complex procedure.
	Maya is unsure if an activity has limits or conditions set for Certified Practice RNs.

Reflection

Think about a time when you had to make a clinical decision within your autonomous scope.

- What factors guided your decision-making process?
- How did you ensure your actions were aligned with your competencies, organizational policies, and BCCNM standards?

Summary

Maya's case highlights the importance of understanding the four controls on practice that guide professional decision-making. These controls—legislation and regulation, BCCNM standards, limits, and conditions, employer policy, and individual competence—serve as essential frameworks for navigating scope of practice effectively. By consulting these controls, Certified Practice RNs like Maya can ensure their actions align with professional standards and organizational expectations.

In situations where uncertainty arises, prioritizing the appropriate control is crucial. For example, legislation and regulation often provide the foundational guidance needed to determine whether an activity falls within one's scope. This structured approach supports safe and ethical practice and also fosters confidence in clinical decision-making.

Now that you've completed the learning content, it's time to check your understanding. The following quiz will help reinforce key concepts and give you a chance to apply what you've learned. Let's get started.

Lesson 9 of 10

Quiz

Welcome to the knowledge quiz section! This is an opportunity to test your understanding of the material covered. Remember, this is a chance to reinforce your learning and identify any areas that may need further review.

Question

01/10

Which of the following is true about the relationship between the four levels of control on practice?

- a) Each level can expand practice beyond what the previous level above allows
- b) No level can expand practice beyond what is authorized at the level above
- c) Employer policies can expand what is in BCCNM standards if the nurse is competent
- d) Individual nurse competence is the highest level and can override other levels

Question

02/10

If an activity is listed in my nursing regulation, I may perform it regardless of BCCNM standards, limits, and conditions and employer policies.

- a) True
- b) False





Question**03/10**

A nurse has completed the required education to perform a certain activity, and their employer allows it. However, the nurse doesn't feel confident or competent to perform it safely. What should they do?

- a) Perform the activity since it's allowed by regulation and their employer
- b) Perform it and then attend a refresher workshop on the activity
- c) Decline to perform the activity until they build their competence
- d) Perform it and learn as they go

Question**04/10**

Match the statement with the correct answer.

 Provides the legal framework for nurses, ensuring safe and ethical care	Level 1: Legislation & regulation
 Ensures nurses are responsible for their competence in performing any authorized activity	Level 2: BCCNM bylaws, standards, limits & conditions
 Allows organizations to restrict but not expand a nurse's scope of practice	Level 3: Organizational policies
 Sets standards, limits, or conditions on activities authorized in the regulation	Level 4: Individual nurse competence

Question**05/10**

Select all that apply. A nurse is working within their autonomous scope of practice when they:

- a) Perform activities they are educated, competent, and authorized to do under regulation and standards.
- b) Make independent decisions about client care without needing direction from another health professional.
- c) Assume accountability and responsibility for decisions they make and activities they perform.
- d) Carry out activities outside their scope if the health-care team is short-staffed or in a crisis situation.
- e) Perform any activity requested by a physician, regardless of their own competence or regulatory requirements.

Question**06/10**

Select all that apply. A nurse must obtain a client-specific order when:

- a) The activity is listed in Section 7 of the regulation, restricted activities that require an order from an authorized health professional.
- b) The standards, limits, or conditions set by BCCNM or the employer require an order for a particular activity.
- c) The nurse does not have the authority to perform the activity autonomously.
- d) When a client or family member requests a specific intervention, even if it is not within the nurse's autonomous scope.
- e) If another nurse advises performing the activity without an order, as long as it seems routine.

Question**07/10**

Select all that apply. To decide if an activity is within their scope, a nurse should ask themselves:

- a) Is the activity within the legislated and professional scope of practice?
- b) Do BCCNM standards, limits, or conditions allow me to do this autonomously?
- c) Do my employer's policies permit this activity?
- d) Am I personally competent to perform this activity safely?
- e) Does this activity require a client-specific order according to legislation, standards, or employer policy?
- f) Is this activity something I find interesting or would like to try?
- g) Have I seen another nurse perform this activity successfully, even if I haven't been trained?

Question**08/10**

Which of the following is a key difference between restricted and non-restricted activities in nursing practice?

- a) Non-restricted activities are typically lower-risk and generally do not require an order.
- b) Restricted activities are always higher-risk and cannot be performed autonomously.
- c) Non-restricted activities are invasive and require adherence to strict organizational policies.
- d) Restricted activities generally require an order from a physician or authorized health professional.

