List of Appendices

Appendix 1.
Working Group Members

Name	Province	Association
Paul Boudreau	PE	ARNPEI
Donna Cooke	SK	SRNA
Teri Crawford	NS	CRNNS
Suzanne Durand	QC	OIIQ
Debra Elias	MB	MRNA
Lynda Finley	NB	NANB
Donna Harpell Hogg	AB	CARNA
Rosanne Jabbour	ON	CNO
Odette Comeau Lavoie	NB	NANB
Carrie Huffman	YT	YRNA
Judith Leprohon	QC	OIIQ
Bev McIsaac	NL	ARNNL
Lynn Miller	NS	CRNNS
Michelle Osmond	NL	ARNNL
Christine Penney	BC	CRNBC
Donna Stanley-Young	NT/NU	RNANT/NU
Carolyn Trumper	AB	CARNA
Suzanne Wowchuk	MB	MRNA

Appendix 2.
Research Advisory Committee Members and Terms of Reference

Dr. Faith Donald, PhD, NP-PHC
Associate Professor, Ryerson University
Daphne Cockwell School of Nursing
Toronto, Ontario

Dr. Kathleen Hunter PhD, RN, NP, GNC (C), NCA
NP, Specialized Geriatric Services, Glenrose Hospital
Associate Professor, University of Alberta
Edmonton, Alberta

Dr Kelley Kilpatrick, PhD, RN
Assistant Professor, Université de Montréal
Montreal QC

Dr. Ruth Martin Misener, PhD, NP
Associate Professor, Dalhousie University
Dalhousie School of Nursing
Halifax, Nova Scotia

Dr. Mary McAllister, RN (EC), PhD
Associate Chief, Nursing Practice
The Hospital for Sick Children
Toronto, ON

Dr. Esther Sangster-Gormley, PhD, RN
Associate Professor, University of Victoria
School of Nursing
Victoria, British Columbia

Research Advisory Committee (RAC)
Terms of Reference

Mandate and Objectives
The purpose of this committee is to provide research expertise for the NP Practice Analysis
Working Group and the vendor hired to complete the NP Practice Analysis. Specific objectives
include:
1. To advise and provide recommendations on Canadian and international NP research
   relevant to the Canadian context.
2. To develop, revise, and review competencies and behavioural indicators for entry-
   level NPs.
3. To review and comment on the content of the surveys prior to distribution.
4. To review NP Practice Analysis results post-distribution.
5. To advise on best methods of assessing specific types of knowledge, skills and
   abilities of entry-level NPs.

Membership
The Research Advisory Committee (RAC) is comprised of six researchers and three members of
the CCRNR NP Practice Analysis Working Group. The members of the NP Practice Analysis
Working Group will provide continuity with the project as a whole. Individuals, whose names
have been forwarded by the nursing regulators in Canada for membership in RAC, will be
selected using the following criteria:

- expertise in the NP scope of practice, competencies and various contexts of practice,
- current experience conducting NP research
- current knowledge of and experience with diverse research methodologies
- membership within the faculty of a university NP program
- experience with diverse examination methodologies

RAC research members will be representative of the following regions in Canada:
- Western Canada – 2
- Central Canada – 2
- Eastern Canada – 2

Meetings

Meetings will be held in person and virtually periodically during the course of the study. In between meetings correspondence and advice will be provided by email.

RAC Term of Appointment:

The term of appointment to the RAC is 15 months.

Facilitation:

The RAC meetings will be facilitated by Professional Examination Service staff.

Decision-making:

Decision-making regarding RAC recommendations will be by consensus. All RAC members will be required to provide feedback or complete project work in advance of meetings they cannot attend. RAC members cannot designate any other person to represent them at meetings they cannot attend.

Confidentiality:

RAC members will comply with confidentiality requirements and will sign confidentiality agreements.

Expenses:

Travel, accommodation, and per diem expenses will be reimbursed as per CCRNR policy.

Appendix 3.
Focus Panels: Outreach, Subject Matter Expert Participants, and Terms of Reference

Call for NP Volunteers for Canadian Nurse Practitioner Practice Analysis

April, 2014

The Canadian Council of Registered Nurse Regulators (CCRNR) is seeking nurse practitioners (NPs) from diverse practice settings and geographical regions across Canada to assist in the development of the NP Practice Analysis. NPs can participate by volunteering to be a member of one of three Subject Matter Expert Panels or by pilot testing the survey tool. NP participation in both roles is key in creating an accurate and valid survey tool.

Subject Matter Expert Panel Volunteers

Three Subject Matter Expert panels will provide clinical expertise to the NP Practice Analysis Working Group, Research Advisory Committee, and ProExam (the vendor conducting the survey) in the development of the survey tool.

Each panel will consist of eight NPs who are active practicing clinicians within three streams of practice (Family/All Ages, Pediatrics or Adult). Panel members will be required to attend a 1½ day face-to-face meeting in either July or August, 2014 (meeting dates are confirmed as below). Travel expenses will be reimbursed. Dates and locations for the three SME panels are:

Panel	Date	Location
Adult	July 10 – 11, 2014	Edmonton
Pediatric	July 21 – 22, 2014	Toronto
Family/All Ages	August 11 – 12, 2014	Halifax

Panel members will also be required to participate in a minimum of one follow-up virtual meeting. Please note that proficiency in written and spoken English is required for participation on the SME panels.

Survey Pilot Test Volunteers
In October 2014, three groups of 10 NPs from each practice stream will participate in the pilot test of the web-based NP Practice Analysis survey (which will take approximately two hours). Feedback from the pilot test of the survey will be used to finalize the survey tool.

The pilot testing will be conducted in both English and French.

Expression of Interest and Application Process
If you wish to volunteer for one of the SME panels or to participate in the pilot test, please email (name and jurisdictional contact information) by April 28, 2014 with your expression of interest. JURISDICTION NAME will forward the names and email addresses of interested NPs to CCRNR, who will then contact applicants by email and provide a link to ProExam's online application form.

Please provide the following information in your expression of interest:

- Name
- Registration/licensure number
- Email address
- Stream of practice
- Volunteer Role of Interest (Panel, Test Pilot, both)

Applicants will be notified of the role for which they have been selected by May 31, 2014.

The NP Practice Analysis will provide a comprehensive description of NP practice in Canada. This analysis will inform future decisions about NP licensure examinations. For more information on the NP Practice Analysis, please visit the CCRNR website.

Adult Subject Matter Expert Panel

Name	City, Province	Geographic	NP Experience	Area of Practice	Clinical % of Practice
Michelle Bech	Vancouver, BC	Urban	9 years	Hospital-Inpatient-Geriatric	95%
Cynthia Kettle	St. John's, NF	Urban/ Remote	3 years	Hospital-Inpatient Travelling Vascular Clinics to First Nations Communities Vascular Surgery	75%
Marilyn Oishi	Edson, AB	Rural	13 years	Hospital-Inpatient Home Care LTC Family Practice Office	80%
Shannon McNamara	Montreal, QC	Urban	8 years	Hospital – Inpatient Cardiology	85%
Barbara Currie	Halifax, NS	Urban	8 years	Ambulatory Clinic Inflammatory Bowel Disease	80%
Mary Dimeo	Toronto, ON	Urban	10 years	Hospital Emergency Department	80%
Veronique Belec	St. Jerome, QC		3 years	Hospital – Inpatient Nephrology	95%
Teresa Ruston	Edmonton, AB	Urban	3 years	Ambulatory Clinic	

Pediatric Subject Matter Expert Panel

Name	City, Province	Geographic	NP Experience	Area of Practice	% Practice
Sara Breitbart	Toronto, ON	Urban	3 years	Hospital In-Patient Ambulatory Clinic	90%
Alissa Collingidge	Vancouver, BC	Urban	8 years	Ambulatory Clinic	70%
Susie McRae	Vancouver, BC	Urban	6 years	Ambulatory Clinic	
Lisette Lockyer	Calgary, AB	Urban	7 years	Hospital Inpatient Ambulatory Clinic Outpatient – NP led clinic	80%
Laura Jurasek	Edmonton, AB	Urban	7 years	Hospital Inpatient Ambulatory Clinic	75%
Kristina Chapman	Halifax, NS	Urban	9 years	Hospital Inpatient Ambulatory Clinic Hematology/Oncology	80%
Melissa Manning	St. John's, NF	Urban	3 years	University	35%
Vera Nenadovic	Toronto, ON	Urban	20 years	Hospital Inpatient	70%

Family/ all ages Subject Matter Expert Panel

Name	City, Province	Geographic	NP Experience	Area of Practice	% Practice
Cheryl A. Smith	Amherst, NS	Rural & small town	9	Family Practice Office, Long-term Care, University	20%
Erin Kennedy	Kitchener, ON	Urban	7	Emergency Department	85%
Glenda Stagg Sturge	St. John's, NF	Urban	8	Community Health Center, Family Practice Office, Public Health	75%
Jana Garinger	Moose Jaw, SK	Urban	6	Community Health Center, Family Practice Office	90%
Karen Irving	Kamloops, BC	Urban Remote	7.5	Community Health Center, First Nations Health Center, Primary Care Clinic	79%
Jennifer Farrell	Edmonton, Lloydminster, and Vermilion, AB	Urban, Rural & small town	5	Family Practice Office, Urgent Care, Recovery Centre, College Health Services	90%
Jo-Anne Hubert	Yellowknife, NT	Urban	8	Community Health Center, Family Practice Office	30%
Kelsey MacPhee	O'Leary, PE	Rural & small town	0.7	Community Health Center	30%
Sophie Charland	Laval, QC	Rural & small town	7	Family Practice Office	75%
Dawn LeBlanc	NB	Rural & small town Remote	9	Community Health Center, Dept of National Defence	85%
Susan McCowan	Selkirk, MB		19	Quick Care Clinic	95%

CCRNR NP Practice Analysis
Subject Matter Expert (SME) Panel
Terms of Reference

Mandate and Objectives
The purpose of the three Subject Matter Expert (SME) panels is to provide clinical expertise to the NP Practice Analysis Working Group (WG), Research Advisory Committee (RAC), and ProExam in the development of the NP Practice Analysis survey tool.

Specific objectives include:
6. To review, refine, and/or augment the competencies and activity statements identified by the RAC for the NP Practice Analysis.
7. To evaluate the applicability of each competency and activity statement regarding each specific stream of practice and customize as appropriate.
8. To make recommendations to the RAC and WG based on objectives 1 and 2.

Membership
Each SME panel will represent one of three streams of NP practice (Adult, Pediatric and Family/All Ages). Each panel will be comprised of approximately eight nurse practitioners currently working in direct clinical practice and at least one member of the CCRNR NP Practice Analysis Working Group who is an NP.

Individuals, whose names have been forwarded by the nursing regulators in Canada for membership in SMEs, will be selected using the following criteria:

- Expertise in the NP scope of practice within one of the three streams being examined,
- Current NP clinical knowledge, experience, and practice specific as an NP in one of the three streams of practice

SME panels will be selected to reflect the diversity of practice in each stream, including such factors as geography, practice setting, years of experience, and other key professional and demographic characteristics.

Meetings
There will be one face to face meeting with each panel and a follow up virtual meeting with each panel. Correspondence and advice will be provided electronically between meetings

SME Term of Appointment:
The term of appointment is approximately June to October 2014.

Decision-making:

Decision-making regarding SME panel recommendations will be by consensus. All SME panelists will be required to provide feedback or complete project work in advance of meetings they cannot attend. SME panelists cannot designate any other person to represent them at meetings they cannot attend

Facilitation

All meetings will be facilitated by Professional Examination Service staff.

Confidentiality:

SME panel members will comply with confidentiality requirements and will sign confidentiality agreements.

Expenses:

Travel, accommodation, and per diem expenses will be reimbursed as per CCRNR policy.

Appendix 4.
Report of Pilot Test of the Survey

Invitations to participate in a pilot test of the online survey of nurse practitioners were sent to 31 NPs from across Canada. NPs were selected to represent the range of practice streams and all provinces except PEI were represented, as was NWT/NU. Twenty-seven respondents completed the pilot test of the survey for a response rate of 87%.

The purpose of the pilot test was to ensure that the technical aspects of the survey were functioning correctly, and that the rating scales, elements to be rated, and instructions were clear.

Specific feedback received from the pilot test participants and ProExam's responses to the feedback is presented below.

Pilot Question Responses

		n	%
Were the directions for taking the	Yes	24	89%
survey clear?	No	3	11%

Unclear directions explained

1. Generally yes, but the scores for the headings seem included by accident (versus just the bullets below the headings)

   Some of the competency areas had behavioural indicators that were broken out into sub-bullets. Where there were sub-bullets, respondents were asked to rate both the bullet and the sub-bullets underneath it.

   ProExam recommends that ratings be made at the lowest level of the outline. This means that in all cases where behavioural indicators are broken out into specific sub-bullets, only the sub-bullets are rated.

   Example: In the screen capture below, respondents rated behavioural indicators 4, 5, and 7 *as well as* the sub-bullets underneath each of these indicators.   Per our recommendation, we removed the response options from the header rows (#4, #5, #7).

	Consequences if a newly-licensed NP failed to perform the activity competently					perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least monty	At least weekly	At least daily
COMPETENCY AREA I. CLIENT CARE	○	○	○	○	○	○	○	○	○	○
D. Management (continued)										
4. Provide non-pharmacological interventions, treatments, or therapies	○	○	○	○	○	○	○	○	○	○
a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	○	○	○	○	○	○	○	○	○	○
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up	○	○	○	○	○	○	○	○	○	○
c. Order required treatments (e.g., wound care, phlebotomy)	○	○	○	○	○	○	○	○	○	○
d. Discuss and arrange follow-up	○	○	○	○	○	○	○	○	○	○
5. Perform invasive and non-invasive procedures	○	○	○	○	○	○	○	○	○	○
a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	○	○	○	○	○	○	○	○	○	○
b. Obtain and document informed consent from the client	○	○	○	○	○	○	○	○	○	○

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least monty	At least weekly	At least daily
c. Perform procedures using evidence-informed techniques	○	○	○	○	○	○	○	○	○	○
d. Review clinical findings, aftercare, and follow-up	○	○	○	○	○	○	○	○	○	○
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions	○	○	○	○	○	○	○	○	○	○
7. Follow up and provide ongoing management	○	○	○	○	○	○	○	○	○	○
a. Develop a systematic and timely process for monitoring client progress	○	○	○	○	○	○	○	○	○	○
b. Evaluate response to plan of care in collaboration with the client	○	○	○	○	○	○	○	○	○	○

Below is a special case where we need your input. In this screen, there are sub-bullets *only* under # 6. <u>Question</u>: are (a) and (b) under #6 the *only* instances of identifying and managing risk possible? If there are others, we may want to keep the response options in the overall #6 *Identify and manage risks…* row, if not, we will remove.

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least monty	At least weekly	At least daily
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH The competent, entry-level nurse practitioner uses evidence-informed practice, seeks to optimize client care and health service delivery, and participates in research.										
1. Identify, appraise, and apply research, practice guidelines, and current best practice	○	○	○	○	○	○	○	○	○	○
2. Identify the need for improvements in health service delivery	○	○	○	○	○	○	○	○	○	○
3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice	○	○	○	○	○	○	○	○	○	○
4. Implement planned improvements in healthcare and delivery structures and processes	○	○	○	○	○	○	○	○	○	○
5. Evaluate quality improvement and outcomes in client care and health service delivery	○	○	○	○	○	○	○	○	○	○
6. Identify and manage risks to individual, families, populations, and the healthcare system to support quality improvement	○	○	○	○	○	○	○	○	○	○
a. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies	○	○	○	○	○	○	○	○	○	○
b. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks	○	○	○	○	○	○	○	○	○	○
7. Participate in research (e.g., identify questions for clinical inquiry, participate in study design and implementation, collect data, disseminate results)	○	○	○	○	○	○	○	○	○	○
8. Evaluate the impact of nurse practitioner practice on client outcomes and healthcare delivery	○	○	○	○	○	○	○	○	○	○

Next

2. It's also a bit tricky to comment on how frequently I applied the practice as if it is less frequent, i wasn't sure if that meant it wasn't practiced as often as it should have been (however, my area of practice doesn't dictate the frequency at times)
   This person sounds like they felt uncomfortable giving low frequency ratings. No changes recommended.

3. I made a mistake for the section on the activities that I currently do. For half of the items, I indicated both that I needed physician supervision and that the procedures/tests were not applicable in my current practice. When I realized that this was the case, there was no way to go back and correct my responses.
   See screenshot below of what this looked like. Because this question was created from two merged questions, respondents *could* conceivable answer both under the Yes columns and under the No column. Once a circle was selected under either YES or NO, there was no way to remove it.

No—Do not have clients that require service
No—Not funded by third-party insurance policies
No—I do not have the knowledge, skills, and ability to perform it

[1] Performing activity autonomously under the NP's own authority: The provincial regulation includes the activity within the NP's own authority and the regulatory body

[2] Performing the activity with physician approval: The activity does not fall within the NPs own authority, but is performed by the NP with a physician's order, delegati

	Yes		No				
Activity	Autono-mously	With physician approval	Due to regulation/ legislation	Due to employer/ organizatn'l policies	Clients do not require	Not funded by insurance	Do not have KSAs to perform
Complete a health history (focused or comprehensive)	○	○	○	○	○	○	○
Complete a physical examination (focused or comprehensive)	○	○	○	○	○	○	○
Make a diagnosis (in QC, diagnostic impression)	○	○	○	○	○	○	○
Communicate a diagnosis (in QC, diagnostic impression)	○	○	○	○	○	○	○
Prescribe pharmaceutical therapy	○	○	○	○	○	○	○
Order blood and blood products	○	○	○	○	○	○	○
Admit clients to hospitals	○	○	○	○	○	○	○

ProExam unmerged the Yes/No questions to create a unified question. We had to lose the YES/NO super-headings when we made it one unified question.

Rating Scales		n	%
Were you able to rate all of the statements using the rating scales provided?	Yes	21	78%
	No	6	22%

Rating scale difficulties explained

1. I did find the rating scales worked for clinical component but not as easy to use for other areas
   A number of people said this. I think they were uncomfortable giving low consequences for harm ratings as this scale is not as applicable in non-clinical areas

2. Difficult to answer some of the questions. As a new NP, some of the competencies may not pose direct patient harm, but potentially slowing down or 'harming' the health care process, causing unnecessary delays to treatment (no patient harm per se, but lengthy process)
   Do not recommend changing consequences rating scale. It is a continuum.

3. For direct patient care rating scale was easy to apply-for example critical to patient. However when rating other aspects of NP practice such as research/education the rating scale not as easily applicable. While it is critical for ongoing knowledge it is not critical or life threatening to the patient in front of you.
   This is a slightly different but related issue – is the consequences rating scale not good for rating the non-clinical competencies?

4. I did use the scale but thought one might reflect poorly - option for frequency of performing procedures was less than monthly and thus the choice for consent for procedures was less than monthly - which would be very bad if I was doing procedures more than that - question might be better worded for the consent part if it was linked to the frequency of the procedure?
   We see what they're saying. They "Always" obtain consent for procedures but they only perform procedures less than monthly.

5. I think i missed some- those that had a number for the competency and then a b c for parts - I did not always answer the overall competency - a bit confusing - sorry.
   This is related to having response options for header categories; resolved

6. In some instances the indicators did not match the competencies you wanted addressed.
   Not sure what this means. Are they talking about the rating scale? It may mean that consequences to patient is not applicable to the QA, Education and Leadership areas. We do not see instances where the indicators are not related to the competencies

7. Rating scale descriptors obscure as many items are very important for a beginning NP to perform competently. I found the term critical misleading.
   Not surprising that indicators are critical. We tried to include the important ones!

8. Sometimes, it's not harmful for the patient but it's really important to avoid complications or potentially harmful events. Example: information about secondary prevention, follow-up...
   Does the consequences scale need tweaking?

9. The one where you had to divide up your work (asmt, diagnosis etc) was hard and I am not sure I accurately answered it.

It is always hard for people to apportion their time across major areas. It should average out in the end.

10. The wording was sometimes cumbersome requiring multiple reviews of the questions and rating scale

Sad, we thought the statements were fairly crisp ☹

Technical Difficulties		n	%
Did you experience any technical difficulties? If yes, what browser did you use?	Yes	5	19%
	No	22	81%

Technical difficulties explained

1. At first click of link I was unable to start test, at second try I was able to start. I communicated and this was fixed promptly. **OK**

2. I could not unselect a radio button (in the autonomous/physician approval question) It allows to click both yes and no but I could not click on or the other.

Resolved – Merge question modified

3. Minimal- I closed survey and had done a couple of questions on the page but it seemed not to have saved the first part of page. If this is the case should state page must be completed to save and close.

There is a message that when you exit PREVIOUS screens are saved.

4. When indicating if I performed a procedure I clicked yes, independently but then it only rarely occurred so I changed it to client does not require but the initial yes choice could not be undone so both yes and no were selected for a number of procedure items.

Resolved – Merge question modified

Time to Complete	Mean	Min	Max	SD
How many minutes did it take you to complete the survey?	52.6	30	90	(20.1)

This is rather long; we will need to be very upfront about it. It will say the time commitment in the invitation and on the intro screen. There were 4 people at 90 minutes, which seem a bit longer than necessary; without the pilot questions it will be shorter.

Suggestions to Improve the Survey

1. For yes-no questions always have the order of the selections the same. i.e. yes always the first listed

   Not sure where the respondent is referring to this; but I think we do this already.

2. Shorten the survey. it was time consuming and cumbersome, particularly in the area determining how critical the results would be in relation to pt outcomes and how often an NP performs the item

   We are not planning on creating survey versions, so cannot shorten the survey

3. Provide progress bar so participate can know how far they have progressed in the survey

4. Please put an indicator as to how much of the survey one have completed as one goes through it.

   # 3 and 4: ProExam will insert a progress bar

5. 75 minutes is a lot of time to expect from clinicians without incentive. Missing data is going to be a problem. **See response to *Time to Complete* table.**

6. This is the third time I have competed a survey just like this one. NOT ACTIONING research findings is unethical and disrespects the time invested by all of your participants.

   This has nothing to do with this survey – relates to the profession always asking questions and not doing anything with the results…..

7. I clicked an answer in Activities performed as an NP by mistake, and could not erase it.

   Resolved. Merge question modified to eliminate this possibility

8. In French. **Will do.**

9. Is there a need for any questions regarding a change in current role? For example the NP role I inherited is not the one I am striving for it to be in the next few years, but I know it will take some time to change the work culture I am in. The NP role is in its infancy in Canada and it is going to take a long time before we are all working to full scope. In the education section I was unable to choose my highest level of nursing education. I have a MSN in Peds NP primary care and a post masters certificate in Peds NP -Acute/chronic care. **SME discussion needed**

10. Re question around primary role and choose only one option. I actually split my time 50 % inpatients and 50 % outpatients. This month I happen to be on inpatient service but next outpatient as there are 2 NP within the program. Hence, question does not reflect my practice.

    This question actually asks about primary work setting, not role. There may be a few with this issue; they can put it in the "other" category

11. Sentence introducing procedures, ordering tests, etc. not grammatically correct

    Edited as per translator's suggestion

12. Percentages of clients/diagnoses, etc. are estimates only and may be quite inaccurate; estimating the percentages reflect an impression of practice only

Should average out in the end

13. VERY long..... Many competencies are RN competencies... a bit redundant in places. The communication section, determinants of health are RN skill sets not extended practice..

We had this discussion numerous times over the course of the focus panels and meetings. No change recommended at this point.

14. In the last section it was not clear if the intention is if the client presents with symptoms involving that system and you are responsible to manage them or pt is in a specialty clinic for another specific specialty problem but has multiple co-morbidities that have to be considered while providing specialty care – I approached it from the later perspective as a specialist NP-they come to see me for a specific system problem and I have to take into consideration the other clinical issues they may have

Need SME input

15. Well done. Overall easy to understand and navigate.

At least _someone_ had something nice to say ☺

How completely did the framework represent the competencies of newly licensed NPs?

	n	%
Completely	14	70%
Mostly	6	30%
Somewhat	0	0%
Not at all	0	0%

Please describe any additional competencies of newly licensed NPs that were missing from the framework.

1. Humility and servitude. Until NP regulators get their six in gear and start to recognize the realities faced by most NPs, we are going to have to continue to bow a little ....it's how NPs go along to get along. I have been doing this for close to 20 years and man alive it would be great if one day, before I retire, I will be funded to practice in my specialty area: hospice palliative care. There are NO NPs in hospice palliative care in Alberta - how does this void keep the public safe at end of life? A LITTLE HELP?
    No action recommended

2. I don't think the framework can capture all of the pieces that come with NP experience - awareness of the role, how we can impact other professions via day to day positive interactions (not just education), mentorship, etc.
    Current framework does not deal with more experienced NPs

3. Many of the skills do not reflect my scope of practice as an ER NP.
    Without specific feedback, cannot take action

4. Narcotics?

We do have competencies around pharmacological management. Different jurisdictional scopes make anything more specific about narcotics problematic.

5. The only other area which may need to be added is around ordering of controlled substances-which at present is not permitted. Thus vital for novice NPs.

We do have competencies around pharmacological management. Different jurisdictional scopes make anything more specific about narcotics problematic.

6. Not missing - but too much. As mentioned above - the communication skills, cultural awareness, determinants of health etc... are skills in basic practice. These are skills RNs come with prior to becoming NPs - then this is very redundant.... This has pedagogical implications - for instance- will schools of nursing be required to lengthen programs to ensure or re-teach• these basic skills. I think the basic RN practice must be acknowledge and the competencies differentiating NP practice from RN practice highlighted. Long, vague, convoluted and redundant competency frameworks in RN practice are often mis-interpreted and lose much of their potential impact among most clinicians. Reviewing and reflecting on such competencies become a needlessly exhaustive and painful exercise for students and clinicians alike. While these may be helpful at the regulatory level - the frameworks in RN practice are really useless for the average clinician.   I would urge this group to produce a meaningful competency framework - not simply reproduce a needlessly complex and convoluted document for the mere sake of creating a framework. Failure to create a meaningful or usable competency framework for NP practice would be, from my opinion, a continued failure of nursing leaders to bridge the theory-practice gap.

SME input needed

Write-in response for primary practice setting
Hospital inpatient and outpatient
Primary Care Provider: Street-based Community Health Clinic

Pilot Test Participants

Name	Province	Stream
Kate Burkholder	NB	Family/All Ages
Coralie Buhler	MN	Adult
Jessica Caceres	ON	Family/All Ages
Elizabeth Cook	NWT/NU	Family/All Ages
Manon Couture	QC	Family/All Ages
Brenda Dawyduk	MN	Pediatric
Maria DeAngelis	ON	Pediatric
Charlene Downey	NF	Adult
Liane Dumais	QC	Adult
Beryl Dziedzic	MN	Family/All Ages
Kathryn Eager	ON	Pediatric
Celia Evanson	BC	Family/All Ages
Wendy Gillespie	AB	Pediatric
Lynn Haslam	ON	Adult
Laura Johnson	MN	Adult
Karen Legg	NS	Adult
Duncan MacLennan	AB	Adult
Kimberley Newton	NS	Family/All Ages
Leland Sommer	SK	Family/All Ages
Emily Tai	BC	Pediatric
Gregg Trueman	AB	Adult
Krista Van Roestel	ON	Pediatric
Audrey Verville	QC	Adult
Alison White	AB	Family/All Ages
Heather Whittle	ON	Adult
Celina Woo	BC	Pediatric
Linda Yearwood	BC	Adult

Demographic and Professional Characteristics

Practice streams represented

Stream	n
Adult	11
Pediatric	7
Family/All Ages	9

Province

	n
AB	4
BC	4
MB	4
NB	1
NF	1
NS	2
NWT/NU	1
ON	6
QC	3
SK	1

Educational background

	n	%
Nursing Diploma	9	33.3%
BScN or BN	17	63.0%
Baccalaureate Degree in another area (Please specify.)	2	7.4%
Master of Nursing	1	3.7%
Master of Nursing-NP	18	66.7%
Master of Nursing- NP plus DESS in Medical Sciences (QC only)	3	11.1%
Master of Science-NP	4	14.8%
NP Certificate or Diploma	5	18.5%
Doctorate or PhD (Nursing)	2	7.4%
Doctorate or PhD in another area (Please specify.)	2	7.4%

Totals do not sum to 100%. Multiple responses permitted.

Years of RN experience prior to becoming NP, summary statistics

	M	SD
Overall, how many years of RN experience did you have prior to becoming a nurse practitioner?	12.9	8.5

Years of RN experience prior to becoming NP, frequency distributions

	n	%
Up to 5 years	6	22.2%
6 to 10 years	9	33.3%
11 to 15 years	3	11.1%
16 to 20 years	2	7.4%
More than 20 years	7	25.9%
Total	**27**	**100.0%**

Years of experience as NP, summary statistics

	M	SD
How many years of experience do you have as an NP?	7.2	4.3

Years of experience as NP, frequency distributions

	n	%
Up to 5 years	11	40.7%
6 to 10 years	10	37.0%
11 to 15 years	5	18.5%
16 to 20 years	1	3.7%
More than 20 years	0	0.0%
Total	**27**	**100.0%**

Year first registered/licensed/certified in Canada as NP

	n	%
2000 and earlier	3	11.1%
2001 to 2005	5	18.5%
2006 to 2010	10	37.0%
2011 to present	9	33.3%
Total	27	100.0%

Province(s)/territory(ies) currently registered/licensed/certified as NP

	n	%
Alberta	4	14.8%
British Columbia	4	14.8%
Manitoba	4	14.8%
New Brunswick	1	3.7%
Newfoundland and Labrador	1	3.7%
Northwest Territories/Nunavut	1	3.7%
Nova Scotia	2	7.4%
Ontario	6	22.2%
Prince Edward Island	0	0.0%
Quebec	3	11.1%
Saskatchewan	1	3.7%
Total	**27**	**100.0%**

Province/territory where primarily practice as NP

	n	%
Alberta	4	14.8%
British Columbia	4	14.8%
Manitoba	4	14.8%
New Brunswick	1	3.7%
Newfoundland and Labrador	1	3.7%
Northwest Territories	1	3.7%
Nova Scotia	2	7.4%
Ontario	6	22.2%
Quebec	3	11.1%
Prince Edward Island	0	0.0%
Saskatchewan	1	3.7%
Yukon	0	0.0%
Total	**27**	**100.0%**

Stream(s) currently registered/licensed/certified as NP

	n	%
Family/All Ages/Primary Health Care/Primary Care	11	40.7%
Adult	11	40.7%
Pediatric	7	25.9%
Nephrology (QC only)	1	3.7%
Cardiology (QC only)	1	3.7%

Totals do not sum to 100%. Multiple responses permitted.

Average weekly working hours as NP during the past 12 months

	n	%
11 to 20	4	14.8%
31 to 40	12	44.4%
More than 40	11	40.7%
Total	**27**	**100.0%**

Percentage of working time spent in direct client care

	%	SD
What percentage of your work time do you spend in direct client care?	85.4%	13.8

Primary clinical work setting as NP

	n	%
Community Health Centre	2	7.7%
Primary Health Care Clinic	4	15.4%
Family Health Team	1	3.8%
Corrections	1	3.8%
Remote Outpost	1	3.8%
Physician's Office	2	7.7%
Emergency Department	2	7.7%
Ambulatory Clinic	3	11.5%
Hospital Inpatient	5	19.2%
Hospital Outpatient	3	11.5%
Other (Please specify.)	2	7.7%
Total	**26**	**100.0%**

Geographic setting of practice

	n	%
Urban (population of 10,000 or greater)	19	73.1%
Rural and small town (population less than 10,000, outside the main commuting zones of an urban area)	7	26.9%
Total	**26**	**100.0%**

Served as a preceptor for NP students during the past two years

	n	%
Yes	19	73.1%
No	7	26.9%
Total	**26**	**100.0%**

Percentage of client population presenting with symptoms/diagnoses in each category

	0%	1% - 10%	11% - 25%	26% - 50%	51% - 100%	Total
Breast	33.3%	63.0%	3.7%	0.0%	0.0%	100.0%
Cardiovascular	11.1%	14.8%	29.6%	29.6%	14.8%	100.0%
Endocrine	12.0%	28.0%	40.0%	16.0%	4.0%	100.0%
Gastrointestinal/Liver/Gall-bladder	7.4%	29.6%	37.0%	14.8%	11.1%	100.0%
Genital/Urinary	22.2%	14.8%	40.7%	14.8%	7.4%	100.0%
Gynecology	18.5%	37.0%	18.5%	18.5%	7.4%	100.0%
Health Promotion and Disease Prevention	23.1%	34.6%	19.2%	7.7%	15.4%	100.0%
HEENT - Ears, nose and throat	22.2%	29.6%	25.9%	18.5%	3.7%	100.0%
HEENT - Eyes and lids	33.3%	48.1%	11.1%	7.4%	0.0%	100.0%
Hematology	7.4%	66.7%	11.1%	7.4%	7.4%	100.0%
Infectious Diseases	22.2%	33.3%	18.5%	22.2%	3.7%	100.0%
Integument	14.8%	63.0%	14.8%	3.7%	3.7%	100.0%
Multisystem	3.7%	25.9%	29.6%	14.8%	25.9%	100.0%
Musculoskeletal	3.7%	25.9%	37.0%	18.5%	14.8%	100.0%
Nephrology	11.1%	55.6%	14.8%	7.4%	11.1%	100.0%
Neurology	7.7%	73.1%	3.8%	7.7%	7.7%	100.0%
Obstetrics	51.9%	29.6%	7.4%	7.4%	3.7%	100.0%
Oncology	18.5%	74.1%	3.7%	0.0%	3.7%	100.0%
Psychiatry/Mental Health	18.5%	29.6%	33.3%	3.7%	14.8%	100.0%
Respiratory	11.1%	37.0%	29.6%	14.8%	7.4%	100.0%
Sexually Transmitted Infections	44.4%	25.9%	22.2%	3.7%	3.7%	100.0%

Percentage of clients requiring follow-up related to the following

	M	SD
Acute illness/common health problems	43.4	26.7
Chronic condition	66.6	27.7
Multiple co-morbidities	55.9	30.4
Wellness/health promotion	26.0	30.7

Age ranges of client population

	M	SD
Newborn: Birth to 28 days	4.0	8.2
Infant: 29 days to 1 year	9.5	12.2
Pediatric: 13 months to 11 years	16.2	21.4
Adolescent: 12 to 20 years	12.0	9.0
Adult: 21 to 64 years	35.4	27.9
Older adult: 65 to 84 years	17.4	17.7
Older adult: 85+ years	5.4	6.9

Appendix 5.
Nurse Practitioner Survey: Invitation, Reminders, and Screen Captures

Invitation

Dear Colleague :

The Canadian Council of Registered Nurse Regulators (CCRNR) is conducting a practice analysis study of nurse practitioners (NPs). NPs from across Canada have identified the activities and competencies required of NPs upon entry to practice. The purpose of this survey is to validate these competencies. No matter how long you have been practicing as an NP, your participation is vital to ensure that the perspectives of NPs in the adult, pediatric and family/all ages practice streams from all provinces/territories and practice settings are included. For more information on the NP Practice Analysis, please visit the CCRNR website.

