

**CAPNM**  
**Standards of practice 2021**  
**Self assessment tool**

All Parish Nurses are to participate in reflective practice activities and critical thinking as part of their professional practice. This self assessment tool is provided to assist Parish Nurses in this activity. This tool is to assist Parish Nurses in thinking about the CAPNM standards of practice. The tool is for their own professional growth and development and is not intended to be shared with employers or coworkers. It is intended for individual and confidential reflection. The outcome should be a learning plan for personal contemplation and implementation. There may be a need for support and financial assistance to implement these plans; however, this may be another outcome.

**1) Novice:**

- follows rules
- has an initial beginning understanding of Parish Nurse role / is a consumer of information
- has limited ability to forecast future needs

**2) Advanced beginner / New Parish nurse graduate:**

- begins to put information into context but may have difficulties in picking up subtleties
- can recognize relevant information for specific situations however coaching is still required
- may look to family or clients to fill-in expectations of them in this new role
- recently studied Parish Nursing principles and practices related to the Parish Nursing role are put into practice

**3) Competence / 1-2 years experience (highly variable):**

- stress is usually situational versus generalized stress
- feelings of exhilaration and remorse are more appropriate to given situation
- lived experiences have value and confusion/questioning in clinical situations are taken into consideration
- may have feelings of being hyper-responsible

**4) Proficiency:**

- has a practical grasp of the clinical picture – one's skilled emotional responsiveness guides perceptual acuity
- feels increasingly 'at home' in most situations
- has an intuitive perspective but must still decide consciously how to best respond

**5) Expertise:**

- "what must be done, simply is done" - no thought is needed
- integration of grasp of situation with his or her response
- the Parish Nurse comes up with multiple, creative, sensible, practical, appropriate possibilities to the situation
- intuitive links are developed between seeing and responding to situations

**6) Mastery:**

- gaining new ways to expand and learn new insights, knowledge, proficiencies or effective ways to complete tasks – even to the point of own's comfort

## STANDARDS OF PRACTICE: Parish Nursing ministry

### Assessment Sheets

Standard	Mastery	Expertise	Proficiency	Competency	Advanced Beginner	Novice	N/A
<b>Standard #1: Professional Practice and Accountability</b> <i>The Parish Nurse upholds the attributes of the profession through an ongoing commitment to responsible and accountable parish nursing practice. Each parish nurse is accountable to the individuals, families, and the faith community they serve. They are responsible for the quality and impact of the care provided, and for maintaining professional practice and continuing education.</i>							
1.1 Maintains current registration that meets national and provincial regulatory requirements							
1.2 Adheres to the nursing standards of practice in the jurisdiction of registration and CAPNM Standards for Practice (2015)							
1.3 Upholds ethical standards and values as stated in the Canadian Nurses Association Code of Ethics, 2008							
1.4 Assumes primary responsibility for maintaining his / her own fitness to practice							
1.5 Maintains appropriate therapeutic boundaries in nurse / client relationships							
1.6 Maintains the security and confidentiality of personal and health information and “safeguards personal, family and community information obtained in the							

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context of a professional relationship.” (CNA Code of Ethics, 2008)							
1.7 Actively identifies learning needs and seeks opportunities to enhance parish nursing knowledge							
1.8 Demonstrates ongoing competence through life-long learning, reflective practice and integrating new knowledge into parish nursing practice (CNA 2004)							
1.9 Supports the advancement of Parish Nursing by maintaining active participation in nursing organizations and parish nursing networks							
1.10 Documents nursing assessments, interventions and plans of care							
1.11 Systematically evaluates the quality and effectiveness of his/her parish nursing practice using reflection, peer evaluation, mentorship, and/or feedback to implement changes							

**Standard #1: Professional Practice and Accountability**

**Self Reflection:**

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Standard	Mastery	Expertise	Proficiency	Competency	Advanced Beginner	Novice	N/A
<p><b>Standard #2: Wholistic Nursing Care and Health Promotion</b>  <i>Each parish nurse views the individual as a unified whole of body, mind and spirit and considers spiritual care as central to the practice of parish nursing. In pursuing optimal health, the parish nurse recognizes that faith and health are clearly linked, and that psychosocial and spiritual care are integral to promoting wholistic wellness. The parish nurse utilizes specific nursing strategies for promoting health with individuals, groups, families, the faith community, and the larger community.</i></p>							
<p>2.1 Provides nursing care, health education, and health promotion which emphasize a focus on wholistic health and well-being</p>							
<p>2.2 Facilitates an interdisciplinary process with spiritual / pastoral care leaders and other professionals to achieve wholistic assessment and care</p>							
<p>2.3 Considers the determinants of health and their implications on health and well-being; provides culturally sensitive care that integrates these individual factors</p>							
<p>2.4 Plans and implements programs and interventions that address identified needs within the faith community</p>							
<p>2.5 Identifies and seeks to address the primary causes, symptoms and complications of illness and disease, suffering and spiritual distress</p>							

