Nurse practitioners (NPs) provide a comprehensive range of essential health services in a variety of healthcare settings in collaboration with clients and other healthcare providers. As autonomous healthcare providers, NPs are fully accountable for their own professional practice. To practice in Nova Scotia, NPs must hold a current active practising NP licence with the College of Registered Nurses of Nova Scotia (CRNNS) and have a collaborative practice relationship with at least one licensed physician who has agreed to be available for client consultations. CRNNS does not require NPs to submit the name(s) of their collaborating physician(s). The collaborative practice relationship does not prevent the NP from being the primary provider for their own list of clients or providing care for other physicians’ clients; including accepting referrals and consulting with other physicians or providing client care without a physician on site.

Nurse practitioners are required by legislation (RN Act, 2006; RN Regulations, 2009) to notify CRNNS when they have changed their client population or practice setting (see Appendix). NPs must complete and submit a Population & Setting Verification (PSV) form to CRNNS.

What is collaborative practice?

In Nova Scotia, the RN Act (2006) defines collaborative practice as a working relationship among a nurse practitioner, a physician or group of physicians, an employing organization, and other health professionals. Collaborative practice enables healthcare providers to work together to use their separate and shared knowledge and skills to provide optimal client-centred care.

Principles for Collaborative Practice Teams

A collaborative practice team considers the client population, the context of practice, and the responsibilities and accountabilities of team members. The following principles guide collaborative practice teams (CRNNS, 2014; Coniglio, 2013; Johnson, 2013; Canadian Interprofessional Health Collaborative, 2010):

1. Effective interprofessional collaboration supports high-quality client-centred care based upon a shared vision, values, goals and decision making;

2. Team members practise in accordance with their ethical, legislative, and professional standards;

3. All health professionals should be educated to deliver client-centred care as members of an interdisciplinary team;

4. Team members must understand their complementary roles that reflect their level of responsibility, accountability and scope of practice;

5. Team cohesion is supported through the sharing of information and mutual respect for each team member’s knowledge, skills, abilities and judgment in their contributions to client-centred care;

6. Trust and flexibility must exist among team members when taking accountability for client-care decisions;

7. Team members consult and collaborate appropriately when clients’ needs are beyond their scope of practice;

8. Collaboration among team members can occur in person or electronically (e.g. telephone, e-mail, telehealth, electronic health records, etc.);

9. Effective teams maintain their continuing competence, use appropriate information technology and implement evidence-informed practice and quality improvement initiatives;
10. Teams identify situations that could lead to conflict (e.g. role overload, role ambiguity, goal differences, etc.) and create a safe environment and strategies for conflict management;

11. Teams consider issues of resource allocation and cost-effectiveness of healthcare decisions in accordance with federal and provincial policy and legislation; and

12. Teams review their functions, roles and responsibilities at least once a year or anytime team members change, the client population/setting changes, new delivery models are implemented, or major changes are made to policy or legislation.

References


NPs must notify CRNNS when there are any changes to their client population or practice setting. Please complete all sections that apply. The form must be submitted prior to any change taking place.

<table>
<thead>
<tr>
<th>First Name</th>
<th>PLEASE PRINT CLEARLY</th>
<th>Last Name</th>
<th>CRNNS Licence Number</th>
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</thead>
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**CURRENT COLLABORATIVE PRACTICE**

Clinic Name

Clinic Street Address | Town/City | Postal Code

Work Telephone Number | Email

Type of practice setting:

| Primary Care | Acute Care | Long Term Care | Other-specify: |

- This is my primary practice site.

Indicate the reason for submitting the verification form (please select all that apply and complete the appropriate sections):

- Initiating a new collaborative practice – complete Section 1
- Adding a client population – complete Section 2
- Changing my client population – complete Section 3
- Adding an additional practice setting – complete Section 4
- Leaving or closing collaborative practice – complete Section 5

- I do not currently have a collaborative practice.

**SECTION 1: INITIATING A NEW COLLABORATIVE PRACTICE**

Clinic Name

Clinic Street Address | Town/City | Postal Code

Work Telephone Number | Email

- Date new collaborative practice will start

- This is my primary practice site.

---

1 NPs must have access to at least one physician who has agreed to be available for client care.

2 Primary site refers to the clinic site where the NP is employed the majority of the time and is selected at the discretion of the NP.
### SECTION 2: ADDING A CLIENT POPULATION

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<tr>
<th></th>
<th>Adult</th>
<th>Family/All Ages</th>
<th>Neonate</th>
<th>Child</th>
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<tbody>
<tr>
<td>Current Client Population</td>
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<td>New Client Population</td>
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<td>Date client population will change</td>
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### SECTION 3: CHANGING MY CLIENT POPULATION

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<th>Adult</th>
<th>Family/All Ages</th>
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<td>New Client Population</td>
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<td>Date new population will be added</td>
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### SECTION 4: ADDING AN ADDITIONAL PRACTICE SETTING

- **Clinic Name**
- **Clinic Street Address**
- **Town/City**
- **Postal Code**
- **Work Telephone Number**
- **Email**

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<th>Acute Care</th>
<th>Long Term Care</th>
<th>Other-specify:</th>
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- This is my primary practice site.

### SECTION 5: LEAVING OR CLOSING COLLABORATIVE PRACTICE

- **Clinic Name**
- **Clinic Street Address**
- **Town/City**
- **Postal Code**
- **Work Telephone Number**
- **Email**

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<tbody>
<tr>
<td>Date closing collaborative practice</td>
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- This is my primary practice site.
I verify that I have established a collaborative practice relationship with a physician(s) and all information on this form is true to the best of my knowledge. I agree to have my name, licence number and work contact information posted on the CRNNS website.

Please return completed form to:
College of Registered Nurses of Nova Scotia
Email: practice@crnns.ca   Fax 902.423.8589