To access the survey, use the following link.

<<URL>>

This link is uniquely tied to your survey and email address. Please do not forward this message.

The deadline to complete the survey is 10 December 2014.

This survey is designed to be completed on a laptop or desktop computer. We do not recommend using a hand-held device

We anticipate it will take about 45 minutes to complete the survey. We realize that this is a significant contribution of time, and thank you in advance for your participation. You do not need to complete it at one time; you can save your responses and complete the survey at a later time by clicking on the link again. Your responses will be kept confidential and results will be reported in aggregate form only.

If you encounter any technical difficulties, contact our contractor for the project, Professional Examination Service, at NPPracticeAnalysis@proexam.org.

On behalf of CCRNR, we thank you in advance for your assistance with this project.

Sincerely,

Donna Denney, RN MN
CEO/Registrar
College of Registered Nurses of Nova Scotia
CCRNR Project Lead

****

Cher Collègue :

Le Conseil canadien des organismes de réglementation de la profession infirmière (CCORPI) effectue une analyse de la pratique des infirmières praticiennes (IP). À cette fin, des IP de tout le Canada ont

déterminé les activités et les compétences exigées des IP de niveau débutant. Le but du questionnaire est de valider ces compétences. Peu importe votre nombre d'années d'expérience comme IP, votre participation est essentielle pour faire en sorte que le point de vue des IP des catégories adultes, pédiatrie, et famille/tous âges de chaque province et territoire et de tous les milieux d'exercice soient inclus. Pour d'autres renseignements au sujet de l'analyse de la pratique des IP, veuillez visiter le [site Web](#) du CCORPI.

Pour ouvrir le questionnaire, cliquez sur le lien suivant :

<<LAST>>

Le lien qui vous relie à votre questionnaire et à votre adresse de courriel est unique. Nous vous prions donc de ne pas transférer ce message.

La date limite pour remplir le questionnaire est le 10 decembre 2014.

Le questionnaire est conçu pour être rempli sur un ordinateur portatif ou un ordinateur de bureau. Il est déconseillé d'utiliser un appareil mobile.

Le questionnaire devrait prendre environ 45 minutes à remplir. Le questionnaire devrait prendre environ 45 minutes à remplir. Nous réalisons que votre participation à ce sondage représente une contribution significative de votre temps et nous vous en remercions à l'avance. Vous n'avez pas besoin de répondre à toutes les questions en une seule séance; vous pouvez enregistrer vos réponses, puis cliquer sur le lien pour revenir au questionnaire plus tard. Vos réponses resteront confidentielles, et les résultats seront communiqués uniquement sous forme agrégée.

Vous n'avez pas besoin de répondre à toutes les questions en une seule séance; vous pouvez enregistrer vos réponses, puis cliquer sur le lien pour revenir au questionnaire plus tard. Vos réponses resteront confidentielles, et les résultats seront communiqués uniquement sous forme agrégée.

Si vous rencontrez des difficultés techniques, veuillez communiquer avec l'entreprise retenue pour le projet, qui est Professional Examination Service, à NPPracticeAnalysis@proexam.org.

Au nom du CCORPI, nous vous remercions à l'avance de nous aider dans ce projet.

Veuillez agréer l'expression de mes sentiments les meilleurs.

La directrice générale et registraire,

Donna Denney, II, M.Sc.inf.
College of Registered Nurses of Nova Scotia
Chef de projet du CCORPI

Final Reminder

Dear Colleague :

Final Reminder: The deadline to participate in the Canadian Council of Registered Nurse Regulators (CCRNR) practice analysis study of nurse practitioners is coming soon, and we urge you help validate the activities and competencies required of NPs upon entry to practice by completing our online survey. The deadline to complete the survey has been extended to December 17, 2014 to permit you to participate in this important study. Your participation is vital to ensure that the perspectives of NPs in the adult, pediatric and family/all ages practice streams from across Canada are included. For more information on the NP Practice Analysis, please visit the CCRNR website.

To access the survey, use the following link. This link is uniquely tied to your survey and email address. Please do not forward it.

<<URL>>

The survey is designed to be completed on a laptop or desktop computer. We do not recommend using a hand-held device.

It should take about 45 minutes to complete the survey. We realize that this is a significant contribution of time, and thank you in advance for your participation. You do not need to complete the survey at one time; you can save your responses and complete later by clicking on the link again, then clicking the "Start" button. Your responses will be kept confidential and results will be reported in aggregate form only.

If you encounter any technical difficulties, contact our contractor for the project, Professional Examination Service, at NPPracticeAnalysis@proexam.org.

On behalf of CCRNR, we thank you in advance for your assistance with this project.

Sincerely,

Donna Denney, RN MN
CEO/Registrar
College of Registered Nurses of Nova Scotia
CCRNR Project Lead

****

À mes collègues,

Dernier rappel : la date limite pour participer à l'analyse de la pratique des infirmières praticiennes (IP) du Conseil canadien des organismes de réglementation de la profession infirmière (CCORPI) approche, et nous tenons à vous recommander vivement de contribuer à valider les activités et les compétences qui devraient être exigées des IP de niveau débutant, ce que vous pouvez faire en répondant en ligne au

questionnaire. La date limite pour répondre au questionnaire a été prolongée jusqu'au 17 décembre afin que vous puissiez participer à cette importante étude. Votre participation est essentielle pour faire en sorte que le point de vue des IP des volets adultes, pédiatrie, et famille/tous âges de partout au Canada soit inclus. Pour d'autres renseignements sur l'analyse de la pratique des IP, veuillez visiter le [site Web](#) du CCORPI.

Pour ouvrir le questionnaire, cliquez sur le lien suivant. Le lien qui vous relie à votre questionnaire et à votre adresse de courriel est unique. On vous prie donc de ne pas transférer ce message.

<<LAST>>

Le questionnaire est conçu pour être rempli sur un ordinateur portatif ou un ordinateur de bureau. Il est déconseillé d'utiliser un appareil mobile.

Le questionnaire devrait prendre environ 45 minutes à remplir. Nous savons que c'est beaucoup de temps, et nous vous remercions à l'avance pour votre participation. Vous n'avez pas besoin de répondre à toutes les questions en une seule séance; vous pouvez enregistrer vos réponses, puis revenir au questionnaire plus tard en cliquant sur le lien, puis sur le bouton « Commencer ». Vos réponses resteront confidentielles, et les résultats seront communiqués uniquement sous forme agrégée.

Si vous rencontrez des difficultés techniques, veuillez communiquer avec l'entreprise retenue pour le projet, qui est Professional Examination Service, à NPPracticeAnalysis@proexam.org.

Au nom du CCORPI, nous vous remercions à l'avance de nous aider dans ce projet.

Donna Denney, II, M.Sc.inf.
Directrice générale/registraire
College of Registered Nurses of Nova Scotia
Chef de projet du CCORPI

NURSE PRACTITIONER SURVEY

Landing page, NP Survey

Welcome to CCRNR's Survey of Nurse Practitioners!

Please keep the following tips in mind as you navigate the survey:

- Your answers will be kept completely confidential, and results will be reported in aggregate form only.

- After completing a screen, click the "Next" button to save your responses and proceed to the following screen. Once you complete a screen, you will NOT be able to return to it.

- You can exit the survey and return to complete it later using the link you were provided in your email invitation.

- If you are experiencing difficulties with the survey layout, try adjusting your screen or your display zoom.

- If you are unable to move on from any page of the survey, please check the top of the page for a red instructional message for assistance.

Click Here to Start

Introduction

For purposes of this survey, the term <u>client</u> will mean the individual patient (or his or her representative), family, community, and/or population.

The entry-level NP competency statements you will be rating have been organized into four major competency areas. Competency Area I has been further organized into six sub-areas, and Competency Area IV has been organized into two sub-areas.

       COMPETENCY AREA I. CLIENT CARE
            A. Client Relationship Building and Communication
            B. Assessment
            C. Diagnosis
            D. Management
            E. Collaboration, Consultation, and Referral
            F. Health Promotion
       COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH
       COMPETENCY AREA III. LEADERSHIP
       COMPETENCY AREA IV. EDUCATION
            A. Client, Community, and Healthcare Team Education
            B. Continuing Competence

Screening Questions

Have you practiced in a clinical NP role in past 12 months?
>Yes
>No (*If you select **"No"** you will <u>NOT</u> be able to complete the survey*)

Do you practice exclusively as a neonatal NP?
>Yes (*If you select **"Yes"** you will <u>NOT</u> be able to complete the survey*)
>No

Behavioural Indicators

In this section of the survey, you will be rating behavioural indicators, which are activities that may be performed by newly-licensed NPs. The behavioural indicators are organized into the major areas of competency previously delineated. Please rate each indicator on the following two scales.

- How serious would the consequences be to client(s) if a newly-licensed NP failed to perform the activity competently?

  - *Not serious* (no harm to client(s))

  - *Minimally serious* (causes inconvenience)
  - *Moderately serious* (hinders or delays therapeutic progress)
  - *Highly serious* (worsens condition/requires intervention)
  - *Critically serious* (potentially life threatening)

- How frequently did you personally perform the activity in the past 12 months?

  - *Never*
  - *Rarely (less than once per month)*
  - *Monthly (at least once per month)*
  - *Weekly (at least once per week)*
  - *Daily (at least once per day)*

Competency Areas

In this section of the survey you will be rating the major competency and subcompetency areas. Rate each competency and subcompetency area using the following two scales. Rate Areas I and IV at the subcompetency level.

- What percentage of your work time did you spend in each competency (and subcompetency) area in the past 12 months?

- How serious would the consequences be to clients(s) if a NP in your practice setting failed to perform the activities in the area competently?

Professional and Demographic Questionnaire

Your answers will be reported in the aggregate and will be used for statistical purposes only

1 What is your educational background (Select all that apply.)
   - [ ] Nursing Diploma
   - [ ] BScN or BN
   - [ ] Baccalaureate Degree in another area (Please specify.)
   - [ ] NP Certificate or Diploma (Post-RN Diploma, Post-Baccalaureate)
   - [ ] Master of Nursing

   - [ ] Master of Nursing-NP
   - [ ] Master of Nursing- NP plus DESS in Medical Sciences (QC only)
   - [ ] Master of Science-NP
   - [ ] Master's Degree in another area (Please specify.)
   - [ ] Post-Masters Certificate in NP practice
   - [ ] Doctorate or PhD (Nursing)
   - [ ] Doctorate or PhD other (Please specify.)

2. Overall, how many years of RN experience did you have prior to becoming a nurse practitioner?

3. How many years of experience do you have as a nurse practitioner?

4. In what year were you first registered/licensed/certified in Canada as an NP?

5. In what province(s)/territory(ies) are you currently registered/licensed/certified as an NP? (Select all that apply.)

- ☐ Alberta
- ☐ British Columbia ☐ Manitoba
- ☐ New Brunswick
- ☐ Newfoundland and Labrador
- ☐ Northwest Territories/Nunavut ☐ Nova Scotia
- ☐ Ontario
- ☐ Prince Edward Island ☐ Quebec
- ☐ Saskatchewan
- ☐ Yukon

6. In what province or territory do you <u>primarily</u> practice as an NP? (Select one.)

7. In what stream(s) are you <u>currently registered/licensed/certified</u> as an NP? (Select all that apply.)

- ☐ Family/All Ages/Primary Health Care/Primary Care
- ☐ Adult
- ☐ Pediatric
- ☐ Neonatology (QC, Alberta, and Nova Scotia)
- ☐ Nephrology (QC only)
- ☐ Cardiology (QC only)

8. On average, how many hours per week did you work as an NP during the past 12 months?

- ○ 1 to 10
- ○ 11 to 20
- ○ 21 to 30
- ○ 31 to 40
- ○ More than 40

9. What percentage of your work time do you spend in direct client care?

10. What is your <u>primary clinical</u> work setting as a nurse practitioner?

- ⦾ Community Health Centre
- ⦾ NP-Led Clinic
- ⦾ Primary Health Care Clinic
- ⦾ Family Health Team
- ⦾ Student Health Services
- ⦾ Corrections
- ⦾ Military
- ⦾ First Nations/Inuit Health Centre
- ⦾ Remote Outpost
- ⦾ Physician's Office (including Groupe de médecine de famille in Quebec)
- ⦾ Community/Public Health
- ⦾ Home Care
- ⦾ Emergency Department
- ⦾ Long-term Care
- ⦾ Ambulatory Clinic
- ⦾ Hospital Inpatient
- ⦾ Hospital Outpatient
- ⦾ Hospital Inpatient and Outpatient
- ⦾ Other (Please specify.) _____
- ⦾ None

11. Please indicate the geographic setting(s) in which you practice. (Select all that apply.)

- ☐ Urban (population of 10,000 or greater)
- ☐ Rural and small town (population less than 10,000, outside the main commuting zones of an urban area)
- ☐ Remote

12. Have you served as a preceptor for nurse practitioner students during the past two years?

- ⦾ Yes
- ⦾ No

Patient and Practice Characteristics

13. What percentage of your client population presents with symptoms / diagnoses in each category? (Select a percentage for each category. Total does **not** need to sum to 100%)

Category	0%	1% – 10%	11% – 25%	26% – 50%	51%– 100%
Breast					
Cardiovascular					
Endocrine					
Gastrointestinal/Liver/Gallbladder					
Genital/Urinary					
Gynecology					
Health Promotion and Disease Prevention					
HEENT - Ears, nose and throat					
HEENT - Eyes and lids					
Hematology					
Infectious Diseases					
Integument					
Multisystem					
Musculoskeletal					
Nephrology					
Neurology					
Obstetrics					
Oncology					
Psychiatry/Mental Health					
Respiratory					
Sexually Transmitted Infections					

14. What percentage of your clients present with the following types of follow up? (Total does **not** need to sum to 100%).

Acute illness/common health problems   _____%

Chronic condition   _____%

Multiple co-morbidities   _____%

Health promotion/Disease prevention   _____%

15. What percentage of your client population falls within each age range? (Total **must** sum to 100%)

Newborn: Birth to 28 days	_____	%
Infant: 29 days to 1 year	_____	%
Pediatric: 13 months to 11 years	_____	%
Adolescent: 12 to 20 years	_____	%
Adult: 21 to 64 years	_____	%
Older adult: 65 to 84 years	_____	%
Older adult: 85+ years	_____	%

Activities Performed in Practice

Do you perform the following activities? If you do not perform an activity, select the primary reason why you do not.

- *Yes, I perform the activity autonomously under my own authority* [1]
- *Yes, I perform the activity with physician approval* [2]
- *No–Not permitted by regulation/legislation*
- *No–Due to employer or other organizational policies*
- *No–Do not have clients that require service*
- *No–Not funded by third-party insurance policies*
- *No–I do not have the knowledge, skills, and ability to perform it*
  [1] Performing activity autonomously under the NP's own authority: The provincial regulation includes the activity within the NP's own authority and the regulatory body does not restrict the activity
  [2] Performing the activity with physician approval: The activity does not fall within the NPs own authority, but is performed by the NP with a physician's order, delegation, sign-off, or supervision

<u>Activities</u>
Complete a health history (focused or comprehensive)
Complete a physical examination (focused or comprehensive)
Make a diagnosis (in QC, diagnostic impression)
Communicate a diagnosis (in QC, diagnostic impression)
Prescribe pharmaceutical therapy
Prescribe controlled drugs and substances
Order blood and blood products
Admit clients to hospitals
Admit clients involuntarily to mental health facilities
Discharge clients from hospitals
Refer to a physician specialist
Refer to other health care providers
Complete certificates of death
Complete worker's compensation forms
Complete insurance forms from private insurers

<u>Tests</u>
Laboratory tests
Magnetic Resonance Imaging X-
ray
Bone density
Computerized Tomography
Ultrasound
Echocardiogram
Spirometry
Other pulmonary function tests
Holter monitoring
Electrocardiogram
Cardiac stress
Sleep apnea testing
Mammogram
Amniocentesis

Are there other tests that are within the legal scope of NP practice in your province/territory that that you are unable to order due to employer or organizational policies?

Procedures

Pap tests

IUD insertion

Skin lesion removal

Biopsy

Cryotherapy

Joint aspirations and injections

Wound closure (suturing/stapling)

Splinting/casting

Reduce dislocations of joints/fractures

Apply traction

Incision and drainage

Foreign body removal (from eye, ear, orifice)

Intubation

Extubation

Central line insertion

Chest tube insertion

Pleural puncture

Lumbar puncture

Cardioversion

External pacemaker application

Arterial line insertion and removal

Regional anaesthetic blocks (e.g., digital nerve blocks)

> Are there any other procedures that are within the legal scope of NP practice in your province/territory that you are unable to order or perform due to employer or organizational policies?

Order medical treatment

Oxygen

NG tube

Urinary catheter

Parenteral/enteral nutrition

Adjustment of hemodialysis or peritoneal dialysis treatment

Peripheral line

Internal pacemaker adjustments

> Are there any other medical treatments that are within the legal scope of NP practice in your province/territory that that you are unable to order due to employer or organizational policies?

Closing

How completely did the framework represent the competencies of newly licensed NPs?
Completely
Mostly
Somewhat
Not at all

Were any competencies performed by entry-level nurse practitioners missing from the survey?

Welcome to CCRNR's Survey of Nurse Practitioners!

Please keep the following tips in mind as you navigate the survey:

- Your answers will be kept completely confidential, and results will be reported in aggregate form only.

- After completing a screen, click the "Next" button to save your responses and proceed to the following screen. Once you complete a screen, you will NOT be able to return to it.

- You can exit the survey and return to complete it later using the link you were provided in your email invitation.

- If you are experiencing difficulties with the survey layout, try adjusting your screen or your display zoom.

- If you are unable to move on from any page of the survey, please check the top of the page for a red instructional message for assistance.

> Click Here to Start

Have you practiced in a clinical NP role in past 12 months?

- ○ Yes
- ○ No (*If you select "No" you will NOT be able to complete the survey.*)

Do you practice exclusively as a neonatal NP?

- ○ No
- ○ Yes (*If you select "Yes" you will NOT be able to complete the survey.*)

For purposes of this survey, the term <u>client</u> will mean the individual patient (or his or her representative), family, community, and/or population.

The entry-level NP competency statements you will be rating have been organized into four major competency areas. Comptency Area I has been further organized into six sub-areas, and Competency Area IV has been organized into two sub-areas.

COMPETENCY AREA I. CLIENT CARE

     A. Client Relationship Building and Communication

     B. Assessment

     C. Diagnosis

     D. Management

     E. Collaboration, Consultation, and Referral

     F. Health Promotion

COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH

COMPETENCY AREA III. LEADERSHIP

COMPETENCY AREA IV. EDUCATION

     A. Client, Community, and Healthcare Team Education

     B. Continuing Competence

Behavioural Indicators

In this section of the survey you will be rating behavioural indicators, which are activities that may be performed by newly-licensed NPs. The behavioural indicators are organized into t

Rate each behavioural indicator using the following two scales.

Consequences How serious would the consequences be to client(s) if a newly-licensed NP failed to perform the activity competently?
Not serious (no harm to client(s))
Minimally serious (causes inconvenience)
Moderately serious (hinders or delays therapeutic progress)
Highly serious (worsens condition/requires intervention)
Critically serious (potentially life threatening)

Frequency How frequently did you personally perform the activity during the past 12 months?
Never
Rarely (less than once per month)
Monthly (at least monthly)
Weekly (at least weekly)
Daily (at least daily)

The competency statements were developed by NPs from across Canada to provide a comprehensive description of entry-level NP practice. Some of the competencies may be performed by both NPs and regist
entry-level NP practice.

Please note that the competencies are broad and may not reflect direct patient care. Please rate all items to the best of your ability using both the severity of consequence and frequency rating scales.

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
COMPETENCY AREA I. CLIENT CARE										
A. Client Relationship Building and Communication *The competent, entry-level nurse practitioner uses appropriate communication strategies to create a safe and therapeutic environment for client care.*										
1. Clearly articulate the role of the nurse practitioner when interacting with the client	○	○	○	○	○	○	○	○	○	○
2. Use developmentally- and culturally-appropriate communication techniques and tools	○	○	○	○	○	○	○	○	○	○
3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained	○	○	○	○	○	○	○	○	○	○
4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships	○	○	○	○	○	○	○	○	○	○
5. Utilize clients' cultural beliefs and values in all client interactions	○	○	○	○	○	○	○	○	○	○
6. Identify personal beliefs and values and provide unbiased care	○	○	○	○	○	○	○	○	○	○

Rate each behavioural indicator using the following two scales.

Consequences How serious would the consequences be to client(s) if a newly-licensed NP failed to perform the activity competently?
- *Not serious* (no harm to client(s))
- *Minimally serious* (causes inconvenience)
- *Moderately serious* (hinders or delays therapeutic progress)
- *Highly serious* (worsens condition/requires intervention)
- *Critically serious* (potentially life threatening)

Frequency How frequently did you personally perform the activity during the past 12 months?
- *Never*
- *Rarely* (less than once per month)
- *Monthly* (at least monthly)
- *Weekly* (at least weekly)
- *Daily* (at least daily)

Please note that the competencies are broad and may not reflect direct patient care. Please rate all items to the best of your ability using both the severity of consequence and frequency rating scales.

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
COMPETENCY AREA I. CLIENT CARE (continued)										
B. Assessment *The competent, entry-level nurse practitioner integrates an evidence-informed knowledge base with advanced assessment skills to obtain the necessary information to identify client diagnoses, strengths, and needs.*										
1. Establish the reason for the client encounter										
a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available	○	○	○	○	○	○	○	○	○	○
b. Perform initial observational assessment of the client's condition	○	○	○	○	○	○	○	○	○	○
c. Ask pertinent questions to establish the context for client encounter and chief presenting issue	○	○	○	○	○	○	○	○	○	○
d. Identify urgent, emergent, and life-threatening situations	○	○	○	○	○	○	○	○	○	○
e. Establish priorities of client encounter	○	○	○	○	○	○	○	○	○	○
2. Complete relevant health history appropriate to the client's presentation										
a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and complementary therapies	○	○	○	○	○	○	○	○	○	○
b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health	○	○	○	○	○	○	○	○	○	○
c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)	○	○	○	○	○	○	○	○	○	○
d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs	○	○	○	○	○	○	○	○	○	○
						How frequently did you				

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Rate each behavioural indicator using the following two scales.

Consequences How serious would the consequences be to client(s) if a newly-licensed NP failed to perform the activity competently?
  Not serious (no harm to client(s))
  Minimally serious (causes inconvenience)
  Moderately serious (hinders or delays therapeutic progress)
  Highly serious (worsens condition/requires intervention)
  Critically serious (potentially life threatening)

Frequency How frequently did you personally perform the activity during the past 12 months?
  Never
  Rarely (less than once per month)
  Monthly (at least monthly)
  Weekly (at least weekly)
  Daily (at least daily)

Please note that the competencies are broad and may not reflect direct patient care. Please rate all items to the best of your ability using both the severity of consequence and frequency rating scales.

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
COMPETENCY AREA I. CLIENT CARE (continued)										
C. Diagnosis *The competent, entry-level nurse practitioner is engaged in the diagnostic process and develops differential diagnoses through identification, analysis, and interpretation of findings from a variety of sources.*										
1. Determine differential diagnoses for acute, chronic, and life threatening conditions										
a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination	○	○	○	○	○	○	○	○	○	○
b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks	○	○	○	○	○	○	○	○	○	○
c. Generate differential diagnoses	○	○	○	○	○	○	○	○	○	○
d. Inform the patient of the rationale for ordering diagnostic tests	○	○	○	○	○	○	○	○	○	○
e. Determine most likely diagnoses based on clinical reasoning and available evidence	○	○	○	○	○	○	○	○	○	○
	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses	○	○	○	○	○	○	○	○	○	○
g. Assume responsibility for follow-up of test results	○	○	○	○	○	○	○	○	○	○
h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning	○	○	○	○	○	○	○	○	○	○
i. Confirm most likely diagnoses	○	○	○	○	○	○	○	○	○	○

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
COMPETENCY AREA I. CLIENT CARE (continued)										
D. Management *The competent, entry-level nurse practitioner, on the basis of assessment and diagnosis, formulates the most appropriate plan of care for the client, implementing evidence-informed therapeutic interventions in partnership with the client to optimize health.*										
1. Initiate interventions for the purpose of stabilizing the client in, urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)	○	○	○	○	○	○	○	○	○	○
2. Formulate plan of care based on diagnosis and evidence-informed practice										
a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)	○	○	○	○	○	○	○	○	○	○
b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences	○	○	○	○	○	○	○	○	○	○
c. Initiate appropriate plan of care (e.g. non-pharmacological, pharmacological, diagnostic tests, referral)	○	○	○	○	○	○	○	○	○	○
d. Consider resource implications of therapeutic choices (e.g. cost, availability)	○	○	○	○	○	○	○	○	○	○

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
3. Provide pharmacological interventions, treatment, or therapy										
a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	○	○	○	○	○	○	○	○	○	○
b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up	○	○	○	○	○	○	○	○	○	○
c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements	○	○	○	○	○	○	○	○	○	○
d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response.	○	○	○	○	○	○	○	○	○	○
e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion	○	○	○	○	○	○	○	○	○	○

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
COMPETENCY AREA I. CLIENT CARE										
D. Management (continued)										
4. Provide non-pharmacological interventions, treatments, or therapies										
a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	○	○	○	○	○	○	○	○	○	○
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up	○	○	○	○	○	○	○	○	○	○
c. Order required treatments (e.g., wound care, phlebotomy)	○	○	○	○	○	○	○	○	○	○
d. Discuss and arrange follow-up	○	○	○	○	○	○	○	○	○	○
5. Perform invasive and non-invasive procedures										
a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	○	○	○	○	○	○	○	○	○	○
b. Obtain and document informed consent from the client	○	○	○	○	○	○	○	○	○	○

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
c. Perform procedures using evidence-informed techniques	○	○	○	○	○	○	○	○	○	○
d. Review clinical findings, aftercare, and follow-up	○	○	○	○	○	○	○	○	○	○
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions	○	○	○	○	○	○	○	○	○	○
7. Follow up and provide ongoing management										
a. Develop a systematic and timely process for monitoring client progress	○	○	○	○	○	○	○	○	○	○
b. Evaluate response to plan of care in collaboration with the client	○	○	○	○	○	○	○	○	○	○
c. Revise plan of care based on client's response and preferences	○	○	○	○	○	○	○	○	○	○

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
COMPETENCY AREA I. CLIENT CARE (continued)	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
E. Collaboration, Consultation, and Referral *The competent, entry-level nurse practitioner identifies when collaboration, consultation, and referral are necessary for safe, competent, and comprehensive client care*										
1. Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)	○	○	○	○	○	○	○	○	○	○
2. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals	○	○	○	○	○	○	○	○	○	○
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	○	○	○	○	○	○	○	○	○	○
4. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations	○	○	○	○	○	○	○	○	○	○
5. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate	○	○	○	○	○	○	○	○	○	○

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
COMPETENCY AREA I. CLIENT CARE (continued)	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
F. Health Promotion *The competent, entry-level nurse practitioner uses evidence and collaborates with community partners and other healthcare providers to optimize the health of individuals, families, communities, and populations.*										
1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues	○	○	○	○	○	○	○	○	○	○
2. Analyze information from a variety of sources to determine population trends that have health implications	○	○	○	○	○	○	○	○	○	○
3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention	○	○	○	○	○	○	○	○	○	○
4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly	○	○	○	○	○	○	○	○	○	○

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
The competent, entry-level nurse practitioner uses evidence-informed practice, seeks to optimize client care and health service delivery, and participates in research.										
1. Identify, appraise, and apply research, practice guidelines, and current best practice	○	○	○	○	○	○	○	○	○	○
2. Identify the need for improvements in health service delivery	○	○	○	○	○	○	○	○	○	○
3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice	○	○	○	○	○	○	○	○	○	○
4. Implement planned improvements in healthcare and delivery structures and processes	○	○	○	○	○	○	○	○	○	○
5. Evaluate quality improvement and outcomes in client care and health service delivery	○	○	○	○	○	○	○	○	○	○
6. Identify and manage risks to individual, families, populations, and the healthcare system to support quality improvement	○	○	○	○	○	○	○	○	○	○
7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies	○	○	○	○	○	○	○	○	○	○
8. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks	○	○	○	○	○	○	○	○	○	○
9. Participate in research (e.g., identify questions for clinical inquiry, participate in study design and implementation, collect data, disseminate results)	○	○	○	○	○	○	○	○	○	○
10. Evaluate the impact of nurse practitioner practice on client outcomes and healthcare delivery	○	○	○	○	○	○	○	○	○	○

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
COMPETENCY AREA III. LEADERSHIP *The competent entry-level nurse practitioner demonstrates leadership by using the NP role to improve client care and facilitate system change.*										
1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)	○	○	○	○	○	○	○	○	○	○
2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care	○	○	○	○	○	○	○	○	○	○
3. Coordinate interprofessional teams in the provision of client care	○	○	○	○	○	○	○	○	○	○
4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care	○	○	○	○	○	○	○	○	○	○
5. Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)	○	○	○	○	○	○	○	○	○	○
6. Identify gaps in systems and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change	○	○	○	○	○	○	○	○	○	○
7. Utilise theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management	○	○	○	○	○	○	○	○	○	○
8. Identify the need and advocate for policy development to enhance client care	○	○	○	○	○	○	○	○	○	○
9. Utilise principles of program planning and development to optimize client care (e.g., to develop role(s) of other healthcare providers, to improve practice)	○	○	○	○	○	○	○	○	○	○

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
COMPETENCY AREA IV. EDUCATION *The competent, entry-level nurse practitioner integrates formal and informal education into practice. This includes but is not limited to educating self, clients, the community, and members of the healthcare team.*										
A. Client, Community, and Healthcare Team Education										
1. Assess and prioritize learning needs of intended recipients	○	○	○	○	○	○	○	○	○	○
2. Apply relevant, theory-based, and evidence-informed content when providing education	○	○	○	○	○	○	○	○	○	○
3. Utilize applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)	○	○	○	○	○	○	○	○	○	○
4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)	○	○	○	○	○	○	○	○	○	○
5. Recognize the need for and plan outcome measures (e.g., obtaining client feedback, conduct pre- and post-surveys)	○	○	○	○	○	○	○	○	○	○

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least montly	At least weekly	At least daily
B. Continuing Competence										
6. Engage in self-reflection to determine needs for continuing competence	○	○	○	○	○	○	○	○	○	○
7. Engage in ongoing professional development	○	○	○	○	○	○	○	○	○	○
8. Seek mentorship opportunities to support one's professional development	○	○	○	○	○	○	○	○	○	○

Competency Areas

In this section of the survey you will be rating the major competency and subcompetency areas.

Rate each competency and subcompetency area using the following two scales. Rate Areas I and IV at the subcompetency level.

% of time   What percentage of your work time did you spend in each competency area in the past 12 months? (*Total must sum to 10*

Consequences   How serious would the consequences be to clients(s) if a newly-licensed NP in your practice setting failed to perform the acti
Not serious (no harm to client(s))
Minimally serious (causes inconvenience)
Moderately serious (hinders or delays therapeutic progress)
Highly serious (worsens condition/requires intervention)
Critically serious (potentially life threatening)

Click here to view the behavioural indicators in each competency area

The list will open in a new window

Competency and Subcompetency Areas	% of Time	Consequences if a newly-licensed NP failed to perform the activity competently				
		Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious
COMPETENCY AREA I. CLIENT CARE A. Client Relationship Building and Communication	___ %	○	○	○	○	○
B. Assessment	___ %	○	○	○	○	○
C. Diagnosis	___ %	○	○	○	○	○
D. Management	___ %	○	○	○	○	○
E: Collaboration, Consultation, and Referral	___ %	○	○	○	○	○
F. Health Promotion	___ %	○	○	○	○	○
COMPETENCY AREA II: QUALITY IMPROVEMENT AND RESEARCH	___ %	○	○	○	○	○
COMPETENCY AREA III. LEADERSHIP	___ %	○	○	○	○	○
COMPETENCY AREA IV. EDUCATION A. Client, Community, and Healthcare Team Education	___ %	○	○	○	○	○
B. Continuing Competence	___ %	○	○	○	○	○
Other (*Please specify.*)	___ %	○	○	○	○	○
Sum	0 %					

Demographic and Professional Questionnaire

Your answers will be reported in the aggregate and will be used for statistical purposes only.

What is your educational background? (*Select all that apply.*)

- ☐ Nursing Diploma
- ☐ BScN or BN
- ☐ Baccalaureate Degree in another area (*Please specify.*) [_____]
- ☐ NP Certificate or Diploma (Post-RN Diploma, Post-Baccalaureate)
- ☐ Master of Nursing
- ☐ Master of Nursing-NP
- ☐ Master of Nursing- NP plus DESS in Medical Sciences (QC only)
- ☐ Master of Science-NP
- ☐ Master's Degree in another area (*Please specify.*) [_____]
- ☐ Post-Masters Certificate in NP practice
- ☐ Doctorate or PhD (Nursing)
- ☐ Doctorate or PhD in another (*Please specify.*) [_____]

Overall, how many years of RN experience did you have prior to becoming a nurse practitioner?