2.6 Collaborates with individuals, groups, families, and the faith community to engage them in taking responsibility for maintaining and improving their health							
2.7 Assists individuals, groups, families, and the faith community to identify strengths and develop coping responses across the life span and along the continuum of health and well-being							

**Standard #2: Wholistic Nursing Care and Health Promotion**

**Self Reflection:**

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<b>Standard</b>	<b>Mastery</b>	<b>Expertise</b>	<b>Proficiency</b>	<b>Competency</b>	<b>Advanced Beginner</b>	<b>Novice</b>	<b>N/A</b>
<b>Standard #3: Facilitation of Spiritual Care</b> <i>Each parish nurse associates spiritual beliefs and practices with all aspects of an individual's life and health. The parish nurse uses specific nursing interventions to provide spiritual care.</i>							
3.1 Engages in personal spiritual growth and development							
3.2 Demonstrates respect for colleagues and individuals in his / her care							
3.3 Conducts spiritual assessments to identify spiritual needs and determine appropriate interventions, including referral to clergy when indicated							
3.4 Assists individuals to clarify and express their spiritual values, beliefs, emotions, fears, and hopes							
3.5 Provides spiritual care that reflects the faith community's theological beliefs, values, and traditions							
3.6 Is sensitive and respectful of the diversity of faith traditions, understandings of spirituality, and religious and cultural beliefs							
3.7 Integrates spiritual and healing practices, as acceptable to the individual and the faith community. Encourages and nurtures those practices which support health, healing, and wholeness, and from which strengthened hope may be derived							
3.8 Consciously upholds hopefulness, vision, meaning and purpose in the lives of individuals, families, and the faith community							

3.9 Facilitates the therapeutic relationship through presence, active listening skills, empathy, and trust							
3.10 Supports the community of care through life transitions and challenges							

**Standard #3: Facilitation of Spiritual Care**

**Self Reflection:**

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Standard	Mastery	Expertise	Proficiency	Competency	Advanced Beginner	Novice	N/A
<b>Standard #4: Communication and Collaboration</b> <i>Parish Nurses communicate and collaborate within the structure and administration of the faith community to strengthen the capacity for health, healing, and wholeness. Parish nurses create collaborative relationships and partnerships that connect individuals and foster healthy communication.</i>							
4.1 Identifies the strengths and resources of the community of care							
4.2 Establishes and maintains lines of communication							
4.3 Works within the polity, structure, and values of the faith community to identify needs, perspectives, and expectations for accomplishing individual and community goals							
4.4 Collaborates with clergy, pastoral care teams, committees, volunteers, and other health care providers to determine effective ways to meet identified needs							
4.5 Establishes community links which enhance access to health resources and agencies							
4.6 Collaborates with individuals and families to make referrals to health system, social services, and community resources (internal and external)							

4.7 Considers the readiness and values of the individual or family and receives consent to make referrals and share information							
4.8 Incorporates group facilitation, effective communication and leadership skills in consultation, assessment, planning and evaluation							
4.9 Recognizes and validates the contributions, gifts and roles of all staff and volunteers of the faith community							

**Standard #4: Communication and Collaboration**

**Self Reflection:**

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Standard	Mastery	Expertise	Proficiency	Competency	Advanced Beginner	Novice	N/A
<b>Standard #5: Advocacy and Ethics</b> <i>Maintaining respect for ethnic, cultural, and sexual diversity and individual choice, values and beliefs, the Parish Nurse supports and assists with access to relevant information, resources, health system and social services. Treating all persons with respect and dignity, the Parish Nurse identifies vulnerable persons and / or populations and advocates for systemic and social change that increases community responsiveness.</i>							
5.1 Facilitates the identification of health issues, assets, strengths, limitations, and resources for individuals, groups, populations, and the community							
5.2 Seeks out knowledge of community agencies and services, and acts as a referral agent / liaison to system resources							
5.3 Actively invites and supports others to identify their health needs and develop skills in self-advocacy; assists others in speaking for themselves and speaks appropriately for those who cannot speak for themselves (see CNA Code of Ethics, definition of Advocacy)							
5.4 Collaborates with the community / community agencies to address health and social justice issues and to advocate for appropriate resource allocation and access to health and social services							

