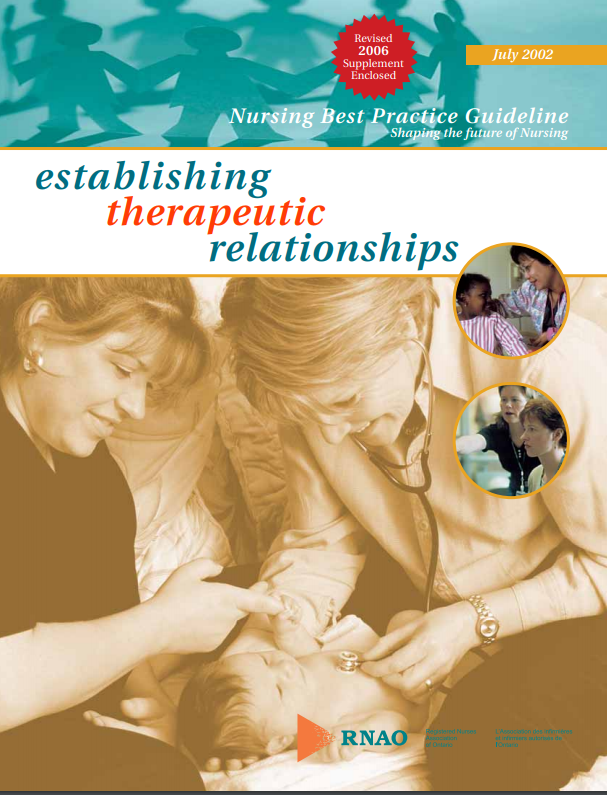
**RNAO_Logo_H_CMYK.tif**

**Gap Analysis:**

***Establishing therapeutic Relationships July 2002 revised 2006***

**Work Sheet**

This guideline can be downloaded for free at:

<https://rnao.ca/sites/rnao-ca/files/Establishing_Therapeutic_Relationships.pdf>

The RNAO Leading Change Toolkit 3rd Edition

<https://rnao.ca/leading-change-toolkit>

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| --- | --- | --- | --- | --- |
| Date Completed: | |  | | |
|  | | | | |
| Team Members participating in the Gap Analysis: | | | | |
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**Completion of this gap analysis allows for the annual comparison of your current practice to evidence-based practices as regulated by the MOHLTC per Fixing Long-Term Care Act, 2021 at** [**https://www.ontario.ca/laws/statute/21f39**](https://www.ontario.ca/laws/statute/21f39) & [**O. Reg. 246/22: GENERAL (ontario.ca)**](https://www.ontario.ca/laws/regulation/r22246)

| **RNAO Healthy Work Environment Best Practice Guideline Recommendations** | Met | Partially Met | Unmet | Notes  (Examples of what to include: is this a priority to our home, information on current practice, possible overlap with other programs or partners) |
| --- | --- | --- | --- | --- |
| **Recommendations** | | | | |
| 1.The nurse must acquire the necessary knowledge to participate effectively in therapeutic relationships. |  |  |  |  |
| 2.Establishment of a therapeutic relationship requires reflective practice. This concept includes the required capacities of: selfawareness, self-knowledge, empathy, awareness of boundaries and limits of the professional role. |  |  |  |  |
| 3.The nurse needs to understand the process of a therapeutic relationship and be able to recognize the current phase of his/her relationship with the client. |  |  |  |  |
| 4.All entry-level nursing programs must include in-depth learning about the therapeutic process, including both theoretical content and supervised practice. |  |  |  |  |
| 5.Organizations will consider the therapeutic relationship as the basis of nursing practice and, over time, will integrate a variety of professional development opportunities to support nurses in effectively developing these relationships. Opportunities must include nursing consultation, clinical supervision and coaching |  |  |  |  |
| 6.Health care agencies will implement a model of care that promotes consistency of the nurse-client assignment, such as primary nursing. |  |  |  |  |
| 7.Agencies will ensure that at minimum, 70 per cent of their nurses are working on a permanent, full-time basis. |  |  |  |  |
| 8.Agencies will ensure that nurses’ workload is maintained at levels conducive to developing therapeutic relationships. |  |  |  |  |
| 9.Staffing decisions must consider client acuity, complexity level, complexity of work environment, and the availability of expert resources. |  |  |  |  |
| 10.Organizations will consider the nurse’s well-being as vital to the development of therapeutic nurse-client relationships and support the nurse as necessary. |  |  |  |  |
| 11.Organizations will assist in advancing knowledge about therapeutic relationships by disseminating nursing research, supporting the nurse in using these findings, and supporting his/her participation in the research process |  |  |  |  |
| 12.Agencies will have a highly visible nursing leadership that establishes and maintains mechanisms to promote open conversation between nurses and all levels of management, including senior management |  |  |  |  |
| 13.Resources must be allocated to support clinical supervision and coaching processes to ensure that all nurses have clinical supervision and coaching on a regular basis. |  |  |  |  |
| 14.Organizations are encouraged to include the development of nursing best practice guidelines in their annual review of performance indicators/quality improvement, and accreditation bodies are also encouraged to incorporate nursing best practice guidelines into their standards |  |  |  |  |