[Click to select--> ▼] years of RN experience

How many years of experience do you have as an NP?

[Click to select--> ▼] years as NP

In what year were you first registered/licensed/certified in Canada as an NP?

[Click to select--> ▼] year initially licensed/registered/certified

In what province(s)/territory(ies) are you currently registered/licensed/certified as an NP? (*Select all that apply.*)

- ☐ Alberta
- ☐ British Columbia
- ☐ Manitoba
- ☐ New Brunswick
- ☐ Newfoundland and Labrador
- ☐ Northwest Territories/Nunavut

Client Characteristics

What percentage of your client population presents with symptoms/diagnoses in each category?
(*Select a percentage for each category. Total does **not** need to sum to 100%.*)

	Percentage of clients				
	0%	1% - 10%	11% - 25%	26% - 50%	51% - 100%
Breast	○	○	○	○	○
Cardiovascular	○	○	○	○	○
Endocrine	○	○	○	○	○
Gastrointestinal/Liver/Gallbladder	○	○	○	○	○
Genital/Urinary	○	○	○	○	○
Gynecology	○	○	○	○	○
Health Promotion and Disease Prevention	○	○	○	○	○
HEENT - Ears, nose and throat	○	○	○	○	○
HEENT - Eyes and lids	○	○	○	○	○
Hematology	○	○	○	○	○
Infectious Diseases	○	○	○	○	○

	Percentage of clients				
	0%	1% - 10%	11% - 25%	26% - 50%	51% - 100%
Integument	○	○	○	○	○
Multisystem	○	○	○	○	○
Musculoskeletal	○	○	○	○	○
Nephrology	○	○	○	○	○
Neurology	○	○	○	○	○
Obstetrics	○	○	○	○	○
Oncology	○	○	○	○	○
Psychiatry/Mental Health	○	○	○	○	○
Respiratory	○	○	○	○	○
Sexually Transmitted Infections	○	○	○	○	○

What percentage of your clients require follow-up related to the following?
(*Total does **not** need to sum to 100%.*)

	% of clients
Acute illness/common health problems	_____ %
	_____

Activities Performed as an NP

Do you perform each of the following activities? If you do perform the activity, indicate whether you perform it under your own authority or with physician approval. If you

Yes, I perform the activity autonomously under my own authority [1]
Yes, I perform the activity with physician approval [2]
No—Not permitted by regulation/legislation
No—Due to employer or other organizational policies
No—Do not have clients that require service
No—Not funded by third-party insurance policies
No—I do not have the knowledge, skills, and ability to perform it

[1] Performing activity autonomously under the NP's own authority: The provincial regulation includes the activity within the NP's own authority and the regulatory body does not restrict the activity

[2] Performing the activity with physician approval: The activity does not fall within the NPs own authority, but is performed by the NP with a physician's order, delegation, sign-off, or supervision

Activity	Do you perform?						
	Yes Autono-mously	**Yes** With physician approval	**No** Due to regulation/ legislation	**No** Due to employer/ organizatn'l policies	**No** Clients do not require	**No** Not funded by insurance	**No** Do not have KSAs to perform
Complete a health history (focused or comprehensive)	○	○	○	○	○	○	○
Complete a physical examination (focused or comprehensive)	○	○	○	○	○	○	○
Make a diagnosis (in QC, diagnostic impression)	○	○	○	○	○	○	○
Communicate a diagnosis (in QC, diagnostic impression)	○	○	○	○	○	○	○
Prescribe pharmaceutical therapy	○	○	○	○	○	○	○
Prescribe controlled drugs and substances	○	○	○	○	○	○	○
Order blood and blood products	○	○	○	○	○	○	○
Admit clients to hospitals	○	○	○	○	○	○	○
Admit clients involuntarily to mental health facilities	○	○	○	○	○	○	○
Discharge clients from hospitals	○	○	○	○	○	○	○
Refer to a physician specialist	○	○	○	○	○	○	○
Refer to other health care providers	○	○	○	○	○	○	○
Complete certificates of death	○	○	○	○	○	○	○
Complete worker's compensation forms	○	○	○	○	○	○	○
Complete insurance forms from private insurers	○	○	○	○	○	○	○

Please answer all questions on this screen before clicking "Next." By clicking "Next" your answers on this screen will be saved. Once you click "Next," you will not be able t

Do you perform the activity? If you do **not**, select the **primary** reason why not.

Yes, I perform the activity autonomously under my own authority [1]
Yes, I perform the activity with physician approval [2]
No—Not permitted by regulation/legislation
No—Due to employer or other organizational policies
No—Do not have clients that require service
No—Not funded by third-party insurance policies
No—I do not have the knowledge, skills, and ability to perform it

[1,2] Click here to view the descriptions of autonomous and physician approval

The descriptions will open in a new window

Order tests	Do you perform?						
	Yes Autono- mously	**Yes** With physician approval	**No** Due to regulation/ legislation	**No** Due to employer/ organizatn'l policies	**No** Clients do not require	**No** Not funded by insurance	**No** Do not have KSAs to perform
Laboratory tests	○	○	○	○	○	○	○
Magnetic resonance imaging	○	○	○	○	○	○	○
X-ray	○	○	○	○	○	○	○
Bone density	○	○	○	○	○	○	○
Computerized tomography	○	○	○	○	○	○	○
Ultrasound	○	○	○	○	○	○	○
Echocardiogram	○	○	○	○	○	○	○
Spirometry	○	○	○	○	○	○	○
Other pulmonary function tests	○	○	○	○	○	○	○
Holter monitoring	○	○	○	○	○	○	○
Electrocardiogram	○	○	○	○	○	○	○
Cardiac stress	○	○	○	○	○	○	○
Sleep apnea testing	○	○	○	○	○	○	○
Mammogram	○	○	○	○	○	○	○
Amniocentesis	○	○	○	○	○	○	○

Are there other tests that are within the legal scope of NP practice in your province/territory that that you are **unable** to order or perform due to employer or organizational policies?

Click here to view the tests

The list will open in a new window

Do you perform the activity? If you do not, select the primary reason why not.

Yes, I perform the activity autonomously under my own authority [1]
Yes, I perform the activity with physician approval [2]
No–Not permitted by regulation/legislation
No–Due to employer or other organizational policies
No–Do not have clients that require service
No–Not funded by third-party insurance policies
No–I do not have the knowledge, skills, and ability to perform it

[1,2] Click here to view the descriptions of autonomous and physician approval

The descriptions will open in a new window

Procedures	Do you perform?						
	Yes Autono-mously	**Yes** With physician approval	**No** Due to regulation/ legislation	**No** Due to employer/ organizatn'l policies	**No** Clients do not require	**No** Not funded by insurance	**No** Do not have KSAs to perform
Pap tests	○	○	○	○	○	○	○
IUD insertion	○	○	○	○	○	○	○
Skin lesion removal	○	○	○	○	○	○	○
Biopsy	○	○	○	○	○	○	○
Cryotherapy	○	○	○	○	○	○	○
Joint aspirations and injections	○	○	○	○	○	○	○
Wound closure (suturing/stapling)	○	○	○	○	○	○	○
Splinting/casting	○	○	○	○	○	○	○
Reduce dislocations of joints/fractures	○	○	○	○	○	○	○
Apply traction	○	○	○	○	○	○	○
Incision and drainage	○	○	○	○	○	○	○

Procedures	Do you perform?						
	Yes Autono-mously	**Yes** With physician approval	**No** Due to regulation/ legislation	**No** Due to employer/ organizatn'l policies	**No** Clients do not require	**No** Not funded by insurance	**No** Do not have KSAs to perform
Foreign body removal (from eye, ear, orifice)	○	○	○	○	○	○	○
Intubation	○	○	○	○	○	○	○
Extubation	○	○	○	○	○	○	○
Central line insertion	○	○	○	○	○	○	○
Chest tube insertion	○	○	○	○	○	○	○
Pleural puncture	○	○	○	○	○	○	○
Lumbar puncture	○	○	○	○	○	○	○
Cardioversion	○	○	○	○	○	○	○
External pacemaker application	○	○	○	○	○	○	○
Arterial line insertion and removal	○	○	○	○	○	○	○
Regional anaesthetic blocks (e.g., digital nerve blocks)	○	○	○	○	○	○	○

Are there other procedures are within the legal scope of NP practice in your province/territory that that you are <u>unable</u> to perform or order due to employer or organizational policies?

Click here to view the procedures

The list will open in a new window

[text box]

Do you perform the activity? If you do <u>not</u>, select the <u>primary</u> reason why not.

    Yes, I perform the activity autonomously under my own authority [1]
    Yes, I perform the activity with physician approval [2]
    No–Not permitted by regulation/legislation
    No–Due to employer or other organizational policies
    No–Do not have clients that require service
    No–Not funded by third-party insurance policies
    No–I do not have the knowledge, skills, and ability to perform it

[1,2] Click here to view the descriptions of autonomous and physician approval

The descriptions will open in a new window

Order medical treatment	Do yo perform?						
	Yes Autono-mously	**Yes** With physician approval	**No** Due to regulation/ legislation	**No** Due to employer/ organizatn'l policies	**No** Clients do not require	**No** Not funded by insurance	**No** Do not have KSAs to perform
Oxygen	○	○	○	○	○	○	○
NG tube	○	○	○	○	○	○	○
Urinary catheter	○	○	○	○	○	○	○
Parenteral/enteral nutrition	○	○	○	○	○	○	○
Adjustment of hemodialysis or peritoneal dialysis treatment	○	○	○	○	○	○	○
Peripheral line	○	○	○	○	○	○	○
Internal pacemaker adjustments	○	○	○	○	○	○	○

Are there any other medical treatments are within the legal scope of NP practice in your province/territory that that you are unable to perform due to employer or organizational policies?

Click here to view the medical treatments

The list will open in a new window

[text box]

How completely did the framework represent the competencies of newly licensed NPs?

○ Completely

○ Mostly

○ Somewhat

○ Not at all

Please describe any additional competencies of newly licensed NPs that were missing from the framework.

Thank you for participating in this practice analysis study. CCRNR greatly appreciates your professional and personal contribution.

Once you click the submit button, your survey will be completed, and the web page will close.

[Click to submit]

Bienvenue au sondage du CCORPI auprès des infirmières praticiennes !

Veuillez garder les éléments suivants en tête lorsque vous répondrez à l'enquête:

- Vos réponses demeureront strictement confidentielles et les résultats ne seront présentés que sous forme globale.

- Il est important de répondre à toutes les questions apparaissant à l'écran, car vous ne pourrez revenir à un écran après l'avoir terminé.

- Lorsque vous aurez terminé un écran, cliquez sur « Suivant » pour sauvegarder vos réponses et passer à l'écran suivant.

- Vous pouvez quitter l'enquête et y revenir à l'aide du lien fourni dans l'invitation que vous avez reçue par courriel.

- Si la mise en page de l'enquête pose des difficultés, veuillez ajuster votre écran ou le zoom.

- Si vous êtes incapable de passer à une autre page, veuillez consulter le message rouge en haut de la page pour obtenir de l'aide.

> \>\>

Avez-vous travaillé à titre d'IP en pratique clinique au cours des 12 derniers mois?

○ Oui

○ Non (*Si vous sélectionnez "Non" vous ne serez pas en mesure de compléter l'enquête.*)

Travaillez-vous exclusivement comme IP en néonatalogie?

○ Non

○ Oui (*Si vous sélectionnez "Oui" vous ne serez pas en mesure de compléter l'enquête.*)

Aux fins du sondage, le terme <u>client</u> désigne un patient individuel (ou son représentant), une famille, une communauté ou une population.

Le cadre de référence sur les compétences des infirmières praticiennes (IP) de niveau débutant que vous allez évaluer est organisé en quatre grands domaines domaine de compétence IV est divisé en deux sous-domaines.

DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS

     A. Établissement de la relation avec le client et communication

     B. Évaluation

     C. Diagnostic (au Québec, impression diagnostique)

     D. Gestion

     E. Collaboration, consultation, et référence

     F. Promotion de la santé

DOMAINE DE COMPÉTENCE II : AMÉLIORATION DE LA QUALITÉ ET RECHERCHE

DOMAINE DE COMPÉTENCE III. LEADERSHIP

DOMAINE DE COMPÉTENCE IV. ÉDUCATION

     A. Enseignement aux clients, à la communauté et à l'équipe de soins

     B. Maintien de la compétence

Des indicateurs comportementaux

Dans cette partie du sondage, vous évaluerez des indicateurs comportementaux, qui correspondent à des activités exercées par des IP débutantes. Les indicateurs comportementaux son moment d'obtenir leur permis/licence/certificat d'IP). Les indicateurs comportementaux sont répartis selon les principaux domaines de compétence définis précédemment.

Veuillez évaluer chaque indicateur comportemental à l'aide des deux échelles suivantes.

Consequences Quelle serait la gravité des conséquences pour les clients si une IP nouvellement certifiée/autorisée/immatriculée n'exerçait pas l'activité de façon compétente?
     Pas grave du tout (aucun préjudice pour les clients)
     Pas très grave (entraîne des inconvénients)
     Modérément grave (entrave ou retarde l'évolution thérapeutique)
     Très grave (détériore l'état/exige une intervention)
     Extrêmement grave (pourrait mettre la vie en danger)

Fréquence À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?
     Jamais
     Rarement (moins d'une fois par mois)
     Tous les mois (au moins une fois par mois)
     Toutes les semaines (au moins une fois par semaine)
     Tous les jours (au moins une fois par jour)

Les énoncés de compétence ont été définis par des IP à travers le Canada afin d'obtenir une description d'ensemble de la pratique des IP de niveau débutant. Certaines des compétences sont communes aux IP e

Veuillez noter que les compétences sont générales et peuvent ne pas refléter les soins directs au patient. Veuillez évaluer tous les éléments au meilleur de votre connaissance en utilisant les échelles de fréquence

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS										
Établissement de la relation avec le client et communication *L'infirmière praticienne compétente de niveau débutant utilise des stratégies de communication appropriées pour créer un environnement sécuritaire et thérapeutique pour les soins aux clients.*										
1. Exprimer clairement le rôle de l'infirmière praticienne dans les interactions avec le client.	○	○	○	○	○	○	○	○	○	○
2. Utiliser des techniques et des outils qui sont adaptés au stade de développement et aux particularités culturelles.	○	○	○	○	○	○	○	○	○	○
3. Créer un environnement sécuritaire qui favorise des interactions efficaces et un rapport de confiance avec le client et qui protège la vie privée et la confidentialité.	○	○	○	○	○	○	○	○	○	○
4. Appliquer des stratégies relationnelles (p. ex., poser des questions ouvertes, favoriser les partenariats) pour établir une relation thérapeutique.	○	○	○	○	○	○	○	○	○	○
5. Tenir compte des croyances culturelles et des valeurs du client dans toutes les interactions avec le client.	○	○	○	○	○	○	○	○	○	○
6. Prendre conscience de ses propres croyances et valeurs et fournir des soins avec objectivité.	○	○	○	○	○	○	○	○	○	○
7. Reconnaître les dilemmes moraux et éthiques et prendre des mesures appropriées au besoin (p. ex., consulter, faire intervenir le système judiciaire).	○	○	○	○	○	○	○	○	○	○
8. Consigner les éléments pertinents aux soins du client dans son dossier.	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continué)										
B. Évaluation *L'infirmière praticienne compétente de niveau débutant intègre un ensemble de connaissances basées sur des données probantes à des compétences avancées en évaluation afin de recueillir l'information nécessaire pour établir les diagnostics (au Québec, impressions diagnostiques), les forces et les besoins du client.*										
1. Établir le motif de consultation du client										
a. Prendre connaissances de l'information pertinente en vue de la rencontre de consultation avec le client (p. ex., , information provenant de demandes de référence ou de d'autres professionnels de la santé notes prises au triage),.	○	○	○	○	○	○	○	○	○	○
b. Effectuer une évaluation initiale en observant l'état du client.	○	○	○	○	○	○	○	○	○	○
c. Poser des questions pertinentes afin d'établir le contexte de la consultation avec le client et le principal problème présenté.	○	○	○	○	○	○	○	○	○	○
d. Reconnaître les situations urgentes, les situations critiques et celles qui menacent la vie.	○	○	○	○	○	○	○	○	○	○
e. Établir les priorités de la rencontre de consultation avec le client.	○	○	○	○	○	○	○	○	○	○
2. Procéder à une anamnèse pertinente en fonction de la situation du client										
a. Recueillir l'histoire de santé comme les symptômes, les antécédents du problème présenté, les antécédents médicaux, les antécédents de santé mentale, les antécédents familiaux, les antécédents prénataux, la croissance et le développement, les antécédents sexuels, les allergies, les médicaments sur ordonnance et en vente libre, et les approches complémentaires	○	○	○	○	○	○	○	○	○	○
b. Recueillir des données pertinentes sur l'étape à laquelle le client est rendu dans sa vie sur les plans psychosocial, comportemental, culturel, ethnique, spirituel et développemental, et sur les déterminants sociaux de la santé.	○	○	○	○	○	○	○	○	○	○
c. Déterminer le profil de risque potentiel ou les comportements à risque du client (p. ex., consommation d'alcool, de drogues illicites ou de substances contrôlées, suicide ou automutilation, victime de violence ou de négligence, chutes, infections)	○	○	○	○	○	○	○	○	○	○
d. Évaluer les forces du client et ses besoins en matière de promotion de la santé, de prévention des maladies ou de réduction des risques	○	○	○	○	○	○	○	○	○	○
	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
3. Effectuer l'évaluation										
a. En se basant sur l'état du client et l'anamnèse, déterminer le niveau d'évaluation requis	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continue)										
C. Diagnostic (au Québec, impression diagnostique) *L'infirmière praticienne compétente de niveau débutant est engagée dans une démarche diagnostique et établit des diagnostics différentiels (au Québec, hypothèses diagnostiques) par la détermination, l'analyse et l'interprétation des résultats provenant de diverses sources.*										
1. Établir des diagnostics différentiels (au Québec, hypothèses diagnostiques) pour les problèmes de santé aigus, chroniques et potentiellement mortels.										
a. Analyser et interpréter de multiples sources de données, y compris les résultats des tests de diagnostic et de dépistage, de l'anamnèse et de l'examen physique	○	○	○	○	○	○	○	○	○	○
b. Faire la synthèse des résultats en regard des connaissances scientifiques, des déterminants de la santé, de la connaissance de la normalité et l'anormalité, des caractéristiques du client et de la population, des données épidémiologiques et des risques pour la santé	○	○	○	○	○	○	○	○	○	○
c. Établir des diagnostics différentiels (au Québec, hypothèses diagnostiques)	○	○	○	○	○	○	○	○	○	○
d. Fournir au client une justification pour la prescription d'examens diagnostiques	○	○	○	○	○	○	○	○	○	○
e. Déterminer les diagnostics (au Québec, impressions diagnostiques) les plus probables en s'appuyant sur le raisonnement clinique et les données probantes disponibles	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
f. Prescrire ou effectuer des examens de dépistage et d'investigation diagnostique à partir des meilleures données probantes disponibles pour confirmer ou exclure des diagnostics différentiels (au Québec, hypothèses diagnostiques).	○	○	○	○	○	○	○	○	○	○
g. Assumer la responsabilité du suivi des résultats des tests	○	○	○	○	○	○	○	○	○	○
h. Interpréter les résultats des examens de dépistage et d'investigation diagnostique en recourant à un raisonnement clinique basé sur des données probantes	○	○	○	○	○	○	○	○	○	○
i. Confirmer les diagnostics (au Québec, impressions diagnostiques) les plus probables	○	○	○	○	○	○	○	○	○	○
2. Expliquer les constats de l'évaluation et communiquer un diagnostic (au Québec, une impression diagnostique) au client										
a. Expliquer les résultats des investigations cliniques au client	○	○	○	○	○	○	○	○	○	○
b. Communiquer le diagnostic (au Québec, l'impression diagnostique) au client, y compris les implications à court et à long terme du problème de santé et le pronostic	○	○	○	○	○	○	○	○	○	○
c. S'assurer que le client comprend l'information qui lui est fournie sur les résultats et les diagnostics (au Québec, impressions diagnostiques)	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continué)										
D. Management *À partir de l'évaluation et du diagnostic, l'infirmière praticienne compétente de niveau débutant élabore le plan de soins et de traitements le plus approprié pour le client, et procède aux interventions thérapeutiques basées sur des données probantes en partenariat avec le client dans le but d'atteindre un état de santé optimal.*										
1. Initier des interventions visant à stabiliser la condition du client dans des situations urgentes, critiques ou menaçant la vie (p. ex., dégager les voies aériennes, maintenir la respiration et la circulation; idéations suicidaires	○	○	○	○	○	○	○	○	○	○
2. Élaborer un plan de soins et de traitements selon le diagnostic et une pratique basée sur des données probantes										
a. Déterminer et discuter avec le client des options pour gérer son problème de santé, en tenant compte de ses considérations personnelles (p. ex., facteurs socioéconomiques, géographie, stade de développement.)	○	○	○	○	○	○	○	○	○	○
b. Choisir les interventions appropriées en faisant une synthèse des renseignements obtenus, y compris les déterminants de la santé, les pratiques basées sur des données probantes et les préférences du client	○	○	○	○	○	○	○	○	○	○
c. Mettre en œuvre un plan de soins et de traitements approprié (p. ex., non pharmacologique, pharmacologique, tests diagnostiques, référence)	○	○	○	○	○	○	○	○	○	○
d. Prendre en considération les impacts des choix thérapeutiques sur les ressources. (p. ex., coût, disponibilité)	○	○	○	○	○	○	○	○	○	○
	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
3. Effectuer des interventions, des traitements et des thérapies pharmacologiques.										
a. Établir des options pharmacothérapeutiques en fonction du diagnostic (au Québec, impression diagnostique) en s'appuyant sur les déterminants de la santé, les pratiques basées sur des données probantes et les préférences du client	○	○	○	○	○	○	○	○	○	○
b. Donner des conseils au client au sujet de la pharmacothérapie, y compris une justification, le coût, les réactions indésirables possibles, les interactions possibles, les contre-indications et les précautions, ainsi que les raisons de respecter le régime posologique prescrit ainsi que la surveillance et le suivi requis	○	○	○	○	○	○	○	○	○	○
c. Rédiger des ordonnances exactes conformément aux exigences de l'organisme de réglementation et de l'organisation	○	○	○	○	○	○	○	○	○	○
d. Établir un plan pour surveiller les réactions au traitement médicamenteux et poursuivre, ajuster ou discontinuer la médication en se basant sur l'évaluation des réactions du client	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continué)										
D. Gestion (continué)										
4. Effectuer des interventions, des traitements et des thérapies non pharmacologiques										
a. Établir des options thérapeutiques (y compris des approches complémentaires et alternatives) en fonction du diagnostic (au Québec, impression diagnostique) en s'appuyant sur les déterminants de la santé, les pratiques basées sur des données probantes et les préférences du client	○	○	○	○	○	○	○	○	○	○
b. Donner des conseils au client au sujet des options thérapeutiques, y compris une justification, les risques et les avantages potentiels, les effets indésirables, les soins post-traitement, et le suivi requis pendant et après le traitement	○	○	○	○	○	○	○	○	○	○
c. Prescrire les traitements requis (p. ex., soin des plaies, phlébotomie)	○	○	○	○	○	○	○	○	○	○
d. Discuter du suivi et prendre les arrangements nécessaires	○	○	○	○	○	○	○	○	○	○
5. Effectuer des procédures effractives et non effractives										
a. Renseigner le client sur la procédure, y compris une justification, les risques et les avantages potentiels, les effets indésirables ainsi que les soins et le suivi prévus par la suite	○	○	○	○	○	○	○	○	○	○
b. Obtenir et documenter le consentement éclairé du client	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
c. Effectuer des procédures en appliquant des techniques basées sur des données probantes	○	○	○	○	○	○	○	○	○	○
d. Évaluer les résultats cliniques, les soins post-traitement et le suivi	○	○	○	○	○	○	○	○	○	○
6. Assurer la surveillance du continuum de soins fournis aux clients dont l'état de santé est complexe et/ou chronique	○	○	○	○	○	○	○	○	○	○
7. Assurer le suivi du client et la gestion du problème de santé										
a. Développer un processus systématique pour surveiller l'évolution de l'état de santé du client	○	○	○	○	○	○	○	○	○	○
b. Évaluer la réponse du client au plan de soins et de traitements en collaboration avec celui-ci	○	○	○	○	○	○	○	○	○	○
c. Réviser le plan de soins et de traitements à la lumière des réactions et des préférences du client	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continué)										
E. Collaboration, consultation et référence *L'infirmière praticienne compétente de niveau débutant reconnaît les situations où la collaboration, la consultation et la référence sont nécessaires pour répondre à l'ensemble des besoins du client et lui assurer des soins sécuritaires et de qualité.*										
1. Établir des liens de collaboration avec les autres professionnels de la santé et les ressources communautaires (p. ex., école, services de police, services de protection de l'enfance, réadaptation, soins à domicile).	○	○	○	○	○	○	○	○	○	○
2. Établir des recommandations ou des traitements pertinents en réponse aux demandes de consultation ou pour les clients qui lui sont référés.	○	○	○	○	○	○	○	○	○	○
3. Déterminer la nécessité de consulter et/ou de référer le client (p. ex., pour confirmer un diagnostic, pour compléter le plan de soins et de traitements, pour prendre en charge les soins, si l'état de santé du client dépasse les compétences ou le champ d'exercice de l'IP).	○	○	○	○	○	○	○	○	○	○
4. Consulter et/ou référer le client en fournissant les renseignements pertinents (p. ex., antécédents du client, résultats des évaluations, diagnostic) et en précisant les attentes.	○	○	○	○	○	○	○	○	○	○
5. Passer en revue, avec le client, les recommandations issues de la consultation ou de la référence et les intégrer au plan de soins et de traitements selon ce qui est approprié.	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continué)										
F. Promotion de la santé *L'infirmière praticienne compétente de niveau débutant s'appuie sur des données probantes et collabore avec des partenaires communautaires et d'autres professionnels de la santé pour optimiser la santé des individus, des familles, des communautés et des populations.*										
1. Déterminer les forces et les besoins en matière de santé des individus, des familles, des communautés ou des populations afin d'élaborer en collaboration avec eux des stratégies visant à solutionner des problèmes.	○	○	○	○	○	○	○	○	○	○
2. Analyser l'information en provenance de différentes sources pour déterminer, dans une population, les comportements ayant un impact sur la santé.	○	○	○	○	○	○	○	○	○	○
3. Choisir et mettre en œuvre des stratégies basées sur des données probantes pour favoriser la promotion de la santé et la prévention primaire, secondaire et tertiaire.	○	○	○	○	○	○	○	○	○	○
4. Évaluer les résultats des stratégies de promotion de la santé retenues et réviser le plan en conséquence.	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
DOMAINE DE COMPÉTENCE II : AMÉLIORATION DE LA QUALITÉ ET RECHERCHE *L'infirmière praticienne compétente de niveau débutant a une pratique basée sur des données probantes, vise à optimiser les soins au client et la prestation des services de santé, et participe à la recherche.*										
1. Déterminer, évaluer et appliquer les résultats de recherche, les guides de pratique et les pratiques exemplaires en vigueur.	○	○	○	○	○	○	○	○	○	○
2. Déterminer les améliorations à apporter à la prestation des services de santé.	○	○	○	○	○	○	○	○	○	○
3. Analyser les répercussions (p. ex., coût de ne pas faire de changement, conséquences imprévues), pour le client et/ou le système, de la mise en œuvre de changements de pratique.	○	○	○	○	○	○	○	○	○	○
4. Mettre en œuvre les améliorations prévues pour les soins de santé ainsi que les structures et les processus de prestation des services.	○	○	○	○	○	○	○	○	○	○
5. Évaluer l'amélioration de la qualité et les résultats au niveau des soins aux clients, et/ou au niveau de la prestation des services de santé.	○	○	○	○	○	○	○	○	○	○
6. Reconnaître et gérer les risques pour les individus, les familles, les populations et le système de santé afin de favoriser l'amélioration de la qualité.	○	○	○	○	○	○	○	○	○	○
7. Signaler les événements indésirables aux clients et/ou aux instances appropriées, conformément aux lois et aux politiques de l'organisation applicables.	○	○	○	○	○	○	○	○	○	○
8. Analyser les facteurs qui contribuent aux événements indésirables et aux incidents évitables et élaborer des stratégies pour réduire les risques.	○	○	○	○	○	○	○	○	○	○
9. Participer à la recherche (p. ex., définir des questions pour la recherche clinique, participer à l'élaboration de devis et à la réalisation des études, recueillir des données, diffuser les résultats).	○	○	○	○	○	○	○	○	○	○
10. Évaluer l'impact de la pratique des infirmières praticiennes sur les résultats obtenus chez les clients et la prestation des soins de santé.	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
DOMAINE DE COMPÉTENCE III. LEADERSHIP *L'infirmière praticienne compétente de niveau débutant fait preuve de leadership en mettant à profit son rôle d'IP pour améliorer les soins aux clients et favoriser des changements dans le système.*										
1. Promouvoir les bénéfices du rôle de l'infirmière praticienne pour les soins aux clients auprès des autres professionnels de la santé et intervenants (p. ex., employeurs, secteur public, services sociaux, , législateurs, décideurs, le public).	○	○	○	○	○	○	○	○	○	○
2. Mettre en œuvre des stratégies visant à intégrer et à optimiser le rôle de l'infirmière praticienne au sein des équipes et du système de santé afin d'améliorer les soins aux clients.	○	○	○	○	○	○	○	○	○	○
3. Coordonner les équipes interprofessionnelles dans la prestation des soins aux clients.	○	○	○	○	○	○	○	○	○	○
4. Créer des occasions de partager et d'apprendre avec les autres professionnels de la santé afin d'optimiser les soins aux clients.	○	○	○	○	○	○	○	○	○	○
5. Contribuer au développement des connaissances et des habiletés cliniques des membres de son équipe et des autres professionnels de la santé, et donc aux soins aux clients (p. ex., en répondant à des questions d'ordre clinique, en partageant des données probantes).	○	○	○	○	○	○	○	○	○	○
6. Cerner les lacunes dans les systèmes et/ou les occasions d'améliorer les processus et les pratiques, et formuler des recommandations de changement basées sur des données probantes.	○	○	○	○	○	○	○	○	○	○
7. Appliquer les connaissances théoriques et pratiques relatives à la communication, à la négociation, à la résolution de conflits, à la création de coalitions et à la gestion du changement.	○	○	○	○	○	○	○	○	○	○
8. Déterminer les besoins en matière d'élaboration de politiques pour améliorer les soins aux clients, et plaider en faveur de telles politiques.	○	○	○	○	○	○	○	○	○	○
9. Appliquer les principes de la planification et de l'élaboration de programmes pour optimiser les soins aux clients (p. ex., développer le(s) rôle(s) des professionnels de la santé, améliorer la pratique).	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
DOMAINE DE COMPÉTENCE IV. ÉDUCATION *L'infirmière praticienne compétente de niveau débutant intègre la formation formelle et informelle à sa pratique, ce qui comprend, mais sans s'y limiter, son autoapprentissage et l'enseignement aux clients, à la communauté et aux membres de l'équipe de soins*										
A. Enseignement aux clients, à la communauté et à l'équipe de soins										
1. Évaluer les besoins d'apprentissage des publics cibles et établir les priorités.	○	○	○	○	○	○	○	○	○	○
2. Donner un enseignement dont le contenu est basé sur la théorie et sur les données probantes.	○	○	○	○	○	○	○	○	○	○
3. Se référer à des théories de l'apprentissage pertinentes, élaborer des plans d'enseignement et choisir les méthodes d'enseignement appropriées en tenant compte des ressources disponibles (p. ex., humaines, matérielles, financières).	○	○	○	○	○	○	○	○	○	○
4. Diffuser les connaissances à l'aide de moyens appropriés (p. ex., dépliants, affiches, présentations, publications).	○	○	○	○	○	○	○	○	○	○
5. Reconnaître la nécessité d'évaluer les résultats et le planifier (p. ex., obtenir une rétroaction des clients, effectuer des pré et post-tests).	○	○	○	○	○	○	○	○	○	○

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
B. Maintien de la compétence										
6. Réfléchir sur sa pratique clinique pour établir ses besoins en vue de maintenir sa compétence.	○	○	○	○	○	○	○	○	○	○
7. Poursuivre son développement professionnel.	○	○	○	○	○	○	○	○	○	○
8.Rechercher des possibilités de mentorat pour soutenir son développement professionnel.	○	○	○	○	○	○	○	○	○	○

Domaines de competence

Dans cette partie du sondage, vous évaluerez les domaines de compétence et les sous-compétences qu'ils comprennent

Veuillez évaluer chaque domaine de compétence et sous-compétence à l'aide des deux échelles suivantes.