5.5 Supports workplace wellness within the ministry team / staff, and promotes a safe, healthy, and healing environment whenever the faith community gathers							
5.6 Partners with others in the faith community to increase the capacity for ministries of care							
5.7 Advocates for Parish Nursing and Parish Nursing Education							
5.8 Becomes involved in issues that affected changes in health policy							
5.9 Identifies ethical and personal values, communicating effectively to resolve ethical issues in a timely and professional manner							

**Standard #5: Advocacy and Ethics**

**Self Reflection:**

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<b>Standard</b>	<b>Mastery</b>	<b>Expertise</b>	<b>Proficiency</b>	<b>Competency</b>	<b>Advanced Beginner</b>	<b>Novice</b>	<b>N/A</b>
<b>Standard #6: Research and Evidence-Informed practice</b> <i>The Parish Nurse participates in and / or supports research activities that will strengthen and validate parish nursing practice. Within the context and preferences of the faith community, the Parish Nurse will integrate evidence-informed knowledge into his / her practice.</i>							
6.1 Identifies knowledge gaps in parish nursing practice and generates researchable questions							
6.2 Participates in and / or conducts research within the scope of practice							
6.3 Promotes the use of evidence-informed parish nursing knowledge							
6.4 Evaluates and incorporates relevant research findings and best practice guidelines into parish nursing practice							

**Standard #6: Research and Evidence-Informed practice**

**Self Reflection:**

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**Assessment Summary Sheet**

**Directions:** total the score from all 6 of the standards assessments you have completed. Allow a 1-point value of for each identifier. Use the sum of the “mastery”, “expertise”, plus “proficiency” scores as your personal strengths and the sum of the “competency”, “advanced beginner”, plus “novice” scores as your learning opportunities. Calculate the ratio of strengths versus learning opportunities by comparing your personal strengths total to the learning opportunities total. The ratio helps you identify areas for personal growth and development.

Standards	Personal Strengths	Learning Opportunities	Results	Corrections
	Mastery + Expertise + Proficiency	Competency + Advanced Beginner + Novice	Ratio	Reduce the ratio to the lowest denominator (i.e., 10:30 = 1:3)
	<b>Score:</b>	<b>Score:</b>		
<b>Standard 1:</b> Professional Practice and Accountability			_____ : _____	
<b>Standard 2:</b> Wholistic Nursing Care and Health Promotion			_____ : _____	
<b>Standard 3:</b> Facilitation of Spiritual Care			_____ : _____	
<b>Standard 4:</b> Communication and Collaboration			_____ : _____	
<b>Standard 5:</b> Advocacy and Ethics			_____ : _____	
<b>Standard 6:</b> Research and Evidence-Informed practice			_____ : _____	

If 2 groups are similarly weighted with learning opportunities, ask yourself these questions:

1. How many refining skills are there versus developing skills?
2. Which skill group is most important given my current role?
3. Which learning opportunities are most important given my current role?

**My learning plan for:** \_\_\_\_\_ **(practice year)**

I will focus on CAPNM standard of practice \_\_\_\_\_

My goal(s) for this year is/are: (SMART goal)

**Specifically, I will:**

**I will measure it by:**

I know this is both **Achievable** and **Realistic**

I will achieve this by (date): \_\_\_\_\_ **(time sensitive)**

## **Glossary of Terms**

**Advocacy:** Refers to the act of supporting or recommending a cause or course of action, undertaken on behalf of persons or issues. It is related to the need to improve systems and societal structures to create greater equity and better health for all. Nurses endeavour, individually and collectively, to advocate for and work toward eliminating social inequities. (see CNA Code of Ethics 2017 ).

**Best Practice Guidelines (BPG):** also called ‘clinical practice guidelines’ and are formally defined as: “user-friendly statements that bring together the best external evidence and other knowledge necessary for decision-making about a specific health problem” (Sackett et al., 1997). A BPG represents a review of a large body of research findings and recommends the most current and evidence-based information about an issue of concern to nursing. (RNAO)

**Client:** The person or client who is the beneficiary of care from an RN may be an individual, but the client may also be a family, group, community, or population (CNA 2007).

**Collaboration:** building consensus and working together on common goals, processes, and outcomes (RNAO, 2006).

the ability to recognize and be aware of the suffering and vulnerability of another, coupled with a commitment to respond with competence, knowledge, and skill.

**Community of care:** refers to whomever the nurse is working with whether individual, family, group, community, congregation/faith community, etc. This term is intended to reflect the diverse nature of the work and settings for parish nurses.

**Competency:** the integrated knowledge, skills, judgment, and attributes required of a nurse to practice safely and ethically in at designated role and setting. (Attributes include, but are not limited to, attitudes, values, and beliefs.)