*Question***09/10**

Which of the following is a key consideration when acting within your autonomous scope of practice?

- a) Relying solely on organizational policies for guidance
- b) Only performing non-restricted activities that require no additional education
- c) Acting based on personal judgment without consulting standards
- d) Ensuring the activity aligns with BCCNM standards, limits, and conditions

*Question***10/10**

What should a nurse consider regarding employer policies before acting within their autonomous scope of practice?

- a) Rely solely on BCCNM standards and ignore employer policies.
- b) Ensure the policy supports the activity being performed autonomously.
- c) Only follow employer policies if they are less restrictive than BCCNM standards.
- d) Disregard employer policies if they conflict with personal judgment.

Summary

This module provided a comprehensive understanding of the scope of practice in nursing, emphasizing the importance of the controls on practice, professional competence, and adherence to standards. Through various scenarios and lessons, it highlighted the critical elements that guide safe, competent, and ethical nursing care.

- **Understand scope of practice.** It defines the activities nurses are authorized to perform based on their training and designation.
- **Know the four controls on practice.** These include legislation, BCCNM standards, limits, and conditions, employer policies, and individual competence.
- **Differentiate restricted and non-restricted activities.** This distinction is vital for ensuring compliance and client safety.
- **Evaluate your competence.** Regularly assess your skills and knowledge before performing any nursing activity.
- **Follow established standards.** Adhere to BCCNM standards and organizational policies to maintain ethical practice.
- **Reflect on decision-making.** Use the four controls to guide your clinical reasoning and improve client outcomes.
- **Seek guidance when needed.** Consult BCCNM or other resources to clarify uncertainties in your practice.

Your thoughts, please!

To help us create resources that meet your needs, please complete the 2-minute survey below to let us know what you think. Your feedback will help us improve this and future resources we create for our learners.

Thanks in advance! [Take the survey](#)

Answer key

Pre-assessment page 3-4

What does “scope of practice” refer to?

- The list of activities assigned by your manager
- The hours you are expected to work
- The professional activities you are legally and ethically allowed to perform
- d)The policies of your workplace

Which of the following is an example of a restricted activity?

- Taking a client’s temperature
- Assisting with feeding
- Giving an intramuscular injection
- Providing emotional support

Which of the following best describes autonomous scope of practice?

- Following written protocols
- Providing care only after receiving an order
- Performing authorized activities independently using your nursing judgment
- Being told what to do by your supervisor

What should a nurse do FIRST if unsure whether they can perform an activity?

- Ask a coworker
- Perform the activity and clarify later
- Refer to the controls on practice
- Refuse to perform the activity

True or False: A nurse's individual scope of practice can never be broader than the legal scope of the profession.

- True
- False

Page 13

Which of the following best describes the role of individual nurse competence in the controls on practice?

- It is only relevant for newly graduated nurses with limited experience.
- It replaces the need for employer policies and training requirements.
- It determines whether a nurse can safely perform activities within the defined scope of practice.
- It allows nurses to expand their scope of practice beyond legal and organizational limits.

Can an organization's policies expand your scope of practice beyond what is allowed by nursing regulations and BCCNM?

- Yes, if approved by the employer
- Yes, but only under special circumstances
- No, but they can bypass BCCNM standards
- No, organizational policies cannot expand scope of practice

Page 19-20

What is the first step Sonya takes to determine if she can insert a new IV?

- She reviews the hospital's workplace policy.
- She checks if there is a client-specific order.
- She asks her colleague Linh for help.
- She reviews the nursing regulation to confirm if venipuncture is within her scope of practice.

Why is Sonya unable to insert the IV herself?

- She does not have a client-specific order.
- She does not meet BCCNM's condition of additional education required for IV insertion.
- The hospital policy does not allow LPNs to insert IVs.
- She is not confident in her ability to perform the procedure.

Page 27

What should Leo consider before acting autonomously to treat Raj's hypoglycemia?

- Legislation and regulations that permit autonomous practice.
- Standards, limits, and conditions set by BCCNM.
- Organizational policies on diabetes management.
- His own competence and experience in managing hypoglycemia.
- All the above

What must a nurse consider when practising within their autonomous scope of practice?

- Always seek approval from a senior nurse before making decisions
- Follow employer policies even if they conflict with BCCNM standards
- Practise within their level of competence and adhere to the controls on practice
- Only perform restricted activities that require an order

Page 30-31

Which of the following should Naomi do to ensure she's acting within her autonomous scope of practice? Select all that apply.