% du temps	Au cours de vos 12 derniers mois de travail, quel pourcentage de votre temps avez-vous consacré aux chaque domaine de *jour dans la ligne du bas à mesure que vous avancez.)*
Conséquences	Quelle serait la gravité des conséquences pour les clients si une IP nouvellement certifiée/autorisée/immatriculée n'exerçait *Pas grave du tout* (aucun préjudice pour les clients) *Pas très grave* (entraîne des inconvénients) *Modérément grave* (entrave ou retarde l'évolution thérapeutique) *Très grave* (détériore l'état/exige une intervention) *Extrêmement grave* (pourrait mettre la vie en danger)

Cliquer ici pour voir les indicateurs comportementaux de chaque domaine de compétence

La liste s'ouvrira dans une nouvelle fenêtre

Competency and Subcompetency Areas	% of Time	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?				
		Pas grave du tout	Pas très grave	Modérément grave	Très grave	Extrêmement grave
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS A. Établissement de la relation avec le client et communication	___ %	○	○	○	○	○
B. Évaluation	___ %	○	○	○	○	○
C. Diagnostic (au Québec, impression diagnostique)	___ %	○	○	○	○	○
D. Gestion	___ %	○	○	○	○	○
E: Collaboration, consultation et référence	___ %	○	○	○	○	○
F. Promotion de la santé	___ %	○	○	○	○	○
DOMAINE DE COMPÉTENCE II. AMÉLIORATION DE LA QUALITÉ ET RECHERCHE	___ %	○	○	○	○	○
DOMAINE DE COMPÉTENCE III. LEADERSHIP	___ %	○	○	○	○	○
DOMAINE DE COMPÉTENCE IV. ÉDUCATION A. Enseignement aux clients, à la communauté et à l'équipe de soins	___ %	○	○	○	○	○
B. Maintien de la compétence	___ %	○	○	○	○	○
Autre (*veuillez préciser.*)						

Questionnaire professionnel et démographique

Vos réponses seront regroupées avec les autres et serviront uniquement à des fins statistiques.

Quels sont les diplômes que vous avez obtenus? (*cocher toutes les réponses applicables.*)

- ☐ Diplôme en soins infirmiers
- ☐ Baccalauréat en sciences infirmières
- ☐ Baccalauréat dans un autre domaine (*veuillez préciser*) [_____]
- ☐ Certificat ou diplôme d'infirmière praticienne (post-diplôme d'hôpital, post-baccalauréat)
- ☐ Maîtrise en sciences infirmières
- ☐ Maîtrise en sciences infirmières – volet IP
- ☐ Maîtrise en sciences infirmières – volet IP plus un DESS en sciences médicales (Québec uniquement)
- ☐ Maîtrise en sciences – IP
- ☐ Maîtrise dans un autre domaine (*veuillez préciser*) [_____]
- ☐ Certificat d'infirmière praticienne post-maîtrise
- ☐ Doctorat en sciences infirmières
- ☐ Doctorat dans un autre domaine (*veuillez préciser*) [_____]

Dans l'ensemble, combien d'années d'expérience à titre d'infirmière/autorisée/immatriculée comptiez-vous avant de devenir infirmiè

[--------> ∨] d'années d'expérience à titre d'infirmière/autoris

Combien d'années d'expérience à titre d'infirmière praticienne avez-vous?

[--------> ∨] d'années à titre d'infirmière praticienne

En quelle année avez-vous obtenu l'autorisation d'exercer/l'immatriculation/la certification en tant qu'IP au Canada?

[--------> ∨] year initially licensed/registered/certified

Dans quel(s) province(s)/territoire(s) détenez-vous actuellement l'autorisation d'exercer/l'immatriculation/la certification en tant qu
(*Cocher toutes les réponses qui s'appliquent.*)

- ☐ Alberta
- ☐ Colombie-Britannique
- ☐ Manitoba
- ☐ Nouveau-Brunswick

Caractéristiques des clients et de la pratique

Quel pourcentage de votre clientèle présente des symptômes ou des diagnostics dans chaque catégorie? ?
(*Cocher un pourcentage pour chacune des catégories. Il n'est **pas** nécessaire que le total égale 100 %.*)

	% de clientèle				
	0%	1% - 10%	11% - 25%	26% - 50%	51% - 100%
Sein	○	○	○	○	○
Système cardiovasculaire	○	○	○	○	○
Système endocrinien	○	○	○	○	○
Tractus gastro-intestinal/foie/vésicule biliaire	○	○	○	○	○
Système génito-urinaire	○	○	○	○	○
Gynécologie	○	○	○	○	○
Promotion de la santé et prévention des maladies	○	○	○	○	○
ORL – oreilles, nez et larynx	○	○	○	○	○
Ophtalmologie	○	○	○	○	○
Hématologie	○	○	○	○	○
Maladies infectieuses	○	○	○	○	○

	% de clientèle				
	0%	1% - 10%	11% - 25%	26% - 50%	51% - 100%
Téguments	○	○	○	○	○
Multisystémique	○	○	○	○	○
Système musculo-squelettique	○	○	○	○	○
Néphrologie	○	○	○	○	○
Neurologie	○	○	○	○	○
Obstétrique	○	○	○	○	○
Oncologie	○	○	○	○	○
Psychiatrie/santé mentale	○	○	○	○	○
Système respiratoire	○	○	○	○	○
Infections transmissibles sexuellement	○	○	○	○	○

Activités exécutées en tant qu'IP

Est-ce que vous exercez chacune des activités suivantes? Si vous exercez l'activité, veuillez indiquer si vous le faites en vertu de votre propre au pour laquelle vous ne l'exercez pas.

Oui, j'exerce l'activité de façon autonome en vertu de l'autorité qui m'est conférée[1]
Oui, j'exerce l'activité avec l'approbation d'un médecin[2]
NoNon – activité non permise par la réglementation/les lois
Non – en raison des politiques de l'employeur ou d'autres politiques de l'organisation
Non – je n'ai pas de clients qui ont besoin de ce service
Non – l'activité n'est pas couverte par les polices d'assurance privées
Non – je n'ai pas les connaissances, les compétences et les habiletés pour exercer l'activité

[1] Exercice de l'activité de façon autonome en vertu de l'autorité de l'IP : La réglementation provinciale englobe l'activité dans l'autorité conférée à l'IP, et l'organism

[2] Exercice de l'activité avec l'approbation d'un médecin : L'activité ne relève pas de l'autorité de l'IP, mais elle est exercée par l'IP en vertu d'une ordonnance médic

Activités	Est-ce que vous exercez chacune des activités suivantes?						
	Oui de façon autonome	**Oui** avec l'appro-bation d'un médecin	**Non** non permise par la régle-mentation/ les lois	**Non** des politiques de l'employeur/ de l'organisation	**Non** je n'ai pas de clients qui ont besoin	**Non** n'est pas couverte par les polices d'assurance privées	**Non** je n'ai pas les connais-sances
Effectuer une anamnèse (ciblée ou globale)	○	○	○	○	○	○	○
Procéder à un examen physique (ciblé ou général)	○	○	○	○	○	○	○
Poser un diagnostic (au Québec, impression diagnostique)	○	○	○	○	○	○	○
Communiquer un diagnostic (au Québec, impression diagnostique)	○	○	○	○	○	○	○
Prescrire un traitement médicamenteux	○	○	○	○	○	○	○
Prescrire des médicaments et substances contrôlés	○	○	○	○	○	○	○
Prescrire du sang et des produits sanguins	○	○	○	○	○	○	○
Admettre des clients à l'hôpital	○	○	○	○	○	○	○
Procéder à l'internement involontaire de clients dans des établissements de santé mentale	○	○	○	○	○	○	○
Accorder le congé de l'hôpital aux clients	○	○	○	○	○	○	○
Référer à un médecin spécialiste	○	○	○	○	○	○	○
Référer à d'autres professionnels de la santé	○	○	○	○	○	○	○
Remplir des certificats de décès	○	○	○	○	○	○	○
Remplir des formulaires d'indemnisation des accidentés du travail	○	○	○	○	○	○	○

Est-ce que vous exercez chacune des activités suivantes? Si vous exercez l'activité, veuillez indiquer si vous le faites en vertu de votre propre auto pour laquelle vous ne l'exercez pas.

Oui, j'exerce l'activité de façon autonome en vertu de l'autorité qui m'est conférée[1]
Oui, j'exerce l'activité avec l'approbation d'un médecin[2]
Non – activité non permise par la réglementation/les lois
Non – en raison des politiques de l'employeur ou d'autres politiques de l'organisation
Non – je n'ai pas de clients qui ont besoin de ce service
Non – l'activité n'est pas couverte par les polices d'assurance privées
Non – je n'ai pas les connaissances, les compétences et les habiletés pour exercer l'activité

[1,2] Cliquer ici pour voir les descriptions de façon autonome et avec l'approbation

Les descriptions s'ouvrira dans une nouvelle fenêtre

Prescription d'examens diagnostiques	Est-ce que vous exercez chacune des activités suivantes?						
	Oui de façon autonome	**Oui** avec l'approbation d'un médecin	**Non** non permise par la réglementation/ les lois	**Non** des politiques de l'employeur/ de l'organisation	**Non** je n'ai pas de clients qui ont besoin	**Non** n'est pas couverte par les polices d'assurance privées	**Non** je n'ai pas les connaissances
Analyses de laboratoire	○	○	○	○	○	○	○
Imagerie par résonance magnétique	○	○	○	○	○	○	○
Radiographies	○	○	○	○	○	○	○
Densité osseuse	○	○	○	○	○	○	○
Tomographie par ordinateur	○	○	○	○	○	○	○
Échographie	○	○	○	○	○	○	○
Échocardiogramme	○	○	○	○	○	○	○
Spirométrie	○	○	○	○	○	○	○
Autres examens de la fonction pulmonaire	○	○	○	○	○	○	○
Monitorage à l'aide d'un Holter	○	○	○	○	○	○	○
Électrocardiogramme	○	○	○	○	○	○	○
Test d'effort cardiaque	○	○	○	○	○	○	○
Tests pour l'apnée du sommeil	○	○	○	○	○	○	○
Mammographie	○	○	○	○	○	○	○
Amniocentèse	○	○	○	○	○	○	○

Y a-t-il d'autres examens diagnostiques qui font partie du champ d'exercice de l'IP défini par la loi dans votre province/territoire, mais que vous ne pouvez pas prescrire en raison des politiques de l'employeur ou de l'organisation?

Cliquer ici pour voir les prescriptions d'examens diagnostiques

Les prescriptions s'ouvrira dans une nouvelle fenêtre

Est-ce que vous exercez chacune des activités suivantes? Si vous exercez l'activité, veuillez indiquer si vous le faites en vertu de votre propre auto[...] pour laquelle vous ne l'exercez pas.

Oui, j'exerce l'activité de façon autonome en vertu de l'autorité qui m'est conférée[1]
Oui, j'exerce l'activité avec l'approbation d'un médecin[2]
Non – activité non permise par la réglementation/les lois
Non – en raison des politiques de l'employeur ou d'autres politiques de l'organisation
Non – je n'ai pas de clients qui ont besoin de ce service
Non – l'activité n'est pas couverte par les polices d'assurance privées
Non – je n'ai pas les connaissances, les compétences et les habiletés pour exercer l'activité

[1,2] Cliquer ici pour voir les descriptions de façon autonome et avec l'approbation

Les descriptions s'ouvrira dans une nouvelle fenêtre

Procédures	Est-ce que vous exercez chacune des activités suivantes?						
	Oui de façon autonome	**Oui** avec l'appro-bation d'un médecin	**Non** non permise par la régle-mentation/ les lois	**Non** des politiques de l'employeur/ de l'organisation	**Non** je n'ai pas de clients qui ont besoin	**Non** n'est pas couverte par les polices d'assurance privées	**Non** je n'ai pas les connais-sances
Test Pap	○	○	○	○	○	○	○
Installation d'un stérilet	○	○	○	○	○	○	○
Exérèse de lésions cutanées	○	○	○	○	○	○	○
Biopsie	○	○	○	○	○	○	○
Cryothérapie	○	○	○	○	○	○	○
Aspirations et injections dans les articulations	○	○	○	○	○	○	○
Fermeture de plaies (sutures/agrafes)	○	○	○	○	○	○	○
Installation d'une attelle/d'un plâtre	○	○	○	○	○	○	○
Réduction de luxations d'articulation/de fractures	○	○	○	○	○	○	○
Application d'une traction	○	○	○	○	○	○	○
Incision et drainage	○	○	○	○	○	○	○

Procédures	Est-ce que vous exercez chacune des activités suivantes?						
	Oui de façon autonome	**Oui** avec l'appro-bation d'un médecin	**Non** non permise par la régle-mentation/ les lois	**Non** des politiques de l'employeur/ de l'organisation	**Non** je n'ai pas de clients qui ont besoin	**Non** n'est pas couverte par les polices d'assurance privées	**Non** je n'ai pas les connais-sances
Retrait de corps étrangers (yeux, oreilles, orifices)	○	○	○	○	○	○	○
Intubation	○	○	○	○	○	○	○

Y a-t-il d'autres procédures qui font partie du champ d'exercice de l'IP défini par la loi dans votre province/territoire, mais que vous ne pouvez pas prescrire ou exécuter en raison des politiques de l'employeur ou de l'organisation?

Cliquer ici pour voir les descriptions des procédures

La liste s'ouvrira dans une nouvelle fenêtre

Est-ce que vous exercez chacune des activités suivantes? Si vous exercez l'activité, veuillez indiquer si vous le faites en vertu de votre propre autorité ou avec l'approbation d'un médecin. Si vous n'exercez **pas** l'activité, sélectionnez la principale raison pour laquelle vous ne l'exercez pas.

> *Oui, j'exerce l'activité de façon autonome en vertu de l'autorité qui m'est conférée[1]*
> *Oui, j'exerce l'activité avec l'approbation d'un médecin[2]*
> *Non – activité non permise par la réglementation/les lois*
> *Non – en raison des politiques de l'employeur ou d'autres politiques de l'organisation*
> *Non – je n'ai pas de clients qui ont besoin de ce service*
> *Non – l'activité n'est pas couverte par les polices d'assurance privées*
> *Non – je n'ai pas les connaissances, les compétences et les habiletés pour exercer l'activité*

[1,2] Cliquer ici pour voir les descriptions de façon autonome et avec l'approbation

La liste s'ouvrira dans une nouvelle fenêtre

Prescription de traitements médicaux	Est-ce que vous exercez chacune des activités suivantes?						
	Oui de façon autonome	**Oui** avec l'appro-bation d'un médecin	**Non** non permise par la régle-mentation/ les lois	**Non** des politiques de l'employeur/ de l'organisation	**Non** je n'ai pas de clients qui ont besoin	**Non** n'est pas couverte par les polices d'assurance privées	**Non** je n'ai pas les connais-sances
Oxygénothérapie	○	○	○	○	○	○	○
Sonde nasogastrique	○	○	○	○	○	○	○
Cathétérisme vésical	○	○	○	○	○	○	○
Alimentation parentérale/entérale	○	○	○	○	○	○	○
Ajustement des traitements d'hémodialyse ou de dialyse péritonéale	○	○	○	○	○	○	○
Perfusion intraveineuse périphérique	○	○	○	○	○	○	○
Ajustements d'un stimulateur cardiaque interne	○	○	○	○	○	○	○

Y a-t-il d'autres traitements médicaux qui font partie du champ d'exercice de l'IP défini dans la loi dans votre province/territoire, mais que vous ne pouvez pas prescrire en raison des politiques de l'employeur ou de l'organisation

Cliquer ici pour voir les prescription de traitements médicaux

La liste s'ouvrira dans une nouvelle fenêtre

Dans quelle mesure les énoncés représentent-ils les compétences des IP de niveau débutant?

○ Totalement

○ Pour la plupart

○ Quelque peu

○ Aucunement

Décrire les compétences supplémentaires de IP nouvellement autorisés qui manquaient.

Merci d'avoir participé à ce sondage sur l'analyse de la pratique. Le CCORPI vous est grandement reconnaissant de votre contribution professionnelle et personnelle. Une fois que vous cliquez sur le bouton Envoyer, le questionnaire est terminé, et la page Web se ferme.

Cliquer pour envoyer

Appendix 6.
Non-Respondent Survey: Invitations and Screen Captures

MESSAGE EN FRANÇAIS À LA SUITE

Dear Colleague :

You chose not to participate in the Canadian Council of Registered Nurse Regulators (CCRNR) survey of nurse practitioners that was conducted last December.

Please help us by filling out a brief non-respondent questionnaire by February 15, 2015. This will help us compare the characteristics of people who responded to the survey to those who did not. Your responses will be kept confidential and results will be reported in aggregate form only. It is estimated the survey will take 5 minutes to complete.

To access the survey, use the following link.

http://www.surveywriter.net/in/survey/survey310/CCRNRnon.asp

If you encounter any technical difficulties, contact our contractor for the project, Professional Examination Service, at NPPracticeAnalysis@proexam.org.

On behalf of CCRNR, we thank you in advance for your assistance with this project.

Sincerely,

Diane Wilson-Maté, ED, CRMN
Executive Director, College of Registered Nurses of Manitoba
CCRNR Project Lead
****

Bonjour,

Vous avez choisi de ne pas participer à l'enquête du Conseil canadien des organismes de réglementation de la profession infirmière (CCORPI) menée en décembre dernier auprès des infirmières praticiennes.

Veuillez nous aider en remplissant un bref questionnaire à l'intention des non-répondants d'ici le 15 février 2015. Vos réponses nous aideront à comparer les caractéristiques des personnes qui ont répondu au questionnaire de l'enquête à celles des personnes qui n'ont pas répondu. La confidentialité de vos réponses sera assurée, et les résultats seront divulgués uniquement en les regroupant. Le questionnaire devrait vous prendre environ 5 minutes à remplir.

Pour ouvrir le questionnaire, veuillez cliquer sur le lien ci-dessous.

http://www.surveywriter.net/in/survey/survey310/CCRNRnonFR.asp

Si vous avez des difficultés techniques, veuillez communiquer avec l'entreprise retenue pour le projet, Professional Examination Service, à NPPracticeAnalysis@proexam.org.

Au nom du CCORPI, nous vous remercions à l'avance pour votre collaboration à ce projet.

Bien à vous,

Diane Wilson-Maté, ED, CRMN
Executive Director, College of Registered Nurses of Manitoba
Chef de projet du CCORPI

Practice Analysis of Nurse Practitioners Non-Respondent Survey

Please keep the following tips in mind as you navigate the survey:

- Your answers will be kept completely confidential, and results will be reported in aggregate form only.

- After completing a screen, click the "Next" button to save your responses and proceed to the following screen. Once you complete a screen, you will NOT be able to return to it.

- You can exit the survey and return to complete it later using the link you were provided in your email invitation.

- If you are experiencing difficulties with the survey layout, try adjusting your screen or your display zoom.

- If you are unable to move on from any page of the survey, please check the top of the page for a red instructional message for assistance.

[Click Here to Start]

Have you practiced in a clinical NP role in past 12 months?

○ Yes

○ No (*If you select "No" you will NOT be able to complete the survey.*)

Do you practice exclusively as a neonatal NP?

○ No

○ Yes (*If you select "Yes" you will NOT be able to complete the survey.*)

Behavioural Indicators

Behavioural indicators are activities that may be performed by newly-licensed NPs. We selected six from the larger competency framework for you to rate.

Rate each behavioural indicator using the following two scales.

Consequences   How serious would the consequences be to client(s) if a newly-licensed NP failed to perform the activity competently?
Not serious (no harm to client(s))
Minimally serious (causes inconvenience)
Moderately serious (hinders or delays therapeutic progress)
Highly serious (worsens condition/requires intervention)
Critically serious (potentially life threatening)

Frequency   How frequently did you personally perform the activity during the past 12 months?
Never
Rarely (less than once per month)
Monthly (at least monthly)
Weekly (at least weekly)
Daily (at least daily)

The competency statements were developed by NPs from across Canada to provide a comprehensive description of entry-level NP practice. Some of the competencies may be performed by both NPs and regi... create a complete description of entry-level NP practice.

Please note that the competencies are broad and may not reflect direct patient care. Please rate all items to the best of your ability using both the severity of consequence and frequency rating scales.

For purposes of this survey, the term <u>client</u> will mean the individual patient (or his or her representative), family, community, and/or population.

	Consequences if a newly-licensed NP failed to perform the activity competently					How frequently did you perform the activity during the past 12 months?				
	Not serious	Mini-mally serious	Moder-ately serious	Highly serious	Criti-cally serious	Never	Less than monthly	At least monthly	At least weekly	At least daily
Assessment										
Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems	○	○	○	○	○	○	○	○	○	○
Diagnosis										
Determine most likely diagnoses based on clinical reasoning and available evidence	○	○	○	○	○	○	○	○	○	○
Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning	○	○	○	○	○	○	○	○	○	○
Management										

In what year were you first registered/licensed/certified in Canada as an NP?

[Click to select--> ∨] year initially licensed/registered/certified

In what province or territory do you primarily practice as an NP? (*Select ONE.*)

- ○ Alberta
- ○ British Columbia
- ○ Manitoba
- ○ New Brunswick
- ○ Newfoundland and Labrador
- ○ Northwest Territories
- ○ Nunavut
- ○ Nova Scotia
- ○ Ontario
- ○ Prince Edward Island
- ○ Quebec
- ○ Saskatchewan
- ○ Yukon

In what stream(s) are you currently registered/licensed/certified as an NP? (*Select all that apply.*)

- ☐ Family/All Ages/Primary Health Care/Primary Care
- ☐ Adult
- ☐ Pediatric
- ☐ Neonatology (QC, Alberta, and Nova Scotia)
- ☐ Nephrology (QC only)
- ☐ Cardiology (QC only)

What percentage of your work time do you spend in direct client care?

[   ] % of work time

What is your *primary* clinical work setting as an NP? (*Select ONE.*)

- ○ Community Health Centre

Thank you for participating in this practice analysis study. CCRNR greatly appreciates your professional and personal contribution.

Once you click the submit button, your survey will be completed, and the web page will close. You will *NOT* receive a confirmation message.

[Click to submit]

Enquête sur l'analyse de la pratique des infirmières praticiennes non répondantes

Veuillez garder les éléments suivants en tête lorsque vous répondrez à l'enquête:

- Vos réponses demeureront strictement confidentielles et les résultats ne seront présentés que sous forme globale.

- Il est important de répondre à toutes les questions apparaissant à l'écran, car vous ne pourrez revenir à un écran après en être sorti.

- Lorsque vous aurez terminé un écran, cliquez sur « Suivant » pour sauvegarder vos réponses et passer à l'écran suivant.

- Vous pouvez quitter l'enquête et y revenir à l'aide du lien fourni dans l'invitation que vous avez reçue par courriel.

- Si la mise en page de l'enquête pose des difficultés, veuillez ajuster votre écran ou le zoom.

- Si vous êtes incapable de passer à une autre page, veuillez consulter le message rouge en haut de la page pour obtenir de l'aide.

> [>>]

Avez-vous travaillé à titre d'IP en pratique clinique au cours des 12 derniers mois?

○ Oui

○ Non (*Si vous sélectionnez **"Non"** vous ne serez pas en mesure de compléter l'enquête.*)

Travaillez-vous exclusivement comme IP en néonatalogie?

○ Non

○ Oui (*Si vous sélectionnez **"Oui"** vous ne serez pas en mesure de compléter l'enquête.*)

Des indicateurs comportementaux

Les indicateurs comportementaux sont des comportements observables chez des individus possédant un niveau spécifique de compétence (dans ce cas-ci, au moment d'obtenir leur per indicateurs parmi l'ensemble des compétences du cadre de référence, pour que vous puissiez les évaluer

Veuillez évaluer chaque indicateur comportemental à l'aide des deux échelles suivantes.

Conséquences Quelle serait la gravité des conséquences pour les clients si une IP nouvellement certifiée/autorisée/immatriculée n'exerçait pas l'activité de façon compétente?
 Pas grave du tout (aucun préjudice pour les clients)
 Pas très grave (entraîne des inconvénients)
 Modérément grave (entrave ou retarde l'évolution thérapeutique)
 Très grave (détériore l'état/exige une intervention)
 Extrêmement grave (pourrait mettre la vie en danger)

Fréquence À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?
 Jamais
 Rarement (moins d'une fois par mois)
 Tous les mois (au moins une fois par mois)
 Toutes les semaines (au moins une fois par semaine)
 Tous les jours (au moins une fois par jour)

Les énoncés de compétence ont été définis par des IP à travers le Canada afin d'obtenir une description d'ensemble de la pratique des IP de niveau débutant. Certaines des compétences sont communes aux IP sondage afin d'avoir une description complète de la pratique des IP.

Veuillez noter que les compétences sont générales et peuvent ne pas refléter les soins directs au patient. Veuillez évaluer tous les éléments au meilleur de votre connaissance en utilisant les échelles de fréquenc

Aux fins du sondage, le terme <u>client</u> désigne un patient individuel (ou son représentant), une famille, une communauté ou une population.

	La gravité des conséquences pour les clients si une IP nouvellement certifiée n'exerçait pas l'activité de façon compétente?					À quelle fréquence avez-vous personnellement exercé l'activité au cours des 12 derniers mois?				
	Pas grave du tout	Pas très grave	Modé-rément grave	Très grave	Extrê-mement grave	Jamais	Rarement	Tous les mois	Toutes les semaines	Tous les jours
Évaluation										
En se basant sur l'état du client et l'anamnèse, déterminer le niveau d'évaluation requis (ciblé ou global), et effectuer un examen des systèmes pertinents	○	○	○	○	○	○	○	○	○	○
Diagnostic (au Québec, impression diagnostique)										
Déterminer les diagnostics (au Québec, impressions diagnostiques) les plus probables en s'appuyant sur le raisonnement clinique et les données probantes disponibles	○	○	○	○	○	○	○	○	○	○
Interpréter les résultats des examens de dépistage et d'investigation diagnostique en recourant à un raisonnement clinique basé sur des données probantes	○	○	○	○	○	○	○	○	○	○
Gestion										

Combien d'années d'expérience à titre d'infirmière praticienne avez-vous?

[--------> ▼] d'années à titre d'infirmière praticienne

En quelle année avez-vous obtenu l'autorisation d'exercer/l'immatriculation/la certification en tant qu'IP au Canada?

[--------> ▼] année

Dans quelle province ou quel territoire exercez-vous principalement en tant qu'IP? (*Cocher une seule réponse.*)

○ Alberta
○ Colombie-Britannique
○ Manitoba
○ Nouveau-Brunswick
○ Terre-Neuve-et-Labrador
○ Territoires du Nord-Ouest
○ Nunavut
○ Nouvelle-Écosse
○ Ontario
○ Île-du-Prince-Édouard
○ Québec
○ Saskatchewan
○ Yukon

Dans quelles catégories détenez-vous actuellement l'autorisation d'exercer/l'immatriculation/la certification en tant qu'IP? (*Cocher toutes les réponses qui s'appliquent.*)

☐ Famille/tous âges/soins de santé primaires/soins primaires
☐ Adultes
☐ Pédiatrie
☐ Néonatologie (Québec, Alberta et Nouvelle-Écosse)
☐ Néphrologie (Québec uniquement)
☐ Cardiologie (Québec uniquement)

Quel pourcentage de votre temps au travail consacrez-vous aux soins directs aux clients?

[ ] % de temps au travail

Quel est votre principal lieu de travail clinique en tant qu'infirmière praticienne? (*Sélectionner un élément.*)

○ Centre de santé communautaire

Merci d'avoir participé à ce sondage. Une fois que vous cliquez sur le bouton Envoyer, le questionnaire est terminé, et la page Web se ferme. Vous ne recevrez un message de confirmation.

[Cliquer pour envoyer]

Appendix 7.
Non-Respondent Survey Results

CCRNR Practice Analysis Study of Nurse Practitioners
Results of the Non-Respondent Survey

Response rate

Invitations sent	2,898
Invalid email	7
Terminated (routed out)	93
Valid sent	2,798
Completed	554
Response rate	19.8%

Language of completed surveys

	n	%
English	505	91.2%
French	49	8.8%
Total	554	100.0%

Analysis of terminated responses

	n	%
Did not practice in clinical NP role in past 12 months	45	48.4%
Practice exclusively as a neonatal NP	48	51.6%
Total	93	100.0%

Response rates to NP surveys

Province/ Territory	NPs in jurisdiction	Completed main survey	% of NPs completing main survey	Completed non-respondent survey	% of NPs completing non-respondent survey	Completed either survey	% completing either survey
Alberta	405	65	16.0%	39	9.6%	104	25.7%
British Columbia	319	45	14.1%	20	6.3%	65	20.4%
Manitoba	140	35	25.0%	17	12.1%	52	37.1%
New Brunswick	117	23	19.7%	8	6.8%	31	26.5%
Newfoundland and Labrador	126	24	19.0%	5	4.0%	29	23.0%
Northwest Territories & Nunavut	52	13	25.0%	2	3.8%	15	28.8%
Nova Scotia	146	43	29.5%	18	12.3%	61	41.8%
Ontario	2437	555	22.8%	394	16.2%	949	38.9%
Prince Edward Island	16	5	31.3%	3	18.8%	8	50.0%
Quebec	245	72	29.4%	37	15.1%	109	44.5%
Saskatchewan	186	27	14.5%	11	5.9%	38	20.4%
Yukon	6	2	33.3%	0	0.0%	2	33.3%
TOTAL	**4195**	**909**	**21.7%**	**554**	**13.2%**	**1463**	**34.9%**

Demographic and Professional Characteristics, Key Variables

Years of NP experience, summary statistics

	M	Max	Min	SD
Years of experience as an NP	7.0	31	1	(5.1)

Years of NP experience, frequency distributions

	N	%
1 to 2	109	20.3%
3 to 5	156	29.1%
6 to 10	151	28.2%
11 to 15	74	13.8%
16 or more	46	8.6%
Total	**536**	**100.0%**

Year first licensed/registered/certified as NP

	N	%
1998	36	6.8%
1999	15	2.9%
2000	9	1.7%
2001	10	1.9%
2002	12	2.3%
2003	25	4.8%
2004	18	3.4%
2005	16	3.0%
2006	30	5.7%
2007	41	7.8%
2008	32	6.1%
2009	54	10.3%
2010	47	8.9%
2011	51	9.7%
2012	62	11.8%
2013	51	9.7%
2014	17	3.2%
Total	**526**	**100.0%**

Province/territory of primary practice

	N	%
Alberta	39	7.0%
British Columbia	20	3.6%
Manitoba	17	3.1%
New Brunswick	8	1.4%
Newfoundland and Labrador	5	0.9%
Northwest Territories	2	0.4%
Nunavut	0	0.0%
Nova Scotia	18	3.2%
Ontario	394	71.1%
Prince Edward Island	3	0.5%
Quebec	37	6.7%
Saskatchewan	11	2.0%
Yukon	0	0.0%
Total	**554**	**100.0%**

Region of primary practice

	N	%
Atlantic	34	6.1%
Quebec	37	6.7%
Ontario	393	70.9%
West	87	15.7%
North	3	0.5%
Total	**554**	**100.0%**

A. Stream(s) in which currently licensed/registered/certified as NP

Multiple responses permitted–respondents could select all that applied; totals do not sum to 100%

	N	%
Family/All Ages/Primary Health Care/ Primary Care	422	76.7%
Adult	111	20.2%
Pediatric	34	6.2%
Neonatology (QC, Alberta, and Nova Scotia)	0	0.0%
Nephrology (QC only)	3	0.5%
Cardiology (QC only)	5	0.9%
Total	**550**	**100.0%**

B. Stream(s) in which currently licensed/registered/certified as NP

Multiple streams listed as separate category

	N	%
Family/All Ages/Primary Health Care/ Primary Care	408	73.6%
Adult	97	17.5%
Pediatric	24	4.3%
Nephrology (QC only)	4	0.7%
Cardiology (QC only)	2	0.4%
More than 1 stream	15	2.7%
Did not answer	4	0.7%
Total	**554**	**100.0%**

C. Stream in which currently licensed/registered/certified as NP

Nephrology and Cardiology categorized as Adult

	N	%
FAA/Primary	408	74.2%
Adult	103	18.7%
Pediatric	24	4.4%
Multiple	15	2.7%
Total	**550**	**100.0%**

Percentage of work time in direct client, summary statistics

	Mean	SD
Percentage of time	82.5%	(17.6)

Percentage of work time in direct client care, frequency distributions

	N	%
Up to 75%	121	22.0%
75% to 84%	115	20.9%
85% to 90%	176	32.0%
More than 90%	138	25.1%
Total	**550**	**100.0%**

Primary clinical work setting

	N	%
Primary Care	257	47.4%
NP-Led Clinic	22	4.1%
Student Health Services	4	0.7%
Corrections	2	0.4%
Military	5	0.9%
First Nations/Inuit Health Centre	6	1.1%
Remote Outpost	1	0.2%
Community/Public Health	8	1.5%
Home Care/Outreach	11	2.0%
Emergency Department	12	2.2%
Long-term Care	20	3.7%
Hospital Outpatient/Ambulatory Clinic	63	11.6%
Hospital Inpatient	55	10.1%
Hospital Inpatient and Outpatient	30	5.5%
Occupational/Industrial	0	0.0%
Other	46	8.5%
None	0	0.0%
Total	**542**	**100.0%**

**Experience level = Combination of 1 to 2 years of experience as NP *AND*
first licensed/registered/certified as NP in Canada in 2012 through 2014**

Experience component

	N	%
1 to 2 years	109	20.3%
3 or more years	427	79.7%
Total	**536**	**100.0%**

Year Licensed/registered/certified component

	N	%
2012 to 2014	130	24.7%
2011 or earlier	396	75.3%
Total	**526**	**100.0%**

Experience Level

	N	%
Entry-level	105	20.3%
Experienced	412	79.7%
Total	**517**	**100.0%**

Selected Competency *Seriousness* ratings

	Not serious	Minimally serious	Moderately serious	Highly serious	Critically serious	Total		
	%	%	%	%	%	n	M	SD
Area I B. Assessment								
3.a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems	0%	1%	14%	52%	33%	539	4.2	(0.7)
Area I C. Diagnosis								
1.e. Determine most likely diagnoses based on clinical reasoning and available evidence	0%	1%	14%	47%	39%	540	4.2	(0.7)
1.h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning	0%	0%	10%	43%	46%	537	4.3	(0.7)
Area I D. Management								
3. Provide pharmacological interventions, treatment, or therapy								
3.a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	0%	1%	10%	43%	45%	537	4.3	(0.7)
5. Perform invasive and non-invasive procedures								
5.a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	0%	2%	23%	47%	28%	537	4.0	(0.8)
Area I E. Collaboration, Consultation, and Referral								
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	0%	1%	10%	40%	50%	538	4.4	(.7)
Area III. Leadership								
5. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care	7%	27%	37%	21%	7%	534	2.9	(1.0)

Selected Competency *Frequency* ratings

	Never	< than monthly	At least monthly	At least weekly	At least daily	Total		
	%	%	%	%	%	n	M	SD
Area I B. Assessment								
3.a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems	1%	0%	1%	12%	86%	540	4.8	(0.5)
Area I C. Diagnosis								
1.e. Determine most likely diagnoses based on clinical reasoning and available evidence	1%	1%	1%	16%	81%	539	4.8	(0.6)
1.h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning	1%	1%	4%	15%	80%	535	4.7	(0.7)
Area I D. Management								
3. Provide pharmacological interventions, treatment, or therapy								
3.a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	1%	1%	2%	19%	77%	538	4.7	(0.7)
5. Perform invasive and non-invasive procedures								
5.a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	2%	5%	10%	31%	52%	538	4.3	(1.0)
Area I E. Collaboration, Consultation, and Referral								
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	1%	3%	8%	40%	47%	537	4.3	(.8)
Area III. Leadership								
5. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care	1%	10%	30%	29%	31%	536	3.8	(1.0)

Appendix 8.
Educator Survey: Invitations, Screen Captures, and Results

Invitation, Reminder, Survey Content, and Screen Captures

MESSAGE EN FRANÇAIS À LA SUITE

ATTN: <<Name>>:

Dear << >>:

In support of a national approach for nurse practitioner licensure/registration/certification, the Canadian Council of Registered Nurse Regulators (CCRNR) is engaged in a project to analyse nurse practitioner (NP) practice across Canada. The CCRNR, founded in 2011 to promote excellence in professional nursing regulation, is an organization made up of representatives from Canada's 12 provincial/territorial bodies that regulate the practice of registered nurses. CCRNR serves as a national forum and voice regarding interprovincial/territorial, national, and global regulatory matters for nursing regulation.