**Confidentiality:** the ethical obligation to keep someone's personal and private information secret or private.

**Determinants of Health:** these include income and social status, social support, education and literacy, employment and working conditions, physical and social environments, biology, genetic endowment, personal health practices and coping skills, healthy child development, health services, gender, and culture (Public Health Agency of Canada, 2003).

**Diversity:** the variation between people in terms of a range of factors; the quality or state of having many different forms, such as national origin, color, religion, socioeconomic status, sexual orientation, etc.

**Evidence-informed nursing / practice:** “the ongoing process that incorporates evidence from research, clinical expertise, client preferences and other available resources to make nursing decisions about clients. Decision-making in nursing practice is influenced by evidence and by individual values, client choice, theories, clinical judgment, ethics, legislation, regulation, health-care resources and practice environments.” At the community level, evidence-informed public health is defined as “the process of integrating science-based interventions with community preferences to improve the health of populations. The concept of evidence-informed decision-making builds on evidence-based health care. It acknowledges the many factors beyond evidence – for example, available resources or cultural and religious norms – that influence decision-making.” (CNA, 2010)

**Fitness to Practice:** All the qualities and capabilities of an individual relevant to his or her capacity to practise as a registered nurse, including, but not limited to, freedom from any cognitive, physical, psychological, or emotional condition and dependence on alcohol or drugs that impairs his or her ability to practise nursing (CRNBC, 2008; CRNNS, 2017).

**Health:** a state of complete physical, mental (spiritual) and social well-being, not merely the absence of disease or illness (CNA, 2015c; World Health Organization [WHO], 2006).

**Health-care providers:** all those who are involved in providing care; they may include professionals, personal care attendants, home support workers and others (CNA, 1994).

**Health Promotion:** a continuing process of enabling people to increase their control over and improve their health and well-being.

the process of giving permission or making choices about care. It is based on both a legal doctrine and an ethical principle of respect for an individual's right to sufficient information to make decisions about care, treatment, and involvement in research.

**Life Transitions:** includes the full spectrum and variety of human experiences that may result in change, coping and adjustment – some of these experiences include life stage adjustments, grief, loss, changes in mobility or health status, acute or chronic illness, life-changing diagnosis, death, suffering, crisis, etc.

**Lines of Communication:** the role of the parish nurse encompasses establishing communication within the structure of the faith community, including with clergy, pastoral care teams, health cabinet / health committee, health professionals and volunteers to name a few; lines of communication are not limited to the faith community and may include establishing communication with the healthcare system and social services and with community agencies.

**Nursing Interventions in Parish Nursing:** Nursing care / specific strategies or programs designed to meet the identified needs of an individual, a family, a group, or the community; some examples include referral, advocacy, prevention, health education, support group

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facilitation, promotion, and support of self-care activities, monitoring of health status, spiritual care, facilitation of spiritual practices, and spiritual or health counselling.

**Presence:** Bringing one's whole self to the engagement with the client and being fully in the moment with another on a multitude of levels, physically, emotionally, cognitively, and spiritually. In Parish Nursing this may include active listening, silence, compassionate responses, empathy, walking alongside another, being witness to and / or participating in their life journey and transitions.

**Self reflection:** the ability to evaluate one's own thoughts, plans and actions in relation to responsibilities, standards, and guidelines.

**Social determinants of health:** "the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources as global, national and local levels, which are themselves influenced by policy choices" (WHO, 2017, para 1)

**Spiritual Assessment:** The process of gathering and organizing spiritually based data / information (such as beliefs, values, traditions, resources, spiritual practices, and spiritual needs) to provide the basis for interventions and spiritual care.

**Spiritual Practices:** Actions & activities undertaken for the purpose of cultivating spiritual growth & development and / or supporting the person or community in worship and at times of crisis or transition; practices from which strength & hope may be derived. Examples include prayer, rituals & symbols, sacred music, visitation, meditation, contemplative practices, reading scripture or spiritual books, compassionate touch, and sacraments.

**Spiritual suffering/distress (and Risk for Spiritual Distress):** Recognized nursing diagnoses as per North American Nursing Diagnosis Association (NANDA); disruption in the life principle that pervades the whole being of a person and that integrates and transcends biologic and psychosocial nature. Related factors include the separation of religious and cultural ties and the challenge of beliefs and value systems. Spiritual distress may be seen in such behavior as anger at God, search for spiritual help, self incrimination, considering disease as a punishment, expressions of concern about the meaning of life, etc.

**Wholistic:** Refers to the whole, a whole item or whole body of a person or thing; considers the entire structure or makeup, which includes body, mind, and spirit. Wholistic nursing focuses on the mind, body and spirit working together as a whole and how spiritual awareness in nursing can help heal illness.

**References:**

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