- Assess the client to ensure the situation is within her competence and consistent with her role and setting
- Determine whether a wound swab is an activity she is authorized and competent to perform
- Review the employer's policy and guidelines related to wound care
- Automatically proceed with the swab because she suspects infection
- Document her clinical decision-making process and rationale

If Naomi's assessment suggests a worsening infection and the employer does not authorize her to perform a wound swab or prescribe treatment, what should she do next?

- Wait until the client's next scheduled visit with the provider
- Refer the client to the emergency department
- Communicate her concerns to the authorized health professional and request an order
- Continue monitoring and document the change in symptoms

Page 32

Legislation and regulation	I must not perform a restricted activity unless I am authorized by regulation
Organizational policies	My employer requires me to complete additional training before inserting IVs
Legislation and regulation	I use informed consent processes as required under provincial law
BCCNM standard, limits, conditions	I follow the BCCNM Practice Standards for medication administration
Individual competence	I decline activities I'm not competent to perform, even though it's within scope
Legislation and regulation	I must comply with the Health Professions Act
Organizational policies	My unit policy requires two nurses to verify high-alert medications
BCCNM standard, limits, conditions	I follow BCCNM Professional Standards, even when working in a non-clinical role
Individual competence	I assess my knowledge, skills, and judgment before performing a new activity
Organizational policies	My employer requires annual CPR certification for all direct care staff

I've seen sutures done hundreds of times, and could probably do it, but I haven't completed the required wound care education to suture and I'm not competent. How should I respond?

- Refuse the doctor's request.
- Explain her scope of practice to Dr. Matthews.
- Suture the wound as requested.

Feedback: Yes! By explaining that I am not competent to suture the client's leg I advocate for both my client and my professional boundaries and I don't compromise nursing standards. This is my best option.

Page 34-36 Julia

What could happen if Julia decided to suture the wound despite not being competent? Select all that apply.

- She could compromise Daniel's safety
- She could face legal and professional consequences
- She would be expanding her scope of practice appropriately
- She could be disciplined by her regulatory body

What could be the consequences if Julia ignored her competence and sutured Daniel's wound? Select all that apply.

- Increased risk of wound infection for Daniel
- Faster healing and better cosmetic outcomes
- Legal and professional consequences for Julia
- Potential for excessive scarring and delayed recovery
- Strengthened trust in the health-care team

You are a nurse in a pediatric unit. A parent asks you to adjust the dosage of their child's medication because they believe the current dose is too high. You are familiar with the medication but are unsure about making dose adjustments. What is the best course of action?

- Adjust the medication dose as requested to meet the parent's concerns
- Explain to the parent that medication changes require a physician's order and that you will consult with them
- Tell the parent you are not allowed to discuss medication doses
- Ask a more experienced nurse to make the change for you

Page 38-41 Maya

Can I prescribe birth control, or do I need an order from an authorized health professional?

- a) You need a physician to assess and write the prescription.
- b) As a Certified Practice RN, you can initiate birth control autonomously using the appropriate DSTs.
- c) Only Nurse Practitioners can prescribe birth control in B.C.

Feedback: Certified Practice RNs can assess, diagnose, and prescribe for certain conditions under the RN regulation, using Certified Practice DSTs.

I've reviewed the standards and the DST. How should I proceed?

- a) As long as the client asks for birth control, you can prescribe it—no assessment or DST is needed.
- b) Follow the appropriate standards and DST and document your care.
- c) Give the client a prescription. Skip documentation since this is a routine visit.

Feedback: review BCCNM standards, limits, and conditions and follow the DST, and document my assessment, education, and the care plan.

What should I keep in mind about my employer's policies?

- a) You can do whatever you want, as long as you feel confident.
- b) The clinic policy allows you to prescribe only with a co-sign from a physician or NP
- c) The clinic supports autonomous RN (CP) prescribing using DSTs, with consultation if needed.

Feedback: My clinic supports Certified Practice RNs to work autonomously **within scope and policy**, with consultation available as needed.

What's my best approach now?

- a) You've done this a few times, so you can skip following the DST.
- b) You've done this before and are competent. Follow the DST, provide thorough teaching, and document your care.
- c) You're competent, but you still need to ask an NP or physician to verify your care and any prescriptions you give.

Feedback: My responsibility includes knowing my competence, what my scope of practice is, and practicing within those boundaries.

Maya is navigating her scope of practice as a Certified Practice RN. Which of the following controls should she apply to ensure she stays within her scope? Select all that apply.