The nurse practitioner practice analysis will provide a comprehensive description of three streams of NP practice: family/all ages, adult, and pediatric. The outputs of the study will inform future decisions about entry-to-practice exams and permit CCRNR member organizations to develop consistent requirements for NP licensure/registration/certification across the country. For more information on the NP Practice Analysis, please visit the CCRNR website.

We are inviting all NP education programs in the country to participate in this validation process by completing an online survey for *each* NP education program they offer. The faculty member most familiar with the program curriculum should complete the survey. This faculty member may choose to consult with their colleagues when providing responses; however, only one response per NP education program should be submitted.

In the survey, the respondent will be asked to rate the activities and competencies of entry-level NPs and how they relate to your curriculum. Participation is voluntary and responses will be kept confidential by our consultant. Results related to individual education programs will not be shared with the CCRNR. Only aggregate results will be reported.

The timeframe for completing the survey is 25 November to 19 December 2014.

We ask that your program complete one survey for each type of training you offer. We have sent you 2 links to the survey. Please forward one link to each of the individuals who will be completing the survey (or, if you will be completing the survey, use one link yourself). The links are password-protected, and can only be used by one respondent, so do not send a link to more than one person.

        <<program>>   <<URL>>
        <<program>>   <<URL>>

CCRNR recognizes that this is a very busy time of year for you and your faculty. We greatly appreciate your contribution to this important project.

Donna Denney, RN MN
CEO/Registrar
College of Registered Nurses of Nova Scotia
CCRNR Project Lead

****

Madame, Monsieur,

Afin de favoriser une approche nationale en ce qui concerne l'autorisation d'exercer/l'immatriculation/la certification des infirmières praticiennes, le Conseil canadien des organismes de réglementation de la profession infirmière (CCORPI) procède à une analyse de la pratique des infirmières praticiennes (IP) dans l'ensemble du Canada. Le CCORPI, fondé en 2011 pour promouvoir l'excellence dans les pratiques de réglementation de la profession infirmière, regroupe des représentants des 12 organismes provinciaux et territoriaux qui réglementent la pratique des infirmières/autorisées/immatriculées. Le CCORPI sert de tribune et de voix à l'échelle nationale pour les questions de réglementation interprovinciales-territoriales, nationales et mondiales de la profession infirmière.

L'analyse de la pratique des infirmières praticiennes permettra d'établir une description d'ensemble des trois catégories de pratique : famille/tous âges, adultes et pédiatrie (à l'exclusion de la néonatologie). Les résultats de l'étude éclaireront les décisions futures relativement aux examens requis pour devenir infirmière praticienne et permettront aux organismes membres du CCORPI d'établir des exigences uniformes pour l'autorisation d'exercer/l'immatriculation/la certification des IP partout au pays. Pour d'autres renseignements sur l'analyse de la pratique des IP, veuillez visiter le site Web du CCORPI.

Nous invitons tous les établissements d'enseignement du pays offrant des programmes de formation d'IP à participer à cette validation en répondant à un questionnaire en ligne pour *chaque* programme de formation d'IP offert. Le membre du corps professoral qui connaît le mieux le curriculum d'un programme donné devrait être la personne qui répond au sondage. Cette personne peut consulter ses collègues si elle le désire, mais nous vous prions de retourner un seul questionnaire par programme de formation d'IP.

Nous vous demanderons dans le sondage d'évaluer les activités et les compétences des IP de niveau débutant et d'indiquer dans quelle mesure elles sont reliées à votre curriculum. La participation à ce sondage est volontaire, et notre consultant assurera la confidentialité des réponses. Les résultats individuels des programmes de formation ne seront pas communiqués au CCORPI. Seules des données globales seront présentées.

Le questionnaire peut être rempli entre le 25 novembre et le 19 décembre.

Nous demandons que votre programme complet une enquête pour chaque type de formation que vous offrez. Nous vous avons envoyé 2 liens vers le questionnaire. Veuillez faire parvenir un lien à chacune des personnes qui doivent remplir le questionnaire (ou, si vous serez de remplir le questionnaire, utiliser un vous-même lien). Les liens sont protégés par un mot de passe, et chaque lien est valide pour un seul répondant. Veuillez donc éviter d'envoyer le lien à plus d'une personne.

<<program>>   <<URL>>
<<program>>   <<URL>>

Le CCORPI sait que nous sommes dans une période de l'année très occupée pour vous et vos collègues. Nous apprécions grandement votre contribution à cet important projet.

La directrice générale et registraire,

Donna Denney, II, M.Sc.inf.
College of Registered Nurses of Nova Scotia
Chef de projet du CCORPI

MESSAGE EN FRANÇAIS À LA SUITE

<<FIRST>>:

Final Reminder: The deadline to complete the CCRNR survey of NP education programs is this Friday, 19 December.

If you have already completed the survey, thank you for your support of this research study, and we apologize for the repeated emails. If you have not yet had the chance to complete the survey, we urge you to participate so that your program will be represented in the results.

We are inviting all NP education programs in the country to participate in this validation process by completing an online survey for *each* NP education program they offer. The faculty member most familiar with the program curriculum should complete the survey. This faculty member may choose to consult with their colleagues when providing responses; however, only one response per NP education program should be submitted.

In the survey, the respondent will be asked to rate the activities and competencies of entry-level NPs and how they relate to your curriculum. Participation is voluntary and responses will be kept confidential by our consultant. Results related to individual education programs will not be shared with the CCRNR. Only aggregate results will be reported.

Please complete one survey for each type of training you offer. Click on the link below to be taken to the survey. The link is password-protected, and can only be used by one respondent, so if you are sending the link to someone else to complete do not send it to more than one person.

> <<URL>>

CCRNR recognizes that this is a very busy time of year for you and your faculty. CCRNR greatly appreciates your contribution to this important work.

Donna Denney, RN MN
CEO/Registrar
College of Registered Nurses of Nova Scotia
CCRNR Project Lead

****

Madame, Monsieur,

Rappel final: La date limite pour remplir le questionnaire de CCRNR des programmes d'éducation NP est ce vendredi 19 Décembre.

Si vous avez déjà rempli le questionnaire, vous remercier pour votre soutien de cette étude, et nous nous excusons pour les emails répétées. Si vous ne avez pas encore eu la chance de remplir le

questionnaire, nous vous invitons à participer afin que votre programme sera représenté dans les résultats.

Nous invitons tous les établissements d'enseignement du pays offrant des programmes de formation d'IP à participer à cette validation en répondant à un questionnaire en ligne pour *chaque* programme de formation d'IP offert. Le membre du corps professoral qui connaît le mieux le curriculum d'un programme donné devrait être la personne qui répond au sondage. Cette personne peut consulter ses collègues si elle le désire, mais nous vous prions de retourner un seul questionnaire par programme de formation d'IP.

Nous vous demanderons dans le sondage d'évaluer les activités et les compétences des IP de niveau débutant et d'indiquer dans quelle mesure elles sont reliées à votre curriculum. La participation à ce sondage est volontaire, et notre consultant assurera la confidentialité des réponses. Les résultats individuels des programmes de formation ne seront pas communiqués au CCORPI. Seules des données globales seront présentées.

Veuillez remplir un seul questionnaire pour chaque type de formation que vous offrez. Cliquez sur le lien ci-dessous pour être pris à l'enquête. Le lien est protégés par un mot de passe, et le lien est valide pour un seul répondant, donc si vous envoyez le lien à quelqu'un d'autre pour compléter ne pas l'envoyer à plus d'une personne.

       <<URL>>

Le CCORPI sait que nous sommes dans une période de l'année très occupée pour vous et vos collègues. Nous apprécions grandement votre contribution à cet important projet.

La directrice générale et registraire,

Donna Denney, II, M.Sc.inf.
College of Registered Nurses of Nova Scotia
Chef de projet du CCORPI

EDUCATOR SURVEY

Landing Page

Introduction

For purposes of this survey, the term <u>client</u> will mean the individual patient (or his or her representative), family, community, and/or population.

The entry-level NP competency statements you will be rating have been organized into four major competency areas. Competency Area I has been further organized into six sub-areas, and Competency Area IV has been organized into two sub-areas.

        COMPETENCY AREA I. CLIENT CARE
                A. Client Relationship Building and Communication
                B. Assessment
                C. Diagnosis
                D. Management
                E. Collaboration, Consultation, and Referral
                F. Health Promotion
        COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH
        COMPETENCY AREA III. LEADERSHIP
        COMPETENCY AREA IV. EDUCATION
                A. Client, Community, and Healthcare Team Education
                B. Continuing Competence

Background Questionnaire

What program do you represent? (Select from the drop-down list.)

What stream(s) are you representing in making your responses? (Select all that apply.)

> Family/All Ages/Primary Health Care
>
> Adult
>
> Pediatrics
>
> Neonatology
>
> Cardiology/adult (QC only)
>
> Nephrology/adult (QC only)

What level is the curriculum about which you are reporting?
- Post-Baccalaureate certificate
- Masters
- Post-Masters

Behavioural Indicators

In this survey, you will be rating behavioural indicators, which are activities that may be performed by newly-licensed NPs. The behavioural indicators are organized into the major areas of competency previously delineated. Please rate each indicator on the following two scales.

Upon completion of the program, are graduates prepared to perform the activity?

> *Yes*
>
> *No*

Does the activity reflect the NP entry-to-practice level?

> *Yes*
>
> *No–too advanced for entry level No–*
>
> *RN competency*

Entire list of behavioural indicators follows

QUESTIONNAIRE Pour Le Personnel Enseignant

Questionnaire général

- Quel programme représentez-vous? (Choisir dans la liste déroulante.)

- Quelle(s) catégorie(s) représentez-vous dans vos réponses? (Cocher toutes les réponses qui s'appliquent.)

  Famille/tous âges /soins de santé primaires
  Adultes
  Pédiatrie
  Néonatologie
  Cardiologie/adultes (Québec uniquement)
  Néphrologie/adultes (Québec uniquement)

- À quel niveau se donne le programme d'études à propos duquel vous répondez?
  - o Certificat post-baccalauréat
  - o Maîtrise
  - o Post-maîtrise

Dans ce questionnaire, vous évaluerez des indicateurs comportementaux, qui sont des activités que peuvent exercer les IP de niveau débutant. Les indicateurs comportementaux sont organisés selon les grands domaines de compétence définis préalablement. Veuillez évaluer chaque indicateur selon les deux échelles suivantes.

Au terme du programme, les diplômées sont-elles prêtes à exercer l'activité?
  Oui
  Non

L'activité reflète-t-elle la pratique de l'IP de niveau débutant?
  Oui
  Non – trop avancée pour l'IP de niveau débutant
  Non – compétence du niveau de l'infirmière

Welcome to CCRNR's Survey of Nurse Practitioner Education Programs!

Please keep the following tips in mind as you navigate the survey:

- Your answers will be kept completely confidential, and results will be reported in aggregate form only.

- After completing a screen, click the "Next" button to save your responses and proceed to the following screen. Once you complete a screen, you will NOT be able to return to it.

- You can exit the survey and return to complete it later using the link you were provided in your email invitation.

- If you are experiencing difficulties with the survey layout, try adjusting your screen or your display zoom.

- If you are unable to move on from any page of the survey, please check the top of the page for a red instructional message for assistance.

> Click Here to Start

For purposes of this survey, the term client will mean the individual patient (or his or her representative), family, community, and/or population.

The entry-level NP competency statements you will be rating have been organized into four major competency areas. Comptency Area I has been further organized into six sub-areas, and Competency Area IV has been organized into two sub-areas.

COMPETENCY AREA I. CLIENT CARE

      A. Client Relationship Building and Communication

      B. Assessment

      C. Diagnosis

      D. Management

      E. Collaboration, Consultation, and Referral

      F. Health Promotion

COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH

COMPETENCY AREA III. LEADERSHIP

COMPETENCY AREA IV. EDUCATION

      A. Client, Community, and Healthcare Team Education

      B. Continuing Competence

Background Questinnaire

Your answers will be reported in the aggregate and will be used for statistical purposes only.

What program do you represent?

Click to select-->

What stream(s) are you representing in making your responses? (*Select all that apply.*)

☐ Family/All Ages/Primary Health Care

☐ Adult

☐ Pediatrics

☐ Neonatology

☐ Cardiology/adult (QC only)

☐ Nephrology/adult (QC only)

What level is the curriculum about which you are reporting?

○ Post-Baccalaureate certificate

○ Masters

○ Post-Masters

Behavioural Indicators

In this section of the survey you will be rating behavioural indicators, which are activities that may be performed by newly-licensed NPs. The b...
competency previously delineated.

Rate each behavioural indicator using the following two scales.

Able to perform   Upon completion of the program, are graduates prepared to perform the activity ?
Yes
No

NP entry-to-practice competency?   Does the activity reflect the NP entry-to-practice level?
Yes
No–too advanced for entry level
No–RN competency

	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	No	Yes	No Too advanced	No RN competency
COMPETENCY AREA I. CLIENT CARE					
A. Client Relationship Building and Communication *The competent, entry-level nurse practitioner uses appropriate communication strategies to create a safe and therapeutic environment for client care.*					
1. Clearly articulate the role of the nurse practitioner when interacting with the client	○	○	○	○	○
2. Use developmentally- and culturally-appropriate communication techniques and tools	○	○	○	○	○
3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained	○	○	○	○	○
4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships	○	○	○	○	○
5. Utilize clients' cultural beliefs and values in all client interactions	○	○	○	○	○
6. Identify personal beliefs and values and provide unbiased care	○	○	○	○	○
7. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)	○	○	○	○	○

Rate each behavioural indicator using the following two scales.

Able to perform	Upon completion of the program, are graduates prepared to perform the activity ?
	Yes
	No
NP entry-to-practice competency?	Does the activity reflect the NP entry-to-practice level?
	Yes
	No–too advanced for entry level
	No–RN competency

	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	**No**	**Yes**	**No Too advanced**	**No RN competency**
COMPETENCY AREA I. CLIENT CARE (continued)					
B. Assessment *The competent, entry-level nurse practitioner integrates an evidence-informed knowledge base with advanced assessment skills to obtain the necessary information to identify client diagnoses, strengths, and needs.*					
1. Establish the reason for the client encounter					
a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available	○	○	○	○	○
b. Perform initial observational assessment of the client's condition	○	○	○	○	○
c. Ask pertinent questions to establish the context for client encounter and chief presenting issue	○	○	○	○	○
d. Identify urgent, emergent, and life-threatening situations	○	○	○	○	○
e. Establish priorities of client encounter	○	○	○	○	○
2. Complete relevant health history appropriate to the client's presentation					
a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and complementary therapies	○	○	○	○	○
b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health	○	○	○	○	○
c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)	○	○	○	○	○
d. Assess client's strengths and health promotion, illness prevention, or risk reduction	○	○	○	○	○

Rate each behavioural indicator using the following two scales.

Able to perform   Ui>on completon of the program, are graduates prepared to perform the activity ?
                   Yes
                   No

NP entry-to-   Does the activity reflect the NP entry-to-practice level?
practice   *Yes*
competency?   *No-too advanced for entry level No-*
                   RN competency

	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	No	Yes	No Too advanced	No RN competency
COMPETENCY AREA I.CLIENT CARE (continued)					
C.Dagnosis The competent, entry-level nurse practitioner is engaged in the diagnostic process and develops differential diagnoses through identification, analysis, and interpretation of findings from a variety of sources.					
1. Determine differential diagnoses for acute, chronic, and life threatening conditions					
a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination	O	O	O	O	O
b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks	O	O	O	O	O
c. Generate differential diagnoses	O	O	O	O	O
d. nform the patient of the rationale for ordering diagnostic tests	O	O	O	O	O
e. Determine most likely diagnoses based on clinical reasoning and available evidence	O	O	O	O	O
	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	No	Yes	No Too advanced	No RN competency
f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses	O	O	O	O	O
g. Assume responsibility for follow-up of test results	O	O	O	O	O
h. nterpret the results of screening and diagnostic investigations using eVidence-informed clinical reasoning	O	O	O	O	O

Rate each behavioural indicator using the following two scales.

Able to perform   Upon completion of the program, are graduates prepared to perform the activity ?
  Yes
  No

NP entry-to-practice competency?   Does the activity reflect the NP entry-to-practice level?
  Yes
  No—too advanced for entry level
  No—RN competency

	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	No	Yes	No Too advanced	No RN competency
COMPETENCY AREA I. CLIENT CARE (continued)					
D. Management *The competent, entry-level nurse practitioner, on the basis of assessment and diagnosis, formulates the most appropriate plan of care for the client, implementing evidence-informed therapeutic interventions in partnership with the client to optimize health.*					
1. Initiate interventions for the purpose of stabilizing the client in, urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)	○	○	○	○	○
2. Formulate plan of care based on diagnosis and evidence-informed practice					
a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)	○	○	○	○	○
b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences	○	○	○	○	○
c. Initiate appropriate plan of care (e.g. non-pharmacological, pharmacological, diagnostic tests, referral)	○	○	○	○	○
d. Consider resource implications of therapeutic choices (e.g. cost, availability)	○	○	○	○	○
	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	No	Yes	No Too advanced	No RN competency
3. Provide pharmacological interventions, treatment, or therapy					
a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	○	○	○	○	○
b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse					

Rate each behavioural indicator using the following two scales.

Able to perform	Upon completion of the program, are graduates prepared to perform the activity ?
	Yes
	No
NP entry-to-practice competency?	Does the activity reflect the NP entry-to-practice level?
	Yes
	No–too advanced for entry level
	No–RN competency

	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	**No**	**Yes**	**No Too advanced**	**No RN competency**
COMPETENCY AREA I. CLIENT CARE					
D. Management (continued)					
4. Provide non-pharmacological interventions, treatments, or therapies					
a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	○	○	○	○	○
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up	○	○	○	○	○
c. Order required treatments (e.g., wound care, phlebotomy)	○	○	○	○	○
d. Discuss and arrange follow-up	○	○	○	○	○
5. Perform invasive and non-invasive procedures					
a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	○	○	○	○	○
b. Obtain and document informed consent from the client	○	○	○	○	○
	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	**No**	**Yes**	**No Too advanced**	**No RN competency**
c. Perform procedures using evidence-informed techniques	○	○	○	○	○
d. Review clinical findings, aftercare, and follow-up	○	○	○	○	○
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions	○	○	○	○	○

Rate each behavioural indicator using the following two scales.

Able to perform Upon completion of the program, are graduates prepared to perform the activity ?
  Yes
  No

NP entry-to-practice competency? Does the activity reflect the NP entry-to-practice level?
  Yes
  No—too advanced for entry level
  No—RN competency

	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	No	Yes	No Too advanced	No RN competency
COMPETENCY AREA I. CLIENT CARE (continued)					
E. Collaboration, Consultation, and Referral *The competent, entry-level nurse practitioner identifies when collaboration, consultation, and referral are necessary for safe, competent, and comprehensive client care*					
1. Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)	○	○	○	○	○
2. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals	○	○	○	○	○
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	○	○	○	○	○
4. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations	○	○	○	○	○
5. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate	○	○	○	○	○

Rate each behavioural indicator using the following two scales.

Able to perform Upon completion of the program, are graduates prepared to perform the activity ?
  Yes
  No

NP entry-to-practice competency? Does the activity reflect the NP entry-to-practice level?
  Yes
  No—too advanced for entry level
  No—RN competency

	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	No	Yes	No Too advanced	No RN competency
COMPETENCY AREA I. CLIENT CARE (continued)					
F. Health Promotion *The competent, entry-level nurse practitioner uses evidence and collaborates with community partners and other healthcare providers to optimize the health of individuals, families, communities, and populations.*					
1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues	○	○	○	○	○
2. Analyze information from a variety of sources to determine population trends that have health implications	○	○	○	○	○
3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention	○	○	○	○	○
4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly	○	○	○	○	○

Rate each behavioural indicator using the following two scales.

Able to perform   Upon completion of the program, are graduates prepared to perform the activity ?
                         Yes
                         No

NP entry-to-   Does the activity reflect the NP entry-to-practice level?
practice   *Yes*
competency?   *No—too advanced for entry level*
                         No—RN competency

	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	No	Yes	No Too advanced	No RN competency
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH *The competent, entry-level nurse practitioner uses evidence-informed practice, seeks to optimize client care and health service delivery, and participates in research.*					
1. Identify, appraise, and apply research, practice guidelines, and current best practice	○	○	○	○	○
2. Identify the need for improvements in health service delivery	○	○	○	○	○
3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice	○	○	○	○	○
4. Implement planned improvements in healthcare and delivery structures and processes	○	○	○	○	○
5. Evaluate quality improvement and outcomes in client care and health service delivery	○	○	○	○	○
6. Identify and manage risks to individual, families, populations, and the healthcare system to support quality improvement	○	○	○	○	○
7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies	○	○	○	○	○
8. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks	○	○	○	○	○
9. Participate in research (e.g., identify questions for clinical inquiry, participate in study design and implementation, collect data, disseminate results)	○	○	○	○	○
10. Evaluate the impact of nurse practitioner practice on client outcomes and healthcare delivery	○	○	○	○	○

Rate each behavioural indicator using the following two scales.

Able to perform   Upon completion of the program, are graduates prepared to perform the activity ?
        Yes
        No

NP entry-to-practice competency?   Does the activity reflect the NP entry-to-practice level?
        Yes
        No–too advanced for entry level
        No–RN competency

	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	No	Yes	No Too advanced	No RN competency
COMPETENCY AREA III. LEADERSHIP *The competent entry-level nurse practitioner demonstrates leadership by using the NP role to improve client care and facilitate system change.*					
1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)	○	○	○	○	○
2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care	○	○	○	○	○
3. Coordinate interprofessional teams in the provision of client care	○	○	○	○	○
4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care	○	○	○	○	○
5. Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)	○	○	○	○	○
6. Identify gaps in systems and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change	○	○	○	○	○
7. Utilise theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management	○	○	○	○	○
8. Identify the need and advocate for policy development to enhance client care	○	○	○	○	○
9. Utilise principles of program planning and development to optimize client care (e.g., to develop role(s) of other healthcare providers, to improve practice)	○	○	○	○	○

Rate each behavioural indicator using the following two scales.

Able to perform — Upon completion of the program, are graduates prepared to perform the activity ?
Yes
No

NP entry-to-practice competency? — Does the activity reflect the NP entry-to-practice level?
Yes
No—too advanced for entry level
No—RN competency

	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	No	Yes	No Too advanced	No RN competency
COMPETENCY AREA IV. EDUCATION *The competent, entry-level nurse practitioner integrates formal and informal education into practice. This includes but is not limited to educating self, clients, the community, and members of the healthcare team.*					
A. Client, Community, and Healthcare Team Education					
1. Assess and prioritize learning needs of intended recipients	○	○	○	○	○
2. Apply relevant, theory-based, and evidence-informed content when providing education	○	○	○	○	○
3. Utilize applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)	○	○	○	○	○
4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)	○	○	○	○	○
5. Recognize the need for and plan outcome measures (e.g., obtaining client feedback, conduct pre- and post-surveys)	○	○	○	○	○

	Able to perform the activity?		NP entry-to-practice competency?		
	Yes	No	Yes	No Too advanced	No RN competency
B. Continuing Competence					
6. Engage in self-reflection to determine needs for continuing competence	○	○	○	○	○
7. Engage in ongoing professional development	○	○	○	○	○
8. Seek mentorship opportunities to support one's professional development	○	○	○	○	○

Canadian Council of
CCRNR
Registered Nurse Regulators

Thank you for participating in this practice analysis study. CCRNR greatly appreciates your professional and personal contribution.

Once you click the submit button, your survey will be completed.

Click to submit

Bienvenue au sondage du CCORPI pour les programmes de formation d'IP

Veuillez garder les éléments suivants en tête lorsque vous répondrez à l'enquête:

- Vos réponses demeureront strictement confidentielles et les résultats ne seront présentés que sous forme globale.

- Il est important de répondre à toutes les questions apparaissant à l'écran, car vous ne pourrez revenir à un écran après l'avoir terminé.

- Lorsque vous aurez terminé un écran, cliquez sur « Suivant » pour sauvegarder vos réponses et passer à l'écran suivant.

- Vous pouvez quitter l'enquête et y revenir à l'aide du lien fourni dans l'invitation que vous avez reçue par courriel.

- Si la mise en page de l'enquête pose des difficultés, veuillez ajuster votre écran ou le zoom.

- Si vous êtes incapable de passer à une autre page, veuillez consulter le message rouge en haut de la page pour obtenir de l'aide.

`>>`

Aux fins du sondage, le terme <u>client</u> désigne un patient individuel (ou son représentant), une famille, une communauté ou une population.

Le cadre de référence sur les compétences des infirmières praticiennes (IP) de niveau débutant que vous allez évaluer est organisé en quatre grands domaines de compétence. Le premier domaine de compétence est divisé en six sous-domaines, et domaine de compétence IV est divisé en deux sous-domaines.

DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS

      A. Établissement de la relation avec le client et communication

      B. Évaluation

      C. Diagnostic (au Québec, impression diagnostique)

      D. Gestion

      E. Collaboration, consultation, et référence

      F. Promotion de la santé

DOMAINE DE COMPÉTENCE II : AMÉLIORATION DE LA QUALITÉ ET RECHERCHE

DOMAINE DE COMPÉTENCE III. LEADERSHIP

DOMAINE DE COMPÉTENCE IV. ÉDUCATION

      A. Enseignement aux clients, à la communauté et à l'équipe de soins

      B. Maintien de la compétence

Questionnaire général

Vos réponses seront regroupées avec les autres et serviront uniquement à des fins statistiques.

Quel programme représentez-vous? (*Choisir dans la liste déroulante.*)

-------->	∨

Quelle(s) catégorie(s) représentez-vous dans vos réponses? (*Cocher toutes les réponses qui s'appliquent.*)

☐ Famille/tous âges /soins de santé primaires

☐ Adultes

☐ Pédiatrie

☐ Néonatologie

☐ Cardiologie/adultes (Québec uniquement)

☐ Néphrologie/adultes (Québec uniquement)

À quel niveau se donne le programme d'études à propos duquel vous répondez?

○ Certificat post-baccalauréat

○ Maîtrise

○ Post-maîtrise

Des indicateurs comportementaux

Dans ce questionnaire, vous évaluerez des indicateurs comportementaux, qui sont des activités que peuvent exercer les IP de niveau débutan compétence définis préalablement.

Veuillez évaluer chaque indicateur comportemental à l'aide des deux échelles suivantes.

Prêtes à exercer? Au terme du programme, les diplômées sont-elles prêtes à exercer l'activité?
Oui
Non

La pratique de l'IP de niveau debutant? L'activité reflète-t-elle la pratique de l'IP de niveau débutant?
Oui
Non – trop avancée pour l'IP de niveau débutant
Non – compétence du niveau de l'infirmière

	Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
	Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS					
Établissement de la relation avec le client et communication *L'infirmière praticienne compétente de niveau débutant utilise des stratégies de communication appropriées pour créer un environnement sécuritaire et thérapeutique pour les soins aux clients.*					
1. Exprimer clairement le rôle de l'infirmière praticienne dans les interactions avec le client.	○	○	○	○	○
2. Utiliser des techniques et des outils qui sont adaptés au stade de développement et aux particularités culturelles.	○	○	○	○	○
3. Créer un environnement sécuritaire qui favorise des interactions efficaces et un rapport de confiance avec le client et qui protège la vie privée et la confidentialité.	○	○	○	○	○
4. Appliquer des stratégies relationnelles (p. ex., poser des questions ouvertes, favoriser les partenariats) pour établir une relation thérapeutique.	○	○	○	○	○
5. Tenir compte des croyances culturelles et des valeurs du client dans toutes les interactions avec le client.	○	○	○	○	○
6. Prendre conscience de ses propres croyances et valeurs et fournir des soins avec objectivité.	○	○	○	○	○
7. Reconnaître les dilemmes moraux et éthiques et prendre des mesures appropriées au besoin (p. ex., consulter, faire intervenir le système judiciaire).	○	○	○	○	○

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		Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
		Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continué)						
B. Évaluation *L'infirmière praticienne compétente de niveau débutant intègre un ensemble de connaissances basées sur des données probantes à des compétences avancées en évaluation afin de recueillir l'information nécessaire pour établir les diagnostics (au Québec, impressions diagnostiques), les forces et les besoins du client.*						
1. Établir le motif de consultation du client						
	a. Prendre connaissances de l'information pertinente en vue de la rencontre de consultation avec le client (p. ex., , information provenant de demandes de référence ou de d'autres professionnels de la santé notes prises au triage),.	○	○	○	○	○
	b. Effectuer une évaluation initiale en observant l'état du client.	○	○	○	○	○
	c. Poser des questions pertinentes afin d'établir le contexte de la consultation avec le client et le principal problème présenté.	○	○	○	○	○
	d. Reconnaître les situations urgentes, les situations critiques et celles qui menacent la vie.	○	○	○	○	○
	e. Établir les priorités de la rencontre de consultation avec le client.	○	○	○	○	○
2. Procéder à une anamnèse pertinente en fonction de la situation du client						
	a. Recueillir l'histoire de santé comme les symptômes, les antécédents du problème présenté, les antécédents médicaux, les antécédents de santé mentale, les antécédents familiaux, les antécédents prénataux, la croissance et le développement, les antécédents sexuels, les allergies, les médicaments sur ordonnance et en vente libre, et les approches complémentaires	○	○	○	○	○
	b. Recueillir des données pertinentes sur l'étape à laquelle le client est rendu dans sa vie sur les plans psychosocial, comportemental, culturel, ethnique, spirituel et développemental, et sur les déterminants sociaux de la santé.	○	○	○	○	○
	c. Déterminer le profil de risque potentiel ou les comportements à risque du client (p. ex., consommation d'alcool, de drogues illicites ou de substances contrôlées, suicide ou automutilation, victime de violence ou de négligence, chutes, infections)	○	○	○	○	○
	d. Évaluer les forces du client et ses besoins en matière de promotion de la santé, de prévention des maladies ou de réduction des risques	○	○	○	○	○
				la pratique		

	Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
	Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continue)					
C. Diagnostic (au Québec, impression diagnostique) *L'infirmière praticienne compétente de niveau débutant est engagée dans une démarche diagnostique et établit des diagnostics différentiels (au Québec, hypothèses diagnostiques) par la détermination, l'analyse et l'interprétation des résultats provenant de diverses sources.*					
1. Établir des diagnostics différentiels (au Québec, hypothèses diagnostiques) pour les problèmes de santé aigus, chroniques et potentiellement mortels.					
a. Analyser et interpréter de multiples sources de données, y compris les résultats des tests de diagnostic et de dépistage, de l'anamnèse et de l'examen physique	○	○	○	○	○
b. Faire la synthèse des résultats en regard des connaissances scientifiques, des déterminants de la santé, de la connaissance de la normalité et l'anormalité, des caractéristiques du client et de la population, des données épidémiologiques et des risques pour la santé	○	○	○	○	○
c. Établir des diagnostics différentiels (au Québec, hypothèses diagnostiques)	○	○	○	○	○
d. Fournir au client une justification pour la prescription d'examens diagnostiques	○	○	○	○	○
e. Déterminer les diagnostics (au Québec, impressions diagnostiques) les plus probables en s'appuyant sur le raisonnement clinique et les données probantes disponibles	○	○	○	○	○

	Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
	Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
f. Prescrire ou effectuer des examens de dépistage et d'investigation diagnostique à partir des meilleures données probantes disponibles pour confirmer ou exclure des diagnostics différentiels (au Québec, hypothèses diagnostiques).	○	○	○	○	○
g. Assumer la responsabilité du suivi des résultats des tests	○	○	○	○	○
h. Interpréter les résultats des examens de dépistage et d'investigation diagnostique en recourant à un raisonnement clinique basé sur des données probantes	○	○	○	○	○
i. Confirmer les diagnostics (au Québec, impressions diagnostiques) les plus probables	○	○	○	○	○
2. Expliquer les constats de l'évaluation et communiquer un diagnostic (au Québec, une impression diagnostique) au client					
a. Expliquer les résultats des investigations cliniques au client	○	○	○	○	○

		Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
		Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continué)						
D. Management *À partir de l'évaluation et du diagnostic, l'infirmière praticienne compétente de niveau débutant élabore le plan de soins et de traitements le plus approprié pour le client, et procède aux interventions thérapeutiques basées sur des données probantes en partenariat avec le client dans le but d'atteindre un état de santé optimal.*						
1. Initier des interventions visant à stabiliser la condition du client dans des situations urgentes, critiques ou menaçant la vie (p. ex., dégager les voies aériennes, maintenir la respiration et la circulation; idéations suicidaires		○	○	○	○	○
2. Élaborer un plan de soins et de traitements selon le diagnostic et une pratique basée sur des données probantes						
	a. Déterminer et discuter avec le client des options pour gérer son problème de santé, en tenant compte de ses considérations personnelles (p. ex., facteurs socioéconomiques, géographie, stade de développement.)	○	○	○	○	○
	b. Choisir les interventions appropriées en faisant une synthèse des renseignements obtenus, y compris les déterminants de la santé, les pratiques basées sur des données probantes et les préférences du client	○	○	○	○	○
	c. Mettre en œuvre un plan de soins et de traitements approprié (p. ex., non pharmacologique, pharmacologique, tests diagnostiques, référence)	○	○	○	○	○
	d. Prendre en considération les impacts des choix thérapeutiques sur les ressources. (p. ex., coût, disponibilité)	○	○	○	○	○
		Prêtes à exercer l'activité?		**la pratique de l'IP de niveau debutant?**		
		Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
3. Effectuer des interventions, des traitements et des thérapies pharmacologiques.						
	a. Établir des options pharmacothérapeutiques en fonction du diagnostic (au Québec, impression diagnostique) en s'appuyant sur les déterminants de la santé, les pratiques basées sur des données probantes et les préférences du client	○	○	○	○	○
	b. Donner des conseils au client au sujet de la pharmacothérapie, y compris une justification, le coût, les réactions indésirables possibles, les interactions possibles, les contre-indications et les précautions, ainsi que les raisons de respecter le régime posologique prescrit ainsi que la surveillance et le suivi requis	○	○	○	○	○

	Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
	Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continué)					
D. Gestion (continué)					
4. Effectuer des interventions, des traitements et des thérapies non pharmacologiques					
a. Établir des options thérapeutiques (y compris des approches complémentaires et alternatives) en fonction du diagnostic (au Québec, impression diagnostique) en s'appuyant sur les déterminants de la santé, les pratiques basées sur des données probantes et les préférences du client	○	○	○	○	○
b. Donner des conseils au client au sujet des options thérapeutiques, y compris une justification, les risques et les avantages potentiels, les effets indésirables, les soins post-traitement, et le suivi requis pendant et après le traitement	○	○	○	○	○
c. Prescrire les traitements requis (p. ex., soin des plaies, phlébotomie)	○	○	○	○	○
d. Discuter du suivi et prendre les arrangements nécessaires	○	○	○	○	○
5. Effectuer des procédures effractives et non effractives					
a. Renseigner le client sur la procédure, y compris une justification, les risques et les avantages potentiels, les effets indésirables ainsi que les soins et le suivi prévus par la suite	○	○	○	○	○
b. Obtenir et documenter le consentement éclairé du client	○	○	○	○	○
	Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
	Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
c. Effectuer des procédures en appliquant des techniques basées sur des données probantes	○	○	○	○	○
d. Évaluer les résultats cliniques, les soins post-traitement et le suivi	○	○	○	○	○
6. Assurer la surveillance du continuum de soins fournis aux clients dont l'état de santé est complexe et/ou chronique	○	○	○	○	○
7. Assurer le suivi du client et la gestion du problème de santé					
a. Développer un processus systématique pour surveiller l'évolution de l'état de santé du client	○	○	○	○	○
b. Évaluer la réponse du client au plan de soins et de traitements en collaboration avec	○	○	○	○	○

Veuillez évaluer chaque indicateur comportemental à l'aide des deux échelles suivantes.

Prêtes à exercer?   Au terme du programme, les diplômées sont-elles prêtes à exercer l'activité?
         Oui
         Non

La pratique de l'IP de niveau debutant?   L'activité reflète-t-elle la pratique de l'IP de niveau débutant?
         Oui
         Non – trop avancée pour l'IP de niveau débutant
         Non – compétence du niveau de l'infirmière

	Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
	Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continué)					
E. Collaboration, consultation et référence *L'infirmière praticienne compétente de niveau débutant reconnaît les situations où la collaboration, la consultation et la référence sont nécessaires pour répondre à l'ensemble des besoins du client et lui assurer des soins sécuritaires et de qualité.*					
1. Établir des liens de collaboration avec les autres professionnels de la santé et les ressources communautaires (p. ex., école, services de police, services de protection de l'enfance, réadaptation, soins à domicile).	○	○	○	○	○
2. Établir des recommandations ou des traitements pertinents en réponse aux demandes de consultation ou pour les clients qui lui sont référés.	○	○	○	○	○
3. Déterminer la nécessité de consulter et/ou de référer le client (p. ex., pour confirmer un diagnostic, pour compléter le plan de soins et de traitements, pour prendre en charge les soins, si l'état de santé du client dépasse les compétences ou le champ d'exercice de l'IP).	○	○	○	○	○
4. Consulter et/ou référer le client en fournissant les renseignements pertinents (p. ex., antécédents du client, résultats des évaluations, diagnostic) et en précisant les attentes.	○	○	○	○	○
5. Passer en revue, avec le client, les recommandations issues de la consultation ou de la référence et les intégrer au plan de soins et de traitements selon ce qui est approprié.	○	○	○	○	○

	Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
	Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
DOMAINE DE COMPÉTENCE I. SOINS AUX CLIENTS (continué)					
F. Promotion de la santé *L'infirmière praticienne compétente de niveau débutant s'appuie sur des données probantes et collabore avec des partenaires communautaires et d'autres professionnels de la santé pour optimiser la santé des individus, des familles, des communautés et des populations.*					
1. Déterminer les forces et les besoins en matière de santé des individus, des familles, des communautés ou des populations afin d'élaborer en collaboration avec eux des stratégies visant à solutionner des problèmes.	○	○	○	○	○
2. Analyser l'information en provenance de différentes sources pour déterminer, dans une population, les comportements ayant un impact sur la santé.	○	○	○	○	○
3. Choisir et mettre en œuvre des stratégies basées sur des données probantes pour favoriser la promotion de la santé et la prévention primaire, secondaire et tertiaire.	○	○	○	○	○
4. Évaluer les résultats des stratégies de promotion de la santé retenues et réviser le plan en conséquence.	○	○	○	○	○

	Prêtes à exercer l'activité?		la pratique de l'IP de niveau débutant?		
	Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
DOMAINE DE COMPÉTENCE II : AMÉLIORATION DE LA QUALITÉ ET RECHERCHE *L'infirmière praticienne compétente de niveau débutant a une pratique basée sur des données probantes, vise à optimiser les soins au client et la prestation des services de santé, et participe à la recherche.*					
1. Déterminer, évaluer et appliquer les résultats de recherche, les guides de pratique et les pratiques exemplaires en vigueur.	○	○	○	○	○
2. Déterminer les améliorations à apporter à la prestation des services de santé.	○	○	○	○	○
3. Analyser les répercussions (p. ex., coût de ne pas faire de changement, conséquences imprévues), pour le client et/ou le système, de la mise en œuvre de changements de pratique.	○	○	○	○	○
4. Mettre en œuvre les améliorations prévues pour les soins de santé ainsi que les structures et les processus de prestation des services.	○	○	○	○	○
5. Évaluer l'amélioration de la qualité et les résultats au niveau des soins aux clients, et/ou au niveau de la prestation des services de santé.	○	○	○	○	○
6. Reconnaître et gérer les risques pour les individus, les familles, les populations et le système de santé afin de favoriser l'amélioration de la qualité.	○	○	○	○	○
7. Signaler les événements indésirables aux clients et/ou aux instances appropriées, conformément aux lois et aux politiques de l'organisation applicables.	○	○	○	○	○
8. Analyser les facteurs qui contribuent aux événements indésirables et aux incidents évitables et élaborer des stratégies pour réduire les risques.	○	○	○	○	○
9. Participer à la recherche (p. ex., définir des questions pour la recherche clinique, participer à l'élaboration de devis et à la réalisation des études, recueillir des données, diffuser les résultats).	○	○	○	○	○
10. Évaluer l'impact de la pratique des infirmières praticiennes sur les résultats obtenus chez les clients et la prestation des soins de santé.	○	○	○	○	○

	Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
	Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
DOMAINE DE COMPÉTENCE III. LEADERSHIP *L'infirmière praticienne compétente de niveau débutant fait preuve de leadership en mettant à profit son rôle d'IP pour améliorer les soins aux clients et favoriser des changements dans le système.*					
1. Promouvoir les bénéfices du rôle de l'infirmière praticienne pour les soins aux clients auprès des autres professionnels de la santé et intervenants (p. ex., employeurs, secteur public, services sociaux, , législateurs, décideurs, le public).	○	○	○	○	○
2. Mettre en œuvre des stratégies visant à intégrer et à optimiser le rôle de l'infirmière praticienne au sein des équipes et du système de santé afin d'améliorer les soins aux clients.	○	○	○	○	○
3. Coordonner les équipes interprofessionnelles dans la prestation des soins aux clients.	○	○	○	○	○
4. Créer des occasions de partager et d'apprendre avec les autres professionnels de la santé afin d'optimiser les soins aux clients.	○	○	○	○	○
5. Contribuer au développement des connaissances et des habiletés cliniques des membres de son équipe et des autres professionnels de la santé, et donc aux soins aux clients (p. ex., en répondant à des questions d'ordre clinique, en partageant des données probantes).	○	○	○	○	○
6. Cerner les lacunes dans les systèmes et/ou les occasions d'améliorer les processus et les pratiques, et formuler des recommandations de changement basées sur des données probantes.	○	○	○	○	○
7. Appliquer les connaissances théoriques et pratiques relatives à la communication, à la négociation, à la résolution de conflits, à la création de coalitions et à la gestion du changement.	○	○	○	○	○
8. Déterminer les besoins en matière d'élaboration de politiques pour améliorer les soins aux clients, et plaider en faveur de telles politiques.	○	○	○	○	○
9. Appliquer les principes de la planification et de l'élaboration de programmes pour optimiser les soins aux clients (p. ex., développer le(s) rôle(s) des professionnels de la santé, améliorer la pratique).	○	○	○	○	○

	Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
	Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
DOMAINE DE COMPÉTENCE IV. ÉDUCATION *L'infirmière praticienne compétente de niveau débutant intègre la formation formelle et informelle à sa pratique, ce qui comprend, mais sans s'y limiter, son autoapprentissage et l'enseignement aux clients, à la communauté et aux membres de l'équipe de soins*					
A. Enseignement aux clients, à la communauté et à l'équipe de soins					
1. Évaluer les besoins d'apprentissage des publics cibles et établir les priorités.	○	○	○	○	○
2. Donner un enseignement dont le contenu est basé sur la théorie et sur les données probantes.	○	○	○	○	○
3. Se référer à des théories de l'apprentissage pertinentes, élaborer des plans d'enseignement et choisir les méthodes d'enseignement appropriées en tenant compte des ressources disponibles (p. ex., humaines, matérielles, financières).	○	○	○	○	○
4. Diffuser les connaissances à l'aide de moyens appropriés (p. ex., dépliants, affiches, présentations, publications).	○	○	○	○	○
5. Reconnaître la nécessité d'évaluer les résultats et le planifier (p. ex., obtenir une rétroaction des clients, effectuer des pré et post-tests).	○	○	○	○	○
	Prêtes à exercer l'activité?		la pratique de l'IP de niveau debutant?		
	Oui	Non	Oui	Non trop avancée	Non l'infirmière compétence
B. Maintien de la compétence					
6. Réfléchir sur sa pratique clinique pour établir ses besoins en vue de maintenir sa compétence.	○	○	○	○	○
7. Poursuivre son développement professionnel.	○	○	○	○	○
8. Rechercher des possibilités de mentorat pour soutenir son développement professionnel.	○	○	○	○	○

Canadian Council of
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Merci d'avoir participé à ce sondage sur l'analyse de la pratique. Le CCORPI vous est grandement reconnaissant de votre contribution professionnelle et personnelle. Une fois que vous cliquez sur le bouton Envoyer, le questionnaire est terminé.

Cliquer pour envoyer

Educator Survey Results: Characteristic of Respondents

Table 1. Program represented

	n	%
Memorial University of Newfoundland	1	3.8%
UPEI School of Nursing	1	3.8%
Dalhousie University	1	3.8%
University of New Brunswick (UNB)	0	0.0%
Univesité de Moncton (UdeM)	2	7.7%
Université de Montréal	3	11.5%
Université McGill	1	3.8%
Université Laval	0	0.0%
Université de Sherbrooke	0	0.0%
Université du Québec à TroisRivières	0	0.0%
Université du Québec en Outaouais	1	3.8%
Université du Québec en Abitibi-Temiscamingue	0	0.0%
Université du Québec à Chicoutimi	0	0.0%
Lakehead University	1	3.8%
Laurentian University	0	0.0%
McMaster University	0	0.0%
University of Ottawa	0	0.0%
Queen's University	1	3.8%
Ryerson University	1	3.8%
University of Toronto	2	7.7%
University of Western Ontario	1	3.8%
University of Windsor	1	3.8%
York University	0	0.0%
University of Manitoba	0	0.0%
Collaborative Nurse Practitioner Program (CNPP) - Partnership University of Regina and Saskatchewan Polytechnic	1	3.8%
University of Saskatchewan	2	7.7%
University of Alberta	1	3.8%
University of Calgary	0	0.0%
Athabasca University	2	7.7%
University of British Columbia- Vancouver (UBCV)	1	3.8%
University of Victoria (UVic)	1	3.8%
University of Northern British Columbia (UNBC)	0	0.0%
Dalhousie at Aurora College	1	3.8%
Total	**26**	**100.0%**

Table 2. Stream(s) represented

Multiple responses permitted–respondents could select all that applied; totals do not sum to 100%

	n	%
Family/All Ages/Primary Health Care	24	92.3%
Adult	3	11.5%
Pediatrics	1	3.8%
Neonatology	1	3.8%
Cardiology/adult (QC only)	3	11.5%
Nephrology/adult (QC only)	3	11.5%

Table 3. Curriculum level

	n	%
Post-Baccalaureate certificate	0	0.0%
Masters	22	84.6%
Post-Masters	4	15.4%
Total	**26**	**100.0%**

Competency Ratings

	Graduates prepared		Entry-level NP competency		
	Yes	No	Yes	No–Too advanced	No–RN competency
COMPETENCY AREA I. CLIENT CARE					
A. Client Relationship Building and Communication					
1. Clearly articulate the role of the nurse practitioner when interacting with the client	100%	0%	96%	0%	4%
2. Use developmentally- and culturally-appropriate communication techniques and tools	100%	0%	64%	0%	36%
3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained	100%	0%	48%	0%	52%
4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships	100%	0%	63%	0%	38%
5. Utilise clients' cultural beliefs and values in all client interactions	100%	0%	52%	0%	48%
6. Identify personal beliefs and values and provide unbiased care	100%	0%	46%	0%	54%
7. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)	100%	0%	71%	0%	29%
8. Document relevant aspects of client care in client record	100%	0%	92%	4%	4%
B. Assessment					
1. Establish the reason for the client encounter					
a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available	100%	0%	88%	0%	12%
b. Perform initial observational assessment of the client's condition	100%	0%	85%	0%	15%
c. Ask pertinent questions to establish the context for client encounter and chief presenting issue	100%	0%	92%	0%	8%
d. Identify urgent, emergent, and life-threatening situations	100%	0%	88%	0%	12%
e. Establish priorities of client encounter	100%	0%	96%	0%	4%
2. Complete relevant health history appropriate to the client's presentation					

	Graduates prepared		Entry-level NP competency		
a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and comp	100%	0%	100%	0%	0%
b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health	100%	0%	92%	0%	8%
c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)	100%	0%	96%	0%	4%
d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs	100%	0%	85%	0%	15%
3. Perform assessment					
a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems	100%	0%	100%	0%	0%
b. Select relevant assessment tools and techniques to examine the client	100%	0%	100%	0%	0%
c. Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental level, functional ability)	100%	0%	100%	0%	0%
d. Assess mental health, cognitive status, and vulnerability using relevant assessment tools	100%	0%	100%	0%	0%
e. Integrate laboratory and diagnostic results with history and physical assessment findings	100%	0%	100%	0%	0%
C. Diagnosis					
1. Determine differential diagnoses for acute, chronic, and life threatening conditions					
a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination	100%	0%	96%	4%	0%

	Graduates prepared		Entry-level NP competency		
b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks	96%	4%	92%	8%	0%
c. Generate differential diagnoses	100%	0%	100%	0%	0%
d. Inform the patient of the rationale for ordering diagnostic tests	100%	0%	100%	0%	0%
e. Determine most likely diagnoses based on clinical reasoning and available evidence	100%	0%	100%	0%	0%
f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses	100%	0%	100%	0%	0%
g. Assume responsibility for follow-up of test results	100%	0%	100%	0%	0%
h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning	100%	0%	100%	0%	0%
i. Confirm most likely diagnoses	100%	0%	100%	0%	0%
2. Explain assessment findings and communicate diagnosis to client					
a. Explain results of clinical investigations to client	100%	0%	100%	0%	0%
b. Communicate diagnosis to client, including implications for short-and long-term outcomes and prognosis	100%	0%	100%	0%	0%
c. Ascertain client understanding of information related to findings and diagnoses	100%	0%	100%	0%	0%
D. Management					
1. Initiate interventions for the purpose of stabilizing the client in urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)	100%	0%	85%	4%	12%
2. Formulate plan of care based on diagnosis and evidence-informed practice					
a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)	100%	0%	96%	0%	4%

	Graduates prepared		Entry-level NP competency		
			No T...		No RN
b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences	100%	0%	100%	0%	0%
c. Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)	100%	0%	100%	0%	0%
d. Consider resource implications of therapeutic choices (e.g., cost, availability)	100%	0%	100%	0%	0%
3. Provide pharmacological interventions, treatment, or therapy					
a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	100%	0%	100%	0%	0%
b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up	100%	0%	92%	0%	8%
c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements	100%	0%	100%	0%	0%
d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response	100%	0%	100%	0%	0%
e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion	92%	8%	92%	8%	0%
4. Provide non-pharmacological interventions, treatments, or therapies					
a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	100%	0%	96%	0%	4%
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up	100%	0%	92%	0%	8%
c. Order required treatments (e.g., wound care, phlebotomy)	100%	0%	100%	0%	0%
d. Discuss and arrange follow-up	100%	0%	92%	0%	8%
5. Perform invasive and non-invasive procedures					

	Graduates prepared		Entry-level NP competency		
	Yes	No	Yes	No–Too advanced	No–RN competency
a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	100%	0%	96%	0%	4%
b. Obtain and document informed consent from the client	100%	0%	92%	0%	8%
c. Perform procedures using evidence-informed techniques	100%	0%	100%	0%	0%
d. Review clinical findings, aftercare, and follow-up	100%	0%	100%	0%	0%
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions	96%	4%	92%	4%	4%
7. Follow up and provide ongoing management					
a. Develop a systematic and timely process for monitoring client progress	100%	0%	96%	0%	4%
b. Evaluate response to plan of care in collaboration with the client	100%	0%	92%	4%	4%
c. Revise plan of care based on client's response and preferences	100%	0%	96%	4%	0%
E. Collaboration, Consultation, and Referral					
1. Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)	100%	0%	77%	0%	23%
2. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals	96%	4%	96%	4%	0%
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	100%	0%	100%	0%	0%
4. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations	100%	0%	100%	0%	0%
5. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate	100%	0%	100%	0%	0%

	Graduates prepared		Entry-level NP competency		
	Yes	No	Yes	No–Too advanced	No–RN competency
F. Health Promotion					
1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues	100%	0%	69%	0%	31%
2. Analyze information from a variety of sources to determine population trends that have health implications	100%	0%	72%	4%	24%
3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention	100%	0%	72%	4%	24%
4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly	100%	0%	77%	4%	19%
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH					
1. Identify, appraise, and apply research, practice guidelines, and current best practice	100%	0%	96%	0%	4%
2. Identify the need for improvements in health service delivery	96%	4%	81%	4%	15%
3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice	92%	8%	88%	12%	0%
4. Implement planned improvements in healthcare and delivery structures and processes	92%	8%	76%	16%	8%
5. Evaluate quality improvement and outcomes in client care and health service delivery	96%	4%	80%	12%	8%
6. Identify and manage risks to individuals, families, populations, and the healthcare system to support quality improvement	92%	8%	81%	12%	8%
7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies	100%	0%	77%	0%	23%
8. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks	100%	0%	75%	0%	25%
9. Participate in research (e.g., identify questions for clinical inquiry, participate in study design and implementation, collect data, disseminate results)	100%	0%	72%	12%	16%
10. Evaluate the impact of nurse practitioner practice on client outcomes and healthcare delivery	96%	4%	83%	17%	0%

	Graduates prepared		Entry-level NP competency		
	Yes	No	Yes	No–Too advanced	No–RN competency
COMPETENCY AREA III. LEADERSHIP					
1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)	100%	0%	100%	0%	0%
2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care	96%	4%	92%	8%	0%
3. Coordinate interprofessional teams in the provision of client care	84%	16%	77%	15%	8%
4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care	100%	0%	81%	0%	19%
5. Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)	100%	0%	92%	0%	8%
6. Identify gaps in systems and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change	92%	8%	81%	12%	8%
7. Utilise theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management	100%	0%	81%	4%	15%
8. Identify the need and advocate for policy development to enhance client care	92%	8%	76%	24%	0%
9. Utilise principles of program planning and development to optimize client care (e.g., to develop role(s) of other healthcare providers, to improve practice)	84%	16%	73%	27%	0%
COMPETENCY AREA IV. EDUCATION					
A. Client, Community, and Healthcare Team Education					
1. Assess and prioritize learning needs of intended recipients	100%	0%	76%	0%	24%
2. Apply relevant, theory-based, and evidence-informed content when providing education	100%	0%	77%	0%	23%
3. Utilise applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)	96%	4%	72%	4%	24%
4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)	100%	0%	77%	0%	23%

	Graduates prepared		Entry-level NP competency		
			No, T...		No, RN...
5. Recognize the need for and plan outcome measures (e.g., obtaining client feedback, conduct pre- and post-surveys)	100%	0%	83%	0%	17%
B. Continuing Competence					
6. Engage in self-reflection to determine needs for continuing competence	100%	0%	84%	0%	16%
7. Engage in ongoing professional development	100%	0%	83%	0%	17%
8. Seek mentorship opportunities to support one's professional development	100%	0%	76%	0%	24%

Appendix 9.
Write-in Responses to Demographic and Professional Questions

Other Baccalaureate Degree earned

	n
Administration	1
Agricultural Economics	1
Anthropology	1
Applied Science	1
Arts	4
Athletic therapy	1
BA	4
BA (Hons)	1
BA English	1
BA in International Development	1
BA, MA in anthropology	1
Baccalauréat en sciences biologiques	1
Bachelor in Science	1
Bachelor of Arts (Hons)	1
Bachelor of Arts as well as BScN	1
Bachelor of Arts Psychology	1
Bachelor of Education	1
Bachelor of Health Science (BHSc)	1
Bachelor of Pharmacy UK	1
Bachelor of Science	1
Biblical Studies	1
Biochemistry	1
Biological Sciences	1
Biology	5
Biology and Chemistry	1
Botany	1
BSc	3
BSc - Biology	1
BSc Plant Biology	1
Business	1
Cumul de 3 certificats dont 2 en	1
English	2
English Literature and Philosophy	1
General - History	1
General Science	1
Gerontology	2

	n
Health Sciences	2
History	2
Kinesiology	2
Life Sciences	4
Mathematics BSc	1
Medicine, General Practice	1
Molecular biology and genetics	1
Philosophy	1
Physiology, Psychology	1
Post BN RN	1
Psychology	10
Psychology & Biology	1
Psychology + Social Work	1
Psychology and physiology	1
Santé communautaire	1
Science	3
Science-honours	1
Science, Biology	1
Sciences par cumul de certificat	1
Sociology	3

Other Master's Degree earned

	n
Education	11
Education (Adult)	1
Epidemiology	2
Health Administration	1
Health Care Practice	1
Health Management	1
Health Promotion	1
Health Studies	1
Health studies- advanced nursing	1
Hospital Administration and Po	1
International Affairs	1
International Relations	1
Liberal Studies	1
M. Ed	1
M. Ed Counseling	1
MA	1
Master in Ed. Studies & Master	1
Master of Health Science	1
Master of Nursing Science	1
Master of Science	2
Master of Science, Nursing	5
Master Science Healthcare Quality	1
Master's degree in Health Science	1
Master's of Health Sciences-NP	1
MEd	1
MHSc	1
MPA	1
MPH	1
MSc	2
MScFNP	1
Neuroscience	1
Pharmacology	1
Psychology	1
Public Health	5
Science	1
Science - within nursing faculty	1
Science (nursing) MScN	1

Other Doctorate Degree earned

	n
DNP	1
DNP candidate	1
Doctor of Medicine	1
Double PhD, Nursing & Medicine	1
Education	1
en cours... sciences biomédical	1
In progress in biomedical sciences	1
Medical Science	1
Neuroscience	1
Sciences infirmiÃ res en cours	1
Women's Health	1

Other primary practice setting as NP

	n
Community Mental Health	3
Convent	1
Pharmaceutical Research Clinic	1
Professional practice lead	1

Appendix 10.
Subgroup Analyses of Demographic Characteristics

Province/territory by language of completed survey

	English		French	
	n	**.%**	**n**	**.%**
Alberta	65	7.9%	0	0.0%
British Columbia	45	5.5%	0	0.0%
Manitoba	35	4.2%	0	0.0%
New Brunswick	20	2.4%	3	3.6%
Newfoundland and Labrador	24	2.9%	0	0.0%
Northwest Territories	11	1.3%	0	0.0%
Nunavut	2	0.2%	0	0.0%
Nova Scotia	43	5.2%	0	0.0%
Ontario	542	65.7%	13	15.5%
Prince Edward Island	5	0.6%	0	0.0%
Quebec	4	0.5%	68	81.0%
Saskatchewan	27	3.3%	0	0.0%
Yukon	2	0.2%	0	0.0%
Total	**825**	**100.0%**	**84**	**100.0%**

Subgroup Analyses of Demographic and Professional Characteristic of Respondents by Region, Stream, and Experience Level

Educational background by region
Multiple responses permitted–respondents could select all that applied; totals do not equal 100%

	Atlantic		Quebec		Ontario		West		North	
	N	%	N	%	N	%	N	%	N	%
Nursing Diploma	36	38%	34	47%	145	26%	40	23%	8	53%
BScN or BN	58	62%	62	86%	374	68%	88	51%	7	47%
Baccalaureate Degree in another area	8	9%	3	4%	62	11%	15	9%	2	13%
NP Certificate or Diploma (Post RN Diploma, Post-Baccalaureate)	31	33%	7	10%	304	55%	21	12%	5	33%
Master of Nursing	20	21%	8	11%	123	22%	29	17%	1	7%
Master of Nursing-NP	49	52%	14	19%	168	30%	116	67%	9	60%
Master of Nursing- NP plus DESS in Medical Sciences (QC only)	0	0%	53	74%	5	1%	2	1%	0	0%
Master of Science-NP	3	3%	2	3%	46	8%	12	7%	0	0%
Master's Degree in another area	5	5%	0	0%	53	10%	6	3%	0	0%
Post-Masters Certificate in NP practice	6	6%	8	11%	60	11%	17	10%	0	0%
Doctorate or PhD (Nursing)	2	2%	1	1%	12	2%	3	2%	0	0%
Doctorate or PhD in another area	0	0%	2	3%	6	1%	2	1%	1	7%
Total	**94**	**100%**	**72**	**100%**	**553**	**100%**	**172**	**100%**	**15**	**100%**

[1] *Write-in responses may be found in Appendix*

Educational background by stream

Multiple responses permitted–respondents could select all that applied; totals do not equal 100%

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
Nursing Diploma	193	30%	54	27%	5	12%	8	42%
BScN or BN	436	69%	115	57%	20	48%	15	79%
Baccalaureate Degree in another area	61	10%	21	10%	6	14%	2	11%
NP Certificate or Diploma (PostRN Diploma, Post-Baccalaureate)	322	51%	28	14%	4	10%	10	53%
Master of Nursing	112	18%	56	28%	9	21%	4	21%
Master of Nursing-NP	218	34%	105	52%	24	57%	9	47%
Master of Nursing- NP plus DESS in Medical Sciences (QC only)	37	6%	18	9%	3	7%	1	5%
Master of Science-NP	48	8%	13	6%	1	2%	0	0%
Master's Degree in another area	40	6%	17	8%	6	14%	0	0%
Post-Masters Certificate in NP practice	29	5%	53	26%	5	12%	4	21%
Doctorate or PhD (Nursing)	8	1%	8	4%	2	5%	0	0%
Doctorate or PhD in another area	3	0%	5	2%	2	5%	1	5%
Total	**636**	**100%**	**203**	**100%**	**42**	**100%**	**19**	**100%**

Educational background by experience level

Multiple responses permitted–respondents could select all that applied; totals do not equal 100%

	Entry-level		Experienced	
	N	**%**	**N**	**%**
Nursing Diploma	36	22%	221	31%
BScN or BN	113	68%	465	64%
Baccalaureate Degree in another area	19	12%	71	10%
NP Certificate or Diploma (PostRN Diploma, Post-Baccalaureate)	27	16%	333	46%
Master of Nursing	27	16%	150	21%
Master of Nursing-NP	94	57%	255	35%
Master of Nursing- NP plus DESS in Medical Sciences (QC only)	24	15%	36	5%
Master of Science-NP	10	6%	53	7%
Master's Degree in another area	13	8%	49	7%
Post-Masters Certificate in NP practice	18	11%	71	10%
Doctorate or PhD (Nursing)	0	0%	18	2%
Doctorate or PhD in another area	1	1%	9	1%
Total	**165**	**100%**	**723**	**100%**

Years of RN experience prior to becoming NP by region, summary statistics

	Atlantic		Quebec		Ontario		West		North	
	M	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**
Years of RN experience	15.7	(7.6)	11.2	(7.3)	14.6	(8.3)	14.0	(8.5)	15.6	(10.0)

Years of RN experience prior to becoming NP by stream, summary statistics

	FAA/Primary		Adult		Pediatric		Multiple	
	M	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**
Years of RN experience	14.3	(8.3)	15.0	(8.4)	11.3	(7.6)	12.4	(8.7)

Years of RN experience prior to becoming NP by experience level, summary statistics

	Entry-level		Experienced	
	M	**SD**	**M**	**SD**
Years of RN experience	11.2	(7.9)	14.9	(8.2)

Years of RN experience prior to becoming NP by region, frequency distributions

	Atlantic		Quebec		Ontario		West		North	
	N	%	N	%	N	%	N	%	N	%
1 to 5	14	15%	21	29%	91	17%	28	16%	2	14%
6 to 10	14	15%	21	29%	138	25%	50	29%	5	36%
11 to 15	15	16%	14	19%	87	16%	30	18%	1	7%
16 to 20	31	33%	7	10%	102	19%	20	12%	0	0%
21 or more	20	21%	9	13%	133	24%	42	25%	6	43%
Total	**94**	**100%**	**72**	**100%**	**551**	**100%**	**170**	**100%**	**14**	**100%**

Years of RN experience prior to becoming NP by stream, frequency distributions

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
1 to 5	109	17%	31	15%	11	26%	4	21%
6 to 10	156	25%	48	24%	16	38%	7	37%
11 to 15	105	17%	32	16%	7	17%	3	16%
16 to 20	120	19%	35	17%	2	5%	1	5%
21 or more	143	23%	55	27%	6	14%	4	21%
Total	**633**	**100%**	**201**	**100%**	**42**	**100%**	**19**	**100%**

Years of RN experience prior to becoming NP by experience level, frequency distributions

	Entry-level		Experienced	
	N	%	N	%
1 to 5	46	28%	108	15%
6 to 10	60	36%	165	23%
11 to 15	20	12%	126	18%
16 to 20	17	10%	138	19%
21 or more	22	13%	182	25%
Total	**165**	**100%**	**719**	**100%**

Years of NP experience by region, summary statistics

	Atlantic		Quebec		Ontario		West		North	
	M	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**
Years of NP experience	7.2	(4.3)	3.8	(2.6)	8.6	(5.8)	6.1	(4.3)	7.8	(7.0)

Years of NP experience by stream, summary statistics

	FAA/Primary		Adult		Pediatric		Multiple	
	M	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**
Years of NP experience	7.5	(5.4)	7.9	(5.3)	9.0	(6.1)	9.5	(5.0)

Years of NP experience by experience level, summary statistics

	Entry-level		Experienced	
	M	**SD**	**M**	**SD**
Years of NP experience	1.4	(.5)	9.0	(5.0)

Years of NP experience by region, frequency distributions

	Atlantic		Quebec		Ontario		West		North	
	N	%	N	%	N	%	N	%	N	%
1 to 2	17	18%	29	40%	86	16%	44	26%	2	14%
3 to 5	19	20%	27	38%	116	21%	39	23%	5	36%
6 to 10	38	41%	15	21%	152	28%	63	37%	3	21%
11 to 15	15	16%	1	1%	122	22%	21	12%	3	21%
16 or more	4	4%	0	0%	69	13%	5	3%	1	7%
Total	**93**	**100%**	**72**	**100%**	**545**	**100%**	**172**	**100%**	**14**	**100%**

Years of NP experience by stream, frequency distributions

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
1 to 2	138	22%	31	15%	7	17%	1	5%
3 to 5	147	23%	47	23%	6	14%	5	26%
6 to 10	181	29%	69	34%	13	31%	5	26%
11 to 15	110	18%	36	18%	11	26%	4	21%
16 or more	52	8%	18	9%	5	12%	4	21%
Total	628	100%	201	100%	42	100%	19	100%