- Personal preferences
- Peer opinions
- Legislation and regulation
- BCCNM standards, limits, and conditions
- Employer policy

Maya is faced with a situation where she is unsure if a specific activity falls within her scope of practice as a Certified Practice RN. Which control should she consult first to determine her scope?

- Employer policy
- BCCNM standards, limits, and conditions
- Legislation and regulation
- Individual competence

Match each scenario Maya might encounter as a Certified Practice RN with the appropriate control she should apply to navigate her scope of practice effectively.

Legislation and regulation	Maya needs to determine if a new procedure is legally permissible for Certified Practice RNs.
Organizational policies	Maya needs to confirm if her workplace allows Certified Practice RNs to perform a specific activity.
Individual competence	Maya is evaluating whether she has the necessary competence to perform a complex procedure.
BCCNM standard, limits, conditions	Maya is unsure if an activity has limits or conditions set for Certified Practice RNs.

Quiz:

01/10

Which of the following is true about the relationship between the four levels of control on practice?

- Each level can expand practice beyond what the previous level above allows
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- Individual nurse competence is the highest level and can override other levels

Question

02/10

If an activity is listed in my nursing regulation, I may perform it regardless of BCCNM standards, limits, and conditions and employer policies.

- True
- False





Question**03/10**

A nurse has completed the required education to perform a certain activity, and their employer allows it. However, the nurse doesn't feel confident or competent to perform it safely. What should they do?

- Perform the activity since it's allowed by regulation and their employer
- Perform it and then attend a refresher workshop on the activity
- Decline to perform the activity until they build their competence
- Perform it and learn as they go

Question**04/10**

Match the statement with the correct answer.

 Provides the legal framework for nurses, ensuring safe and ethical care	Level 1: Legislation & regulation
 Ensures nurses are responsible for their competence in performing any authorized activity	Level 4: Individual nurse competence
 Allows organizations to restrict but not expand a nurse's scope of practice	Level 3: Organizational policies
 Sets standards, limits, or conditions on activities authorized in the regulation	Level 2: BCCNM bylaws, standards, limits & conditions

Question**05/10**

Select all that apply. A nurse is working within their autonomous scope of practice when they:

- Perform activities they are educated, competent, and authorized to do under regulation and standards.
- Make independent decisions about client care within these boundaries, without needing direction from another health professional.
- Assume accountability and responsibility for decisions they make and activities they perform.
- Carry out activities outside their scope if the health-care team is short-staffed or in a crisis situation.
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Question**06/10**

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- The nurse does not have the authority to perform the activity autonomously.
- When a client or family member requests a specific intervention, even if it is not within the nurse's autonomous scope.
- If another nurse advises performing the activity without an order, as long as it seems routine.

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Select all that apply. To decide if an activity is within their scope, a nurse should ask themselves:

- Is the activity within the legislated and professional scope of practice?
- Do BCCNM standards, limits, or conditions allow me to do this autonomously?
- Do my employer's policies permit this activity?
- Am I personally competent to perform this activity safely?
- Does this activity require a client-specific order according to legislation, standards, or employer policy?
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- Have I seen another nurse perform this activity successfully, even if I haven't been trained?

*Question***08/10**

Which of the following is a key difference between restricted and non-restricted activities in nursing practice?

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- Restricted activities generally require an order from a physician or authorized health professional.

Question**09/10**

Which of the following is a key consideration when acting within your autonomous scope of practice?

- Relying solely on organizational policies for guidance
- Only performing non-restricted activities that require no additional education
- Acting based on personal judgment without consulting standards
- Ensuring the activity aligns with BCCNM standards, limits, and conditions

Question**10/10**

What should a nurse consider regarding employer policies before acting within their autonomous scope of practice?

- Rely solely on BCCNM standards and ignore employer policies.
- Ensure the policy supports the activity being performed autonomously.
- Only follow employer policies if they are less restrictive than BCCNM standards.
- Disregard employer policies if they conflict with personal judgment.

Thank you for completing this module! Want to learn more? Check out one of the other modules in the Scope of Practice Learning Series.

Certificate of completion

If you want a certificate of completion, fill in your name and the date in the certificate below and click "PRINT".



CERTIFICATE OF COMPLETION

**Knowing Your Scope: Navigating the
Controls on Practice**
Scope of Practice Learning Series

presented to

Date completed

*Thank you for completing this learning module.
Please continue to apply this knowledge
to your nursing practice.*