Years of NP experience by experience level, frequency distributions

	Entry-level		Experienced	
	N	%	N	%
1 to 2	165	100%	11	2%
3 to 5	0	0%	205	28%
6 to 10	0	0%	268	37%
11 to 15	0	0%	160	22%
16 or more	0	0%	79	11%
Total	165	100%	723	100%

	Atlantic		Quebec		Ontario		West		North	
	N	%	N	%	N	%	N	%	N	%
1998	4	4%	0	0%	52	9%	6	4%	1	8%
1999	1	1%	0	0%	31	6%	3	2%	0	0%
2000	5	5%	0	0%	17	3%	4	2%	2	15%
2001	2	2%	0	0%	18	3%	2	1%	0	0%
2002	7	8%	0	0%	20	4%	1	1%	0	0%
2003	5	5%	1	1%	16	3%	6	4%	1	8%
2004	10	11%	0	0%	20	4%	7	4%	0	0%
2005	7	8%	1	1%	17	3%	8	5%	1	8%
2006	5	5%	7	10%	24	4%	17	10%	1	8%
2007	10	11%	2	3%	44	8%	24	14%	2	15%
2008	4	4%	5	7%	54	10%	13	8%	0	0%
2009	2	2%	4	6%	63	11%	11	6%	0	0%
2010	6	7%	11	15%	40	7%	14	8%	0	0%
2011	7	8%	9	13%	39	7%	17	10%	2	15%
2012	10	11%	15	21%	49	9%	10	6%	2	15%
2013	6	7%	12	17%	37	7%	17	10%	0	0%
2014	1	1%	5	7%	8	1%	11	6%	1	8%
Total	**92**	**100%**	**72**	**100%**	**549**	**100%**	**171**	**100%**	**13**	**100%**

Year first licensed/registered/certified as NP in Canada by region

	Year first licensed/registered/certified as NP by stream in Canada								
	FAA/Primary		**Adult**		**Pediatric**		**Multiple**	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**
1998	53	8%	5	2%	2	5%	3	16%
1999	29	5%	2	1%	1	2%	2	11%
2000	24	4%	3	1%	1	2%	0	0%
2001	16	3%	4	2%	0	0%	2	11%
2002	23	4%	4	2%	1	2%	0	0%
2003	21	3%	6	3%	2	5%	0	0%
2004	31	5%	5	2%	1	2%	0	0%
2005	21	3%	10	5%	2	5%	1	5%
2006	31	5%	17	8%	4	10%	2	11%
2007	59	9%	17	8%	3	7%	1	5%
2008	36	6%	31	15%	7	17%	1	5%
2009	52	8%	25	12%	2	5%	1	5%
2010	44	7%	20	10%	5	12%	2	11%
2011	49	8%	19	9%	3	7%	2	11%
2012	63	10%	14	7%	7	17%	1	5%
2013	53	8%	17	8%	1	2%	1	5%
2014	24	4%	2	1%	0	0%	0	0%
Total	**629**	**100%**	**201**	**100%**	**42**	**100%**	**19**	**100%**

Year first licensed/registered/certified as NP by experience level in Canada

	Entry-level		Experienced	
	N	**%**	**N**	**%**
1998	0	0%	63	9%
1999	0	0%	34	5%
2000	0	0%	28	4%
2001	0	0%	22	3%
2002	0	0%	27	4%
2003	0	0%	29	4%
2004	0	0%	37	5%
2005	0	0%	34	5%
2006	0	0%	54	7%
2007	0	0%	82	11%
2008	0	0%	76	11%
2009	0	0%	78	11%
2010	0	0%	70	10%
2011	0	0%	72	10%
2012	72	44%	13	2%
2013	68	41%	3	0%
2014	25	15%	1	0%
Total	**165**	**100%**	**723**	**100%**

Province(s)/Territory(ies) where currently licensed/registered/certified as NP by stream

Multiple responses permitted–respondents could select all that applied; totals do not sum to 100%

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
Alberta	31	5%	32	16%	9	21%	2	5%
British Columbia	42	7%	5	2%	3	7%	2	5%
Manitoba	34	6%	2	1%	2	5%	2	5%
New Brunswick	25	4%	0	0%	0	0%	0	0%
Newfoundland and Labrador	21	3%	5	2%	1	2%	1	3%
Northwest Territories/Nunavut	14	2%	0	0%	0	0%	0	0%
Nova Scotia	27	4%	17	8%	1	2%	1	3%
Ontario	396	64%	127	63%	27	64%	12	30%
Prince Edward Island	5	1%	0	0%	0	0%	0	0%
Quebec	53	8%	20	10%	0	0%	0	0%
Saskatchewan	30	5%	0	0%	0	0%	1	3%
Yukon	4	1%	0	0%	0	0%	0	0%
Total	**635**	**100%**	**204**	**100%**	**42**	**100%**	**19**	**100%**

Province/Territory of primary NP practice by stream

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
Alberta	25	4%	31	15%	8	19%	1	3%
British Columbia	36	6%	5	2%	3	7%	1	3%
Manitoba	29	5%	2	1%	2	5%	2	5%
New Brunswick	23	4%	0	0%	0	0%	0	0%
Newfoundland and Labrador	18	3%	4	2%	1	2%	1	3%
Northwest Territories & Nunavut	11	1%	1	0%	0	0%	0	0%
Nova Scotia	25	4%	16	8%	1	2%	1	3%
Ontario	387	63%	125	62%	27	64%	12	30%
Prince Edward Island	4	1%	1	0%	0	0%	0	0%
Quebec	51	8%	20	10%	0	0%	0	0%
Saskatchewan	26	4%	0	0%	0	0%	1	5%
Yukon	2	0%	0	0%	0	0%	0	0%
Total	**637**	**100%**	**205**	**100%**	**42**	**100%**	**19**	**100%**

Province(s)/Territory(ies) where <u>currently licensed/registered/certified</u> as NP by experience level
Multiple responses permitted–respondents could select all that applied; totals do not sum to 100%

	Entry-level		Experienced	
	N	%	N	%
Alberta	11	7%	62	9%
British Columbia	14	9%	38	5%
Manitoba	8	5%	32	4%
New Brunswick	5	3%	19	3%
Newfoundland and Labrador	1	1%	25	3%
Northwest Territories/Nunavut	1	1%	13	2%
Nova Scotia	7	4%	37	5%
Ontario	83	51%	469	65%
Prince Edward Island	2	1%	3	0%
Quebec	29	18%	45	6%
Saskatchewan	6	4%	25	3%
Yukon	1	1%	3	0%
Total	**164**	**100%**	**721**	**100%**

Province/Territory of primary NP practice by experience level

	Entry-level		Experienced	
	N	%	N	%
Alberta	11	7%	53	7%
British Columbia	12	7%	33	5%
Manitoba	8	5%	27	4%
New Brunswick	5	3%	17	2%
Newfoundland and Labrador	1	1%	22	3%
Northwest Territories & Nunavut	1	1%	10	1%
Nova Scotia	7	4%	34	5%
Ontario	82	50%	459	63%
Prince Edward Island	2	1%	3	0%
Quebec	29	18%	43	6%
Saskatchewan	6	4%	21	3%
Yukon	1	1%	1	0%
Total	**165**	**100%**	**723**	**100%**

Region of primary practice by stream

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
Atlantic	70	11%	21	10%	2	5%	2	5%
Quebec	51	8%	20	10%	0	0%	0	0%
Ontario	387	63%	125	62%	27	64%	12	30%
West	116	19%	38	19%	13	31%	5	13%
North	13	2%	1	0%	0	0%	0	0%
Total	**619**	**100%**	**202**	**100%**	**42**	**100%**	**40**	**100%**

Region of primary practice by experience level

	Entry-level		Experienced	
	N	%	N	%
Atlantic	15	9%	76	11%
Quebec	29	18%	43	6%
Ontario	82	50%	459	63%
West	37	22%	134	19%
North	2	1%	11	2%
Total	**165**	**100%**	**723**	**100%**

A: Stream(s) in which currently licensed/registered/certified as NP by region

Multiple responses permitted–respondents could select all that applied; totals do not sum to 100%

	Atlantic		Quebec		Ontario		West		North	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
FAA/Primary	72	76%	51	72%	398	72%	120	70%	13	93%
Adult	23	24%	4	31%	134	24%	43	25%	1	7%
Pediatric	2	2%	0	27%	30	5%	15	9%	0	0%
Neonatology (QC, Alberta, and Nova Scotia)	0	0%	0	0%	0	0%	0	0%	0	0%
Nephrology (QC only)	0	0%	7	10%	0	0%	0	0%	0	0%
Cardiology (QC only)	0	0%	9	13%	1	0%	0	0%	0	0%
Total	**95**	**100%**	**71**	**100%**	**551**	**100%**	**172**	**100%**	**14**	**100%**

B: Stream(s) in which currently licensed/registered/certified as NP by region

Multiple streams listed as separate category

	Atlantic		Quebec		Ontario		West		North	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
FAA/Primary	70	74%	51	71%%	387	70%	116	67%	13	87%
Adult	21	22%	4	6%	125	23%	38	22%	1	7%
Pediatric	2	2%	0	0%	27	5%	13	8%	0	0%
Nephrology (QC only)	0	0%	7	10%	0	0%	0	0%	0	0%
Cardiology (QC only)	0	0%	9	13%	0	0%	0	0%	0	0%
More than 1 stream	2	2%	0	0%	12	2%	5	3%	0	0%
Did not answer	0	0%	1	1%	4	1%	0	0%	1	7%
Total	**95**	**100%**	**72**	**100%**	**555**	**100%**	**172**	**100%**	**15**	**100%**

C: Stream in which currently licensed/registered/certified as NP by region

Nephrology and Cardiology categorized as Adult

	Atlantic		Quebec		Ontario		West		North	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
FAA/Primary	70	74%	51	72%	387	70%	116	67%	13	93%
Adult	21	22%	20	28%	125	23%	38	22%	1	7%
Pediatric	2	2%	0	0%	27	5%	13	8%	0	0%
Multiple	2	2%	0	0%	12	2%	5	3%	0	0%
Total	**95**	**100%**	**71**	**100%**	**551**	**100%**	**172**	**100%**	**14**	**100%**

A: Stream(s) in which currently licensed/registered/certified as NP by experience level

Multiple responses permitted–respondents could select all that applied; totals do not sum to 100%

	Entry-level		Experienced	
	N	%	N	%
Family/Primary Care	129	79%	509	71%
Adult	28	17%	172	24%
Pediatric	6	4%	41	6%
Neonatology (QC, Alberta, and Nova Scotia)	0	0%	0	0%
Nephrology (QC only)	0	0%	7	1%
Cardiology (QC only)	2	<1%	10	1%
Total	**165**	**100%**	**739**	**100%**

B: Stream(s) in which currently licensed/registered/certified as NP by experience level

Multiple streams listed as separate category

	Entry-level		Experienced	
	N	%	N	%
FAA/Primary Care	128	78%	493	69%
Adult	27	16%	157	22%
Pediatric	6	4%	36	5%
Nephrology (QC only)	0	0%	7	1%
Cardiology (QC only)	2	1%	7	1%
More than 1 stream	1	<1%	18	3%
Did not answer	1	<1%	5	<1%
Total	**165**	**100%**	**723**	**100%**

C: Stream(s) in which currently licensed/registered/certified as NP by experience level

Nephrology and Cardiology categorized as Adult

	Entry-level		Experienced	
	N	%	N	%
FAA/Primary	128	78%	493	69%
Adult	29	18%	171	24%
Pediatric	6	4%	36	5%
More than 1 stream	1	<1%%	18	3%
Total	**164**	**100%**	**718**	**100%**

Experience level by region

	Atlantic		Quebec		Ontario		West		North	
	N	%	N	%	N	%	N	%	N	%
Entry-level	15	16%	29	40%	82	15%	37	22%	2	15%
Experienced	76	84%	43	60%	459	85%	134	78%	11	85%
Total	**91**	**100%**	**72**	**100%**	**541**	**100%**	**171**	**100%**	**13**	**100%**

Experience level by stream

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
Entry-level	128	21%	29	15%	6	14%	1	5%
Experienced	493	79%	171	86%	36	86%	18	95%
Total	**621**	**100%**	**200**	**100%**	**42**	**100%**	**19**	**100%**

Percentage of work time in direct client care by region, summary statistics

	Atlantic		Quebec		Ontario		West		North	
	M	SD	M	SD	M	SD	M	SD	M	SD
Percentage of time	80.9	(19.1)	81.9	(8.1)	80.4	(16.9)	83.6	(15.4)	80.0	(20.2)

Percentage of work time in direct client care by stream, summary statistics

	FAA/Primary		Adult		Pediatric		Multiple	
	M	SD	M	SD	M	SD	M	SD
Percentage of time	82.0	(16.1)	80.5	(16.5)	70.8	(20.0)	80.5	(13.4)

Percentage of work time in direct client care by experience level, summary statistics

	Entry-level		Experienced	
	M	SD	M	SD
Percentage of time	83.0	(13.9)	80.8	(16.8)

Percentage of work time in direct client care by stream, frequency distributions

	Atlantic		Quebec		Ontario		West		North	
	N	%	N	%	N	%	N	%	N	%
0% to 49%	5	5%	0	0%	24	4%	6	4%	1	7%
50% to 74%	11	12%	11	15%	75	14%	14	8%	1	7%
75% to 89%	32	34%	39	54%	230	42%	70	41%	6	40%
90% and above	47	50%	22	31%	220	40%	81	47%	7	47%
Total	**95**	**100%**	**72**	**100%**	**549**	**100%**	**171**	**100%**	**15**	**100%**

Percentage of work time in direct client care by stream, frequency distributions

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
0% to 49%	22	3%	10	5%	4	10%	0	0%
50% to 74%	74	12%	22	11%	12	29%	4	21%
75% to 89%	255	40%	93	46%	19	46%	9	47%
90% and above	283	45%	78	38%	6	15%	6	32%
Total	**634**	**100%**	**203**	**100%**	**41**	**100%**	**19**	**100%**

Percentage of work time in direct client care by experience level, frequency distributions

	Entry-level		Experienced	
	N	%	N	%
0% to 49%	3	2%	31	4%
50% to 74%	23	14%	87	12%
75% to 89%	63	38%	303	42%
90% and above	75	46%	296	41%
Total	**164**	**100%**	**717**	**100%**

Hours per week of NP work by region

	Atlantic		Quebec		Ontario		West		North	
	N	%	N	%	N	%	N	%	N	%
1 to 10	1	1%	1	1%	21	4%	4	2%	0	0%
11 to 20	4	4%	0	0%	23	4%	9	5%	1	7%
21 to 30	7	7%	1	1%	55	10%	10	6%	1	7%
31 to 40	50	53%	48	67%	287	52%	76	44%	7	47%
More than 40	33	35%	22	31%	164	30%	72	42%	6	40%
Total	**95**	**100%**	**72**	**100%**	**550**	**100%**	**171**	**100%**	**15**	**100%**

Hours per week of NP work by stream

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
1 to 10	21	3%	4	2%	1	2%	1	5%
11 to 20	25	4%	8	4%	4	10%	0	0%
21 to 30	62	10%	7	3%	3	7%	2	11%
31 to 40	356	56%	85	42%	14	33%	9	47%
More than 40	170	27%	100	49%	20	48%	7	37%
Total	**634**	**100%**	**204**	**100%**	**42**	**100%**	**19**	**100%**

Hours per week of NP work by experience level

	Entry-level		Experienced	
	N	%	N	%
1 to 10	3	2%	24	3%
11 to 20	5	3%	30	4%
21 to 30	16	10%	54	8%
31 to 40	91	55%	368	51%
More than 40	49	30%	242	34%
Total	**164**	**100%**	**718**	**100%**

Primary clinical work setting as NP by region

	Atlantic		Quebec		Ontario		West		North	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Primary Care	45	47%	53	75%	234	43%	72	42%	8	57%
NP-Led Clinic	7	7%	0	0%	27	5%	11	6%	1	7%
Student Health Services	0	0%	0	0%	2	0%	2	1%	0	0%
Corrections	0	0%	0	0%	0	0%	3	2%	1	7%
Military	2	2%	0	0%	0	0%	0	0%	0	0%
First Nations/Inuit Health Centre	1	1%	0	0%	13	2%	5	3%	2	14%
Remote Outpost	0	0%	0	0%	6	1%	3	2%	0	0%
Community/Public Health	1	1%	0	0%	12	2%	2	1%	0	0%
Home Care/Outreach	0	0%	0	0%	27	5%	3	2%	0	0%
Emergency Department	4	4%	0	0%	12	2%	10	6%	0	0%
Long-term Care	4	4%	1	1%	23	4%	5	3%	0	0%
Hospital Outpatient/Ambulatory Clinic	16	17%	7	10%	71	13%	18	11%	2	14%
Hospital Inpatient	8	8%	7	10%	79	14%	22	13%	0	0%
Hospital Inpatient and Outpatient	4	4%	3	4%	37	7%	13	8%	0	0%
Occupational/Industrial	3	3%	0	0%	1	0%	2	1%	0	0%
Other	0	0%	0	0%	6	1%	0	0%	0	0%
None	0	0%	0	0%	0	0%	0	0%	0	0%

Primary clinical work setting as NP by stream

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
Primary Care	388	61%	18	9%	0	0%	3	16%
NP-Led Clinic	39	6%	3	1%	2	5%	2	11%
Student Health Services	4	1%	0	0%	0	0%	0	0%
Corrections	1	0%	3	1%	0	0%	0	0%
Military	1	0%	1	0%	0	0%	0	0%
First Nations/Inuit Health Centre	20	3%	1	0%	0	0%	0	0%
Remote Outpost	8	1%	1	0%	0	0%	0	0%
Community/Public Health	13	2%	1	0%	0	0%	1	5%
Home Care/Outreach	24	4%	5	2%	0	0%	1	5%
Emergency Department	20	3%	4	2%	0	0%	2	11%
Long-term Care	30	5%	2	1%	0	0%	1	5%
Hospital Outpatient/Ambulatory Clinic	42	7%	48	24%	19	45%	3	16%
Hospital Inpatient	23	4%	80	40%	10	24%	3	16%
Hospital Inpatient and Outpatient	12	2%	33	16%	11	26%	1	5%
Occupational/Industrial	4	1%	0	0%	0	0%	2	11%
Other	3	0%	2	1%	0	0%	0	0%
None	0	0%	0	0%	0	0%	0	0%

Primary clinical work setting as NP by experience level

	Entry-level		Experienced	
	N	**%**	**N**	**%**
Primary Care	91	55%	308	43%
NP-Led Clinic	12	7%	34	5%
Student Health Services	1	1%	3	0%
Corrections	1	1%	2	0%
Military	0	0%	2	0%
First Nations/Inuit Health Centre	1	1%	19	3%
Remote Outpost	0	0%	9	1%
Community/Public Health	2	1%	13	2%
Home Care/Outreach	4	2%	26	4%
Emergency Department	9	5%	17	2%
Long-term Care	5	3%	28	4%
Hospital Outpatient/Ambulatory Clinic	10	6%	101	14%
Hospital Inpatient	17	10%	96	13%
Hospital Inpatient and Outpatient	11	7%	46	6%
Occupational/Industrial	0	0%	6	1%
Other	0	0%	6	1%
None	0	0%	0	0%

Geographic setting(s) of NP practice by region

	Atlantic		Quebec		Ontario		West		North	
	N	%	N	%	N	%	N	%	N	%
Urban	42	44%	50	70%	415	76%	116	68%	6	43%
Rural and small town	53	56%	22	31%	137	25%	48	28%	5	36%
Remote	5	5%	2	3%	12	2%	13	8%	4	29%
Total	**95**	**100%**	**71**	**100%**	**548**	**100%**	**171**	**100%**	**14**	**100%**

Geographic setting(s) of NP practice by stream

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
Urban	380	60%	191	94%	42	100%	12	67%
Rural and small town	244	39%	13	6%	0	0%	6	33%
Remote	32	5%	3	1%	0	0%	1	6%
Total	**630**	**100%**	**203**	**100%**	**42**	**100%**	**18**	**100%**

Geographic setting(s) of NP practice by experience level

	Entry-level		Experienced	
	N	%	N	%
Urban	102	62%	513	72%
Rural and small town	62	38%	197	28%
Remote	4	2%	31	4%
Total	**165**	**100%**	**713**	**100%**

Served as preceptor for NP students in past 2 years by region

	Atlantic		Quebec		Ontario		West		North	
	N	%	N	%	N	%	N	%	N	%
Yes	63	66%	40	56%	363	66%	111	65%	7	50%
No	32	34%	31	44%	189	34%	60	35%	7	50%

Served as preceptor for NP students in past 2 years by stream

	FAA/Primary		Adult		Pediatric		Multiple	
	N	%	N	%	N	%	N	%
Yes	380	60%	191	94%	42	100%	12	67%
No	244	39%	13	6%	0	0%	6	33%

Served as preceptor for NP students in past 2 years by experience level

	Entry-level		Experienced	
	N	%	N	%
Yes	52	32%	520	73%
No	113	68%	197	27%

Appendix 11.
Subgroup Analyses of Client Characteristics

Percentage of client population presenting with symptoms/diagnoses in each category by region

	Atlantic										Quebec										Ontario										West										North									
	0%		1%-10%		11%-25%		26%-50%		51%-100%		0%		1%-10%		11%-25%		26%-50%		51%-100%		0%		1%-10%		11%-25%		26%-50%		51%-100%		0%		1%-10%		11%-25%		26%-50%		51%-100%		0%		1%-10%		11%-25%		26%-50%		51%-100%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Breast	18	21%	47	53%	17	19%	3	3%	3	3%	12	17%	50	69%	7	10%	3	4%	0	0%	119	23%	328	63%	55	11%	12	2%	3	1%	35	23%	100	67%	10	7%	4	3%	1	1%	3	21%	10	71%	0	0%	1	7%	0	0%
Cardio-vascular	0	0%	14	15%	27	29%	22	24%	29	32%	0	0%	9	13%	22	31%	21	29%	20	28%	15	3%	118	22%	124	23%	128	24%	152	28%	9	5%	32	19%	39	24%	41	25%	45	27%	2	15%	3	23%	5	39%	2	15%	1	8%
Endocrine	2	2%	24	26%	22	24%	26	28%	18	20%	3	4%	17	24%	29	41%	14	20%	8	11%	24	5%	139	26%	158	30%	123	23%	85	16%	8	5%	47	29%	45	27%	39	24%	25	15%	2	15%	4	31%	4	31%	2	15%	1	8%
Gastro-intestinal/ Liver/ Gallbladder	1	1%	31	33%	29	31%	23	25%	9	10%	3	4%	32	44%	27	38%	8	11%	2	3%	24	5%	174	33%	182	35%	109	21%	39	7%	10	6%	53	33%	43	26%	43	26%	14	9%	2	15%	3	23%	3	23%	4	31%	1	8%
Genital/ Urinary	1	1%	28	31%	34	37%	16	18%	12	13%	5	7%	34	47%	22	31%	9	13%	2	3%	30	6%	170	33%	172	33%	103	20%	46	9%	10	6%	44	27%	47	29%	39	24%	21	13%	2	14%	6	43%	3	21%	2	14%	1	7%
Gynecology	8	9%	26	28%	28	30%	20	22%	10	11%	14	19%	24	33%	18	25%	13	18%	3	4%	83	16%	168	32%	155	30%	85	16%	30	6%	23	14%	51	32%	34	21%	35	22%	19	12%	1	7%	3	21%	5	36%	3	21%	2	14%
Health Promotion and Disease Prevention	4	4%	32	34%	18	19%	16	17%	24	26%	2	3%	15	21%	15	21%	14	19%	26	36%	46	9%	159	31%	111	22%	89	17%	111	22%	22	14%	65	40%	30	19%	20	12%	25	15%	0	0%	4	29%	4	29%	5	36%	1	7%
HEENT - Ears, nose and throat	8	9%	29	32%	24	26%	19	21%	11	12%	7	10%	27	38%	23	32%	13	18%	1	1%	70	13%	180	35%	147	28%	89	17%	35	7%	23	14%	44	27%	50	31%	31	19%	14	9%	2	15%	2	15%	6	46%	2	15%	1	8%
HEENT - Eyes and lids	15	16%	52	57%	15	16%	8	9%	2	2%	12	17%	57	79%	2	3%	1	1%	0	0%	105	21%	292	57%	69	14%	38	7%	9	2%	33	21%	87	54%	30	19%	5	3%	5	3%	2	15%	9	69%	1	8%	0	0%	1	8%
Hematology	5	5%	56	61%	23	25%	7	8%	1	1%	5	7%	54	75%	7	10%	4	6%	2	3%	46	9%	295	56%	121	23%	41	8%	26	5%	16	10%	96	59%	37	23%	11	7%	4	2%	2	15%	9	69%	2	15%	0	0%	0	0%
Infectious Diseases	4	4%	50	54%	24	26%	9	10%	6	7%	4	6%	17	24%	26	36%	22	31%	3	4%	34	7%	203	39%	153	29%	88	17%	49	9%	13	8%	57	35%	48	29%	25	15%	20	12%	1	7%	8	57%	1	7%	4	29%	0	0%
Integument	2	2%	44	48%	25	28%	15	17%	5	6%	4	6%	41	57%	19	26%	5	7%	3	4%	37	7%	235	45%	146	28%	74	14%	26	5%	14	9%	64	40%	52	32%	22	14%	9	6%	1	8%	7	54%	4	31%	1	8%	0	0%
Multisystem	1	1%	13	14%	16	17%	23	25%	39	42%	1	1%	13	18%	20	28%	24	33%	14	19%	20	4%	90	17%	108	20%	132	25%	181	34%	7	4%	35	21%	40	24%	35	21%	49	30%	2	15%	2	15%	4	31%	2	15%	3	23%
Musculo-skeletal	2	2%	13	14%	35	39%	23	26%	17	19%	5	7%	14	19%	31	43%	20	28%	2	3%	28	5%	130	25%	154	29%	152	29%	62	12%	10	6%	39	24%	52	32%	41	25%	21	13%	1	8%	1	8%	8	62%	3	23%	0	0%
Nephrology	4	4%	51	55%	23	25%	7	8%	7	8%	4	6%	43	60%	12	17%	5	7%	8	11%	41	8%	248	48%	125	24%	72	14%	36	7%	19	12%	77	47%	41	25%	13	8%	14	9%	3	23%	7	54%	2	15%	1	8%	0	0%
Neurology	3	3%	56	62%	18	20%	11	12%	3	3%	1	1%	59	82%	9	13%	2	3%	1	1%	34	7%	283	54%	105	20%	55	11%	49	9%	11	7%	92	56%	33	20%	12	7%	15	9%	1	8%	10	77%	2	15%	0	0%	0	0%
Obstetrics	27	29%	39	42%	20	22%	6	7%	1	1%	38	54%	13	18%	8	11%	10	14%	2	3%	200	39%	202	39%	80	15%	31	6%	7	1%	59	36%	66	41%	21	13%	8	5%	8	5%	3	23%	5	39%	2	15%	2	15%	1	8%
Oncology	14	15%	63	69%	12	13%	2	2%	1	1%	24	33%	45	63%	2	3%	1	1%	0	0%	116	22%	288	55%	50	10%	29	6%	44	8%	39	24%	102	62%	9	6%	4	2%	10	6%	5	39%	7	54%	1	8%	0	0%	0	0%
Psychiatry/ Mental Health	1	1%	20	21%	32	34%	24	26%	17	18%	3	4%	26	36%	27	38%	14	19%	2	3%	31	6%	125	24%	160	30%	118	22%	95	18%	11	7%	47	29%	43	26%	34	21%	28	17%	2	14%	1	7%	5	36%	4	29%	2	14%
Respiratory	2	2%	17	18%	34	37%	26	28%	14	15%	1	1%	15	21%	35	49%	16	22%	5	7%	19	4%	107	20%	184	35%	143	27%	73	14%	10	6%	32	19%	51	31%	47	29%	25	15%	2	15%	1	8%	5	39%	5	39%	0	0%
Sexually Transmitted Infections	16	17%	49	53%	19	20%	6	7%	3	3%	17	24%	36	50%	14	19%	4	6%	1	1%	163	31%	234	45%	73	14%	36	7%	18	3%	39	24%	77	48%	23	14%	14	9%	8	5%	1	7%	7	50%	3	21%	1	7%	2	14%

Percentage of client population presenting with symptoms/diagnoses in each category by stream

	FAA/Primary										Adult										Pediatric										Multiple									
	0%		1% - 10%		11% - 25%		26% - 50%		51% - 100%		0%		1% - 10%		11% - 25%		26% - 50%		51% - 100%		0%		1% - 10%		11% - 25%		26% - 50%		51% - 100%		0%		1% - 10%		11% - 25%		26% - 50%		51% - 100%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Breast	54	9%	432	74%	78	13%	19	3%	4	1%	92	53%	74	42%	4	2%	2	1%	3	2%	34	90%	4	11%	0	0%	0	0%	54	9%	432	74%	78	13%	19	3%	4	1%	92	53%
Cardiovascular	9	2%	116	19%	169	28%	167	28%	138	23%	7	4%	30	15%	28	14%	38	20%	92	47%	9	22%	21	51%	4	10%	0	0%	9	2%	116	19%	169	28%	167	28%	138	23%	7	4%
Endocrine	9	2%	162	27%	185	31%	147	25%	96	16%	17	9%	40	21%	46	24%	49	26%	38	20%	11	31%	21	58%	3	8%	0	0%	9	2%	162	27%	185	31%	147	25%	96	16%	17	9%
Gastrointestinal/Liver/Gallbladder	11	2%	206	35%	204	34%	134	23%	41	7%	16	9%	57	30%	60	32%	40	21%	16	9%	9	23%	15	38%	5	13%	5	13%	11	2%	206	35%	204	34%	134	23%	41	7%	16	9%
Genital/Urinary	11	2%	179	30%	213	36%	128	22%	62	11%	19	10%	71	38%	44	24%	33	18%	19	10%	15	41%	17	46%	3	8%	2	5%	11	2%	179	30%	213	36%	128	22%	62	11%	19	10%
Gynecology	30	5%	173	29%	202	34%	141	24%	54	9%	73	40%	73	40%	23	13%	6	3%	6	3%	21	58%	13	36%	1	3%	1	3%	30	5%	173	29%	202	34%	141	24%	54	9%	73	40%
Health Promotion and Disease Prevention	18	3%	199	34%	137	23%	111	19%	128	22%	38	21%	56	30%	25	14%	26	14%	40	22%	14	38%	10	27%	6	16%	0	0%	18	3%	199	34%	137	23%	111	19%	128	22%	38	21%
HEENT - Ears, nose and throat	25	4%	167	28%	210	35%	135	23%	57	10%	63	34%	86	47%	26	14%	4	2%	4	2%	15	40%	18	47%	3	8%	1	3%	25	4%	167	28%	210	35%	135	23%	57	10%	63	34%
HEENT - Eyes and lids	50	9%	383	65%	101	17%	41	7%	15	3%	84	47%	79	44%	10	6%	5	3%	2	1%	23	64%	10	28%	3	8%	0	0%	50	9%	383	65%	101	17%	41	7%	15	3%	84	47%
Hematology	33	6%	378	63%	133	22%	38	6%	15	3%	24	13%	91	48%	44	23%	17	9%	15	8%	11	29%	16	42%	5	13%	3	8%	33	6%	378	63%	133	22%	38	6%	15	3%	24	13%
Infectious Diseases	19	3%	229	38%	183	31%	110	18%	56	9%	24	13%	72	38%	46	25%	25	13%	21	11%	10	25%	17	43%	9	23%	4	10%	19	3%	229	38%	183	31%	110	18%	56	9%	24	13%
Integument	17	3%	262	44%	195	33%	91	15%	29	5%	25	14%	87	48%	34	19%	23	13%	12	7%	12	32%	22	60%	3	8%	0	0%	17	3%	262	44%	195	33%	91	15%	29	5%	25	14%
Multisystem	13	2%	98	16%	144	24%	150	25%	198	33%	12	6%	32	17%	29	16%	51	27%	63	34%	5	13%	12	30%	8	20%	4	10%	13	2%	98	16%	144	24%	150	25%	198	33%	12	6%
Musculoskeletal	16	3%	126	21%	208	35%	186	31%	61	10%	19	10%	51	27%	46	25%	39	21%	32	17%	7	19%	15	41%	7	19%	5	14%	16	3%	126	21%	208	35%	186	31%	61	10%	19	10%
Nephrology	43	7%	323	54%	142	24%	62	10%	27	5%	14	8%	61	33%	47	25%	29	16%	34	18%	11	30%	19	51%	6	16%	0	0%	43	7%	323	54%	142	24%	62	10%	27	5%	14	8%
Neurology	26	4%	371	63%	121	20%	51	9%	25	4%	17	9%	82	43%	41	22%	20	11%	29	15%	5	13%	16	41%	2	5%	6	15%	26	4%	371	63%	121	20%	51	9%	25	4%	17	9%
Obstetrics	143	24%	267	45%	124	21%	48	8%	15	3%	132	73%	41	23%	3	2%	3	2%	2	1%	32	87%	3	8%	0	0%	2	5%	143	24%	267	45%	124	21%	48	8%	15	3%	132	73%
Oncology	129	22%	379	64%	49	8%	12	2%	26	4%	37	19%	86	45%	25	13%	20	11%	23	12%	19	50%	13	34%	0	0%	3	8%	129	22%	379	64%	49	8%	12	2%	26	4%	37	19%
Psychiatry/Mental Health	10	2%	121	20%	189	31%	165	27%	118	20%	20	11%	73	39%	56	30%	21	11%	17	9%	13	34%	14	37%	6	16%	1	3%	10	2%	121	20%	189	31%	165	27%	118	20%	20	11%
Respiratory	11	2%	106	18%	230	39%	179	30%	72	12%	13	7%	40	21%	61	32%	42	22%	32	17%	8	21%	17	44%	5	13%	2	5%	11	2%	106	18%	230	39%	179	30%	72	12%	13	7%
Sexually Transmitted Infections	75	13%	326	54%	121	20%	50	8%	28	5%	117	64%	52	28%	6	3%	5	3%	3	2%	32	87%	3	8%	0	0%	2	5%	75	13%	326	54%	121	20%	50	8%	28	5%	117	64%

Percentage of client population presenting with symptoms/diagnoses in each category by experience level

	Entry-level					Experienced				
	0%	1% - 10%	11% - 25%	26% - 50%	51% - 100%	0%	1% - 10%	11% - 25%	26% - 50%	51% - 100%
	%	%	%	%	%	%	%	%	%	%
Breast	20%	69%	8%	2%	1%	23%	62%	11%	3%	1%
Cardiovascular	2%	16%	30%	25%	27%	3%	21%	24%	24%	28%
Endocrine	2%	28%	33%	22%	15%	5%	27%	29%	23%	16%
Gastrointestinal/Liver/Gallbladder	2%	37%	34%	20%	6%	5%	33%	32%	22%	8%
Genital/Urinary	7%	33%	31%	23%	7%	5%	32%	33%	19%	10%
Gynecology	16%	29%	34%	16%	6%	15%	33%	26%	19%	8%
Health Promotion and Disease Prevention	6%	31%	22%	17%	23%	9%	33%	20%	16%	21%
HEENT - Ears, nose and throat	11%	29%	39%	12%	9%	13%	34%	27%	19%	6%
HEENT - Eyes and lids	16%	69%	10%	4%	1%	21%	56%	14%	7%	2%
Hematology	9%	64%	19%	4%	4%	8%	57%	22%	8%	4%
Infectious Diseases	6%	37%	30%	20%	7%	6%	39%	29%	16%	9%
Integument	8%	46%	31%	11%	5%	7%	46%	29%	14%	5%
Multisystem	2%	19%	25%	22%	32%	4%	17%	21%	25%	33%
Musculoskeletal	5%	22%	38%	27%	9%	5%	23%	31%	28%	13%
Nephrology	10%	54%	20%	10%	6%	8%	48%	24%	12%	8%
Neurology	5%	61%	22%	9%	4%	6%	57%	19%	9%	9%
Obstetrics	34%	44%	15%	6%	1%	39%	36%	15%	7%	3%
Oncology	27%	61%	4%	2%	6%	21%	58%	10%	5%	6%
Psychiatry/Mental Health	5%	26%	34%	23%	13%	6%	25%	30%	22%	17%
Respiratory	4%	17%	43%	24%	12%	4%	21%	34%	28%	14%
Sexually Transmitted Infections	25%	45%	21%	8%	0%	28%	47%	14%	7%	5%

Percentage of clients requiring follow-up related to each category by region

	Atlantic %	Quebec %	Ontario %	West %	North %
Acute illness/common health problems	49%	42%	44%	44%	36%
Chronic condition	69%	52%	61%	64%	48%
Multiple co-morbidities	60%	37%	57%	59%	45%
Health promotion/disease prevention	45%	53%	40%	39%	23%

Percentage of clients requiring follow-up related to each category by stream

	FAA/Primary %	Adult %	Pediatric %	Multiple %
Acute illness/common health problems	41%	55%	46%	49%
Chronic condition	60%	67%	65%	55%
Multiple co-morbidities	55%	60%	47%	55%
Health promotion/disease prevention	40%	46%	40%	33%

Percentage of clients requiring follow-up related to each category by experience level

	Entry-level %	Experienced %
Acute illness/common health problems	44%	45%
Chronic condition	62%	61%
Multiple co-morbidities	56%	56%
Health promotion/disease prevention	41%	41%

Percentage of clients in each age range by region

	Atlantic %	Quebec %	Ontario %	West %	North %
Newborn: Birth to 28 days	3%	3%	4%	4%	3%
Infant: 29 days to 1 year	5%	9%	6%	5%	8%
Pediatric: 13 months to 11 years	7%	10%	10%	10%	9%
Adolescent: 12 to 20 years	14%	8%	12%	14%	13%
Adult: 21 to 64 years	39%	36%	35%	38%	52%
Older adult: 65 to 84 years	29%	27%	31%	26%	15%
Older adult: 85+ years	10%	9%	12%	12%	3%

Percentage of clients in each age range by stream

	FAA/Primary %	Adult %	Pediatric %	Multiple %
Newborn: Birth to 28 days	4%	0%	17%	6%
Infant: 29 days to 1 year	7%	0%	19%	8%
Pediatric: 13 months to 11 years	10%	1%	36%	8%
Adolescent: 12 to 20 years	13%	5%	35%	10%
Adult: 21 to 64 years	37%	40%	3%	33%
Older adult: 65 to 84 years	25%	44%	0%	33%
Older adult: 85+ years	10%	15%	0%	9%

Percentage of clients in each age range by experience level

	Entry-level %	Experienced %
Newborn: Birth to 28 days	3%	4%
Infant: 29 days to 1 year	7%	6%
Pediatric: 13 months to 11 years	10%	10%
Adolescent: 12 to 20 years	10%	13%
Adult: 21 to 64 years	35%	36%
Older adult: 65 to 84 years	30%	29%
Older adult: 85+ years	11%	11%

Appendix 12.
Subgroup Analyses of Competency Area Ratings

	Atlantic	Quebec	Ontario	West	North
Percentage of NP work time in each competency area in past 12 months by region					
	%	%	%	%	%
COMPETENCY AREA I. CLIENT CARE	**75.0%**	**76.6%**	**75.1%**	**77.6%**	**77.2%**
A. Client Relationship Building and Communication	12.5%	11.5%	12.6%	13.0%	13.7%
B. Assessment	18.4%	25.4%	18.8%	19.0%	18.7%
C. Diagnosis	12.3%	13.6%	12.0%	12.9%	11.3%
D. Management	14.7%	8.6%	14.7%	15.9%	15.9%
E. Collaboration, Consultation, and Referral	8.4%	8.2%	8.6%	8.9%	8.1%
F. Health Promotion	8.7%	9.3%	8.4%	7.9%	9.5%
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH	**4.6%**	**3.2%**	**5.2%**	**4.6%**	**3.1%**
COMPETENCY AREA III. LEADERSHIP	**5.7%**	**4.8%**	**6.1%**	**5.6%**	**5.5%**
COMPETENCY AREA IV. EDUCATION	**14.5%**	**14.8%**	**12.9%**	**11.6%**	**14.0%**
A. Client, Community, and Healthcare Team Education	7.3%	8.3%	6.2%	5.4%	6.3%
B. Continuing Competence	7.2%	6.5%	6.7%	6.2%	7.7%
Other Competency Areas	**0.1%**	**0.7%**	**0.6%**	**0.6%**	**0.2%**

Percentage of NP work time in each competency area in past 12 months by stream

	FAA/Primary %	Adult %	Pediatric %	Multiple %
COMPETENCY AREA I. CLIENT CARE	**76.1%**	**74.6%**	**73.3%**	**75.6%**
A. Client Relationship Building and Communication	12.8%	11.7%	15.2%	11.5
B. Assessment	19.8%	18.5%	15.9%	17.9%
C. Diagnosis	12.5%	12.1%	9.7%	12.7%
D. Management	13.8%	15.9%	16.2%	16.5%
E. Collaboration, Consultation, and Referral	8.3%	9.2%	9.5%	8.7%
F. Health Promotion	8.9%	7.2%	6.8%	8.3%
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH	**4.5%**	**5.7%**	**7.0%**	**3.7%**
COMPETENCY AREA III. LEADERSHIP	**5.6%**	**6.4%**	**6.4%**	**7.4%**
COMPETENCY AREA IV. EDUCATION	**13.3%**	**12.6%**	**12.3%**	**12.6%**
A. Client, Community, and Healthcare Team Education	6.4%	6.3%	6.6%	6.2%
B. Continuing Competence	6.9%	6.2%	5.7%	6.4%
Other Competency Areas	**0.5%**	**0.6%**	**1.0%**	**0.7%**

Percentage of NP work time in each competency area in past 12 months by experience level

	Entry-level	Experienced	Average
	%	%	%
COMPETENCY AREA I. CLIENT CARE	**76.8%**	**75.4%**	**75.8%**
A. Client Relationship Building and Communication	12.2%	12.7%	12.6%
B. Assessment	20.3%	19.1%	19.4%
C. Diagnosis	12.6%	12.2%	12.3%
D. Management	13.6%	14.7%	14.5%
E. Collaboration, Consultation, and Referral	9.4%	8.4%	8.6%
F. Health Promotion	8.7%	8.3%	8.4%
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH	**4.0%**	**5.0%**	**4.8%**
COMPETENCY AREA III. LEADERSHIP	**4.9%**	**6.1%**	**5.9%**
COMPETENCY AREA IV. EDUCATION	**13.8%**	**12.9%**	**13.0%**
A. Client, Community, and Healthcare Team Education	6.8%	6.3%	6.4%
B. Continuing Competence	7.0%	6.6%	6.6%
Other Competency Areas	**0.6%**	**0.5%**	**0.5%**

Seriousness of consequences to client(s) if newly-licensed NP did not perform activities in the area competently by region

	Atlantic	Quebec	Ontario	West	North
	M	M	M	M	M
COMPETENCY AREA I. CLIENT CARE					
A. Client Relationship Building and Communication	3.7	3.6	3.6	3.6	3.2
B. Assessment	4.4	4.5	4.4	4.5	4.2
C. Diagnosis	4.4	4.5	4.5	4.4	4.3
D. Management	4.3	3.2	4.3	4.4	4.3
E. Collaboration, Consultation, and Referral	4.1	3.7	4.0	4.0	4.2
F. Health Promotion	3.4	3.3	3.3	3.3	3.2
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH	2.7	2.6	2.7	2.6	2.3
COMPETENCY AREA III. LEADERSHIP	2.7	2.5	2.6	2.7	2.2
COMPETENCY AREA IV. EDUCATION					
A. Client, Community, and Healthcare Team Education	3.0	3.2	2.9	3.0	3.0
B. Continuing Competence	3.6	3.9	3.6	3.7	3.4
Other	1.8	3.0	2.7	2.4	3.0

Seriousness of consequences to client(s) if newly-licensed NP did not perform activities in the area competently by stream

	FAA/Primary M	Adult M	Pediatric M	Multiple M
COMPETENCY AREA I. CLIENT CARE				
A. Client Relationship Building and Communication	3.6	3.5	3.9	3.6
B. Assessment	4.5	4.4	4.5	4.5
C. Diagnosis	4.5	4.4	4.4	4.4
D. Management	4.2	4.2	4.4	4.4
E. Collaboration, Consultation, and Referral	4.0	3.9	4.1	3.9
F. Health Promotion	3.3	3.3	3.3	3.3
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH	2.6	2.7	2.5	2.8
COMPETENCY AREA III. LEADERSHIP	2.6	2.7	2.5	2.9
COMPETENCY AREA IV. EDUCATION				
A. Client, Community, and Healthcare Team Education	3.0	3.0	2.8	3.1
B. Continuing Competence	3.7	3.6	3.5	3.5
Other	2.6	2.6	2.8	1.3

Seriousness of consequences to client(s) if newly-licensed NP did not perform activities in the area competently by experience level

	Entry level	Experienced
	M	**M**
COMPETENCY AREA I. CLIENT CARE		
A. Client Relationship Building and Communication	3.5	3.6
B. Assessment	4.4	4.5
C. Diagnosis	4.4	4.5
D. Management	4.1	4.2
E. Collaboration, Consultation, and Referral	4.0	4.0
F. Health Promotion	3.3	3.3
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH	2.6	2.6
COMPETENCY AREA III. LEADERSHIP	2.6	2.6
COMPETENCY AREA IV. EDUCATION		
A. Client, Community, and Healthcare Team Education	3.0	2.9
B. Continuing Competence	3.7	3.7
Other	2.1	2.7

Appendix 13.
Competency Ratings, Total Sample

Seriousness, Total Sample

	Not serious	Minimally serious	Moderately serious	Highly serious	Critically serious	Total		
	%	%	%	%	%	n	M	SD
COMPETENCY AREA I. CLIENT CARE								
A. Client Relationship Building and Communication								
1. Clearly articulate the role of the nurse practitioner when interacting with the client	8%	28%	40%	18%	6%	901	2.9	(1.0)
2. Use developmentally- and culturally-appropriate communication techniques and tools	1%	10%	46%	33%	10%	899	3.4	(0.8)
3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained	0%	3%	23%	42%	32%	900	4	(0.8)
4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships	1%	11%	45%	31%	12%	900	3.4	(0.9)
5. Utilise clients' cultural beliefs and values in all client interactions	1%	9%	43%	34%	14%	895	3.5	(0.9)
6. Identify personal beliefs and values and provide unbiased care	1%	7%	33%	40%	18%	893	3.7	(0.9)
7. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)	0%	2%	18%	42%	38%	899	4.2	(0.8)
8. Document relevant aspects of client care in client record	0%	1%	11%	32%	56%	893	4.4	(0.7)
B. Assessment								
1. Establish the reason for the client encounter								
a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available	0%	4%	25%	41%	30%	901	4	(0.8)
b. Perform initial observational assessment of the client's condition	0%	1%	12%	42%	44%	901	4.3	(0.7)
c. Ask pertinent questions to establish the context for	0%	1%	15%	44%	40%	902	4.2	(0.7)

	Not serious	Minimally serious	Moderately serious	Highly serious	Critically serious	Total		
	%	%	%	%	%	n	M	SD
client encounter and chief presenting issue								
d. Identify urgent, emergent, and life-threatening situations	0%	0%	0%	5%	95%	902	4.9	(0.3)
e. Establish priorities of client encounter	0%	3%	26%	45%	25%	900	3.9	(0.8)
2. Complete relevant health history appropriate to the client's presentation								
a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and comp	0%	0%	12%	39%	49%	904	4.4	(0.7)
b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health	0%	6%	35%	41%	18%	902	3.7	(0.8)
c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)	0%	1%	11%	41%	47%	900	4.3	(0.7)
d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs	1%	8%	39%	38%	14%	897	3.6	(0.9)
3. Perform assessment								
a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems	0%	1%	15%	45%	39%	903	4.2	(0.7)
b. Select relevant assessment tools and techniques to examine the client	0%	1%	23%	47%	29%	902	4	(0.8)
c. Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental	0%	1%	15%	42%	41%	897	4.2	(0.7)

	Not serious	Minimally serious	Moderately serious	Highly serious	Critically serious	Total		
	%	%	%	%	%	n	M	SD
level, functional ability)								
d. Assess mental health, cognitive status, and vulnerability using relevant assessment tools	0%	2%	22%	46%	29%	900	4	(0.8)
e. Integrate laboratory and diagnostic results with history and physical assessment findings	0%	0%	9%	37%	54%	902	4.5	(0.7)
C. Diagnosis								
1. Determine differential diagnoses for acute, chronic, and life threatening conditions								
a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination	0%	0%	7%	36%	57%	902	4.5	(0.6)
b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks	0%	2%	16%	46%	36%	903	4.2	(0.8)
c. Generate differential diagnoses	0%	0%	14%	40%	46%	902	4.3	(0.7)
d. Inform the patient of the rationale for ordering diagnostic tests	1%	8%	34%	38%	19%	900	3.7	(0.9)
e. Determine most likely diagnoses based on clinical reasoning and available evidence	0%	1%	10%	40%	49%	898	4.4	(0.7)
f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses	0%	0%	16%	46%	38%	893	4.2	(0.7)
g. Assume responsibility for follow-up of test results	0%	0%	6%	34%	60%	903	4.5	(0.6)
h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning	0%	0%	7%	39%	54%	896	4.5	(0.6)
i. Confirm most likely diagnoses	0%	0%	8%	40%	52%	900	4.4	(0.7)
2. Explain assessment findings and communicate diagnosis to client								

	Not serious	Minimally serious	Moderately serious	Highly serious	Critically serious	Total		
	%	%	%	%	%	n	M	SD
a. Explain results of clinical investigations to client	0%	2%	27%	45%	25%	901	3.9	(0.8)
b. Communicate diagnosis to client, including implications for short-and long-term outcomes and prognosis	0%	1%	17%	48%	34%	903	4.1	(0.7)
c. Ascertain client understanding of information related to findings and diagnoses	0%	3%	23%	44%	30%	896	4	(0.8)
D. Management								
1. Initiate interventions for the purpose of stabilizing the client in urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)	0%	0%	2%	8%	90%	898	4.9	(0.4)
2. Formulate plan of care based on diagnosis and evidence-informed practice								
a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)	0%	3%	34%	45%	18%	900	3.8	(0.8)
b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences	0%	3%	28%	47%	22%	900	3.9	(0.8)
c. Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)	0%	0%	13%	47%	40%	901	4.3	(0.7)
d. Consider resource implications of therapeutic choices (e.g., cost, availability)	0%	8%	40%	37%	15%	898	3.6	(0.8)
3. Provide pharmacological interventions, treatment, or therapy								
a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	0%	1%	12%	46%	40%	898	4.3	(0.7)
b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects,	0%	1%	19%	43%	37%	900	4.1	(0.8)

	Not serious	Minimally serious	Moderately serious	Highly serious	Critically serious	Total		
	%	%	%	%	%	n	M	SD
interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up								
c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements	0%	1%	8%	30%	61%	897	4.5	(0.7)
d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response	0%	0%	13%	46%	40%	902	4.3	(0.7)
e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion	0%	1%	14%	43%	42%	898	4.3	(0.7)
4. Provide non-pharmacological interventions, treatments, or therapies								
a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	0%	8%	39%	37%	16%	902	3.6	(0.9)
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up	0%	5%	30%	45%	19%	896	3.8	(0.8)
c. Order required treatments (e.g., wound care, phlebotomy)	0%	1%	20%	49%	31%	902	4.1	(0.7)
d. Discuss and arrange follow-up	0%	3%	25%	47%	25%	893	3.9	(0.8)
5. Perform invasive and non-invasive procedures								
a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	0%	2%	20%	45%	33%	899	4.1	(0.8)
b. Obtain and document informed consent from the client	0%	4%	16%	40%	40%	896	4.1	(0.8)

	Not serious	Minimally serious	Moderately serious	Highly serious	Critically serious	Total		
	%	%	%	%	%	n	M	SD
c. Perform procedures using evidence-informed techniques	0%	1%	12%	50%	37%	899	4.2	(0.7)
d. Review clinical findings, aftercare, and follow-up	0%	2%	19%	50%	28%	892	4	(0.8)
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions	0%	3%	22%	50%	25%	827	4	(0.8)
7. Follow up and provide ongoing management								
a. Develop a systematic and timely process for monitoring client progress	0%	3%	29%	48%	21%	902	3.9	(0.8)
b. Evaluate response to plan of care in collaboration with the client	0%	2%	32%	46%	19%	901	3.8	(0.8)
c. Revise plan of care based on client's response and preferences	0%	2%	34%	44%	19%	899	3.8	(0.8)
E. Collaboration, Consultation, and Referral								
1. Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)	1%	11%	43%	31%	14%	904	3.4	(0.9)
2. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals	0%	4%	29%	47%	20%	899	3.8	(0.8)
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	0%	0%	10%	37%	54%	902	4.4	(0.7)
4. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations	0%	0%	20%	46%	33%	900	4.1	(0.7)
5. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate	0%	3%	27%	46%	23%	895	3.9	(0.8)

	Not serious	Minimally serious	Moderately serious	Highly serious	Critically serious	Total		
	%	%	%	%	%	n	M	SD
F. Health Promotion								
1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues	3%	18%	51%	25%	4%	901	3.1	(0.8)
2. Analyze information from a variety of sources to determine population trends that have health implications	5%	26%	48%	17%	4%	899	2.9	(0.9)
3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention	2%	18%	46%	27%	7%	895	3.2	(0.9)
4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly	4%	19%	48%	23%	5%	894	3.1	(0.9)
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH								
1. Identify, appraise, and apply research, practice guidelines, and current best practice	1%	6%	33%	43%	17%	903	3.7	(0.9)
2. Identify the need for improvements in health service delivery	5%	23%	45%	21%	6%	899	3	(0.9)
3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice	4%	25%	45%	20%	6%	898	3	(0.9)
4. Implement planned improvements in healthcare and delivery structures and processes	6%	28%	45%	16%	5%	897	2.9	(0.9)
5. Evaluate quality improvement and outcomes in client care and health service delivery	6%	25%	44%	20%	5%	895	2.9	(0.9)
6. Identify and manage risks to individuals, families, populations, and the healthcare system to support quality improvement	3%	19%	42%	26%	9%	891	3.2	(1.0)
7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies	1%	6%	24%	35%	34%	898	4	(0.9)
8. Analyze factors that contribute to the occurrence of	2%	8%	32%	33%	26%	895	3.7	(1.0)

	Not serious	Minimally serious	Moderately serious	Highly serious	Critically serious	Total		
	%	%	%	%	%	n	M	SD
adverse events and near misses and develop strategies to mitigate risks								
9. Participate in research (e.g., identify questions for clinical inquiry, participate in study design and implementation, collect data, disseminate results)	22%	31%	33%	11%	3%	892	2.4	(1.0)
10. Evaluate the impact of nurse practitioner practice on client outcomes and healthcare delivery	12%	31%	34%	18%	6%	895	2.8	(1.1)
COMPETENCY AREA III. LEADERSHIP								
1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)	14%	27%	34%	19%	7%	899	2.8	(1.1)
2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care	11%	25%	36%	21%	6%	900	2.9	(1.1)
3. Coordinate interprofessional teams in the provision of client care	6%	23%	39%	24%	8%	898	3	(1.0)
4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care	6%	21%	40%	25%	8%	896	3.1	(1.0)
5. Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)	5%	21%	40%	24%	9%	892	3.1	(1.0)
6. Identify gaps in systems and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change	6%	27%	40%	19%	7%	893	2.9	(1.0)
7. Utilise theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management	7%	23%	39%	23%	8%	891	3	(1.0)
8. Identify the need and advocate for policy development to enhance client care	10%	28%	39%	17%	6%	890	2.8	(1.0)
9. Utilise principles of program planning and	11%	32%	37%	15%	4%	892	2.7	(1.0)

	Not serious	Minimally serious	Moderately serious	Highly serious	Critically serious	Total		
	%	%	%	%	%	n	M	SD
development to optimize client care (e.g., to develop role(s) of other healthcare providers, to improve practice)								
COMPETENCY AREA IV. EDUCATION								
A. Client, Community, and Healthcare Team Education								
1. Assess and prioritize learning needs of intended recipients	5%	19%	43%	27%	7%	901	3.1	(1.0)
2. Apply relevant, theory-based, and evidence-informed content when providing education	4%	15%	38%	33%	10%	900	3.3	(1.0)
3. Utilise applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)	7%	25%	40%	22%	6%	897	2.9	(1.0)
4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)	8%	26%	41%	19%	6%	894	2.9	(1.0)
5. Recognize the need for and plan outcome measures (e.g., obtaining client feedback, conduct pre- and post-surveys)	10%	29%	36%	19%	5%	894	2.8	(1.0)
B. Continuing Competence								
6. Engage in self-reflection to determine needs for continuing competence	3%	9%	28%	39%	21%	896	3.7	(1.0)
7. Engage in ongoing professional development	1%	8%	27%	40%	24%	892	3.8	(1.0)
8. Seek mentorship opportunities to support one's professional development	4%	13%	33%	33%	18%	883	3.5	(1.0)

Frequency, Total Sample

	Never	Less than monthly	At least monthly	At least weekly	At least daily	Total		
	%	%	%	%	%	n	M	SD
COMPETENCY AREA I. CLIENT CARE								
A. Client Relationship Building and Communication								
1. Clearly articulate the role of the nurse practitioner when interacting with the client	0%	3%	9%	30%	58%	895	4.4	(0.8)
2. Use developmentally- and culturally-appropriate communication techniques and tools	0%	3%	5%	23%	69%	894	4.6	(0.7)
3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained	0%	0%	1%	4%	95%	893	4.9	(0.3)
4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships	0%	0%	1%	7%	91%	892	4.9	(0.4)
5. Utilise clients' cultural beliefs and values in all client interactions	0%	1%	3%	21%	74%	891	4.7	(0.6)
6. Identify personal beliefs and values and provide unbiased care	0%	0%	3%	18%	79%	888	4.7	(0.5)
7. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)	1%	13%	22%	28%	36%	892	3.9	(1.1)
8. Document relevant aspects of client care in client record	0%	0%	1%	3%	96%	889	4.9	(0.3)
B. Assessment								
1. Establish the reason for the client encounter								
a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available	0%	0%	1%	8%	91%	899	4.9	(0.3)
b. Perform initial observational assessment of the client's condition	0%	0%	1%	5%	94%	898	4.9	(0.3)
c. Ask pertinent questions to establish the context for client encounter and chief presenting issue	0%	0%	0%	5%	94%	900	4.9	(0.3)
d. Identify urgent, emergent, and life-threatening	0%	4%	12%	20%	64%	897	4.4	(0.9)

	Never	Less than monthly	At least monthly	At least weekly	At least daily	Total		
	%	%	%	%	%	n	M	SD
situations								
e. Establish priorities of client encounter	0%	0%	1%	8%	90%	893	4.9	(0.4)
2. Complete relevant health history appropriate to the client's presentation								
a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and comp	0%	0%	1%	8%	90%	898	4.9	(0.4)
b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health	0%	0%	3%	22%	75%	898	4.7	(0.6)
c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)	0%	1%	5%	20%	75%	895	4.7	(0.6)
d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs	0%	1%	3%	19%	77%	895	4.7	(0.6)
3. Perform assessment								
a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems	0%	0%	1%	7%	92%	896	4.9	(0.3)
b. Select relevant assessment tools and techniques to examine the client	0%	0%	1%	9%	90%	894	4.9	(0.4)
c. Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental level, functional ability)	0%	0%	1%	8%	91%	893	4.9	(0.4)
d. Assess mental health, cognitive status, and	0%	2%	5%	24%	69%	896	4.6	(0.7)

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	Never	Less than monthly	At least monthly	At least weekly	At least daily	Total		
	%	%	%	%	%	n	M	SD
vulnerability using relevant assessment tools								
e. Integrate laboratory and diagnostic results with history and physical assessment findings	0%	0%	1%	8%	91%	897	4.9	(0.4)
C. Diagnosis								
1. Determine differential diagnoses for acute, chronic, and life threatening conditions								
a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination	0%	0%	1%	7%	93%	901	4.9	(0.3)
b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks	0%	0%	1%	12%	86%	899	4.8	(0.4)
c. Generate differential diagnoses	0%	0%	1%	8%	91%	900	4.9	(0.4)
d. Inform the patient of the rationale for ordering diagnostic tests	0%	0%	1%	10%	88%	898	4.9	(0.4)
e. Determine most likely diagnoses based on clinical reasoning and available evidence	0%	0%	1%	7%	92%	898	4.9	(0.3)
f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses	0%	0%	2%	12%	86%	893	4.8	(0.5)
g. Assume responsibility for follow-up of test results	0%	0%	2%	11%	87%	899	4.8	(0.4)
h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning	0%	0%	1%	10%	89%	891	4.9	(0.4)
i. Confirm most likely diagnoses	0%	0%	2%	11%	87%	898	4.8	(0.4)
2. Explain assessment findings and communicate diagnosis to client								
a. Explain results of clinical investigations to client	0%	0%	2%	12%	86%	895	4.8	(0.4)

	Never	Less than monthly	At least monthly	At least weekly	At least daily	Total		
	%	%	%	%	%	n	M	SD
b. Communicate diagnosis to client, including implications for short-and long-term outcomes and prognosis	0%	0%	2%	12%	86%	896	4.8	(0.4)
c. Ascertain client understanding of information related to findings and diagnoses	0%	0%	1%	13%	86%	895	4.8	(0.4)
D. Management								
1. Initiate interventions for the purpose of stabilizing the client in urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)	7%	32%	18%	12%	30%	901	3.3	(1.4)
2. Formulate plan of care based on diagnosis and evidence-informed practice								
a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)	0%	1%	4%	19%	76%	898	4.7	(0.6)
b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences	0%	0%	2%	16%	81%	900	4.8	(0.5)
c. Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)	0%	0%	1%	9%	89%	896	4.9	(0.4)
d. Consider resource implications of therapeutic choices (e.g., cost, availability)	0%	0%	4%	19%	77%	895	4.7	(0.6)
3. Provide pharmacological interventions, treatment, or therapy								
a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	0%	1%	2%	10%	87%	897	4.8	(0.4)
b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions,	0%	1%	2%	15%	82%	899	4.8	(0.5)

	Never	Less than monthly	At least monthly	At least weekly	At least daily	Total		
	%	%	%	%	%	n	M	SD
contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up								
c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements	1%	1%	2%	10%	87%	898	4.8	(0.6)
d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response	0%	1%	2%	14%	83%	898	4.8	(0.5)
e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion	4%	11%	14%	24%	48%	898	4	(1.2)
4. Provide non-pharmacological interventions, treatments, or therapies								
a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	0%	2%	6%	24%	68%	898	4.6	(0.7)
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up	0%	1%	4%	20%	75%	897	4.7	(0.6)
c. Order required treatments (e.g., wound care, phlebotomy)	1%	4%	7%	24%	65%	899	4.5	(0.8)
d. Discuss and arrange follow-up	0%	1%	3%	18%	78%	887	4.7	(0.6)
5. Perform invasive and non-invasive procedures								
a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	2%	6%	11%	27%	54%	891	4.2	(1.0)
b. Obtain and document informed consent from the client	4%	6%	11%	26%	52%	896	4.2	(1.1)
c. Perform procedures using evidence-informed techniques	4%	7%	13%	28%	48%	900	4.1	(1.1)

	Never	Less than monthly	At least monthly	At least weekly	At least daily	Total		
	%	%	%	%	%	n	M	SD
d. Review clinical findings, aftercare, and follow-up	2%	4%	8%	24%	61%	895	4.4	(0.9)
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions	2%	2%	6%	24%	66%	840	4.5	(0.8)
7. Follow up and provide ongoing management								
a. Develop a systematic and timely process for monitoring client progress	1%	1%	6%	22%	70%	900	4.6	(0.7)
b. Evaluate response to plan of care in collaboration with the client	1%	1%	6%	22%	71%	900	4.6	(0.7)
c. Revise plan of care based on client's response and preferences	1%	1%	7%	24%	68%	898	4.6	(0.7)
E. Collaboration, Consultation, and Referral								
1. Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)	1%	5%	17%	32%	46%	901	4.2	(0.9)
2. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals	2%	4%	13%	36%	45%	899	4.2	(0.9)
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	0%	3%	9%	35%	53%	900	4.4	(0.8)
4. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations	0%	2%	9%	39%	50%	899	4.4	(0.7)
5. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate	0%	3%	11%	38%	48%	898	4.3	(0.8)
F. Health Promotion								
1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues	1%	11%	21%	30%	37%	900	3.9	(1.1)
2. Analyze information from a variety of sources to	3%	26%	27%	24%	19%	901	3.3	(1.1)

	Never	Less than monthly	At least monthly	At least weekly	At least daily	Total		
	%	%	%	%	%	n	M	SD
determine population trends that have health implications								
3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention	2%	15%	21%	26%	36%	903	3.8	(1.1)
4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly	4%	19%	22%	27%	28%	899	3.5	(1.2)
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH								
1. Identify, appraise, and apply research, practice guidelines, and current best practice	0%	4%	16%	26%	55%	902	4.3	(0.9)
2. Identify the need for improvements in health service delivery	1%	15%	37%	28%	19%	895	3.5	(1.0)
3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice	3%	26%	32%	25%	15%	893	3.2	(1.1)
4. Implement planned improvements in healthcare and delivery structures and processes	3%	36%	33%	18%	10%	898	3	(1.0)
5. Evaluate quality improvement and outcomes in client care and health service delivery	3%	32%	35%	18%	11%	898	3	(1.0)
6. Identify and manage risks to individuals, families, populations, and the healthcare system to support quality improvement	2%	26%	34%	21%	16%	889	3.2	(1.1)
7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies	5%	49%	23%	14%	10%	900	2.7	(1.1)
8. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks	3%	44%	27%	16%	10%	899	2.8	(1.0)
9. Participate in research (e.g., identify questions for clinical inquiry, participate in study design and implementation, collect data, disseminate results)	13%	51%	19%	10%	7%	898	2.5	(1.1)

	Never	Less than monthly	At least monthly	At least weekly	At least daily	Total		
	%	%	%	%	%	n	M	SD
10. Evaluate the impact of nurse practitioner practice on client outcomes and healthcare delivery	8%	44%	24%	12%	13%	901	2.8	(1.2)
COMPETENCY AREA III. LEADERSHIP								
1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)	2%	20%	28%	29%	20%	899	3.4	(1.1)
2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care	2%	28%	32%	23%	15%	900	3.2	(1.1)
3. Coordinate interprofessional teams in the provision of client care	3%	18%	21%	30%	28%	903	3.6	(1.2)
4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care	1%	16%	26%	33%	24%	901	3.6	(1.0)
5. Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)	0%	8%	22%	35%	35%	898	4	(1.0)
6. Identify gaps in systems and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change	2%	27%	37%	25%	9%	901	3.1	(1.0)
7. Utilise theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management	1%	18%	26%	25%	30%	901	3.6	(1.1)
8. Identify the need and advocate for policy development to enhance client care	5%	39%	33%	16%	8%	896	2.8	(1.0)
9. Utilise principles of program planning and development to optimize client care (e.g., to develop role(s) of other healthcare providers, to improve practice)	6%	39%	31%	16%	8%	899	2.8	(1.0)

	Never	Less than monthly	At least monthly	At least weekly	At least daily	Total		
	%	%	%	%	%	n	M	SD
COMPETENCY AREA IV. EDUCATION								
A. Client, Community, and Healthcare Team Education								
1. Assess and prioritize learning needs of intended recipients	1%	12%	21%	28%	38%	901	3.9	(1.1)
2. Apply relevant, theory-based, and evidence-informed content when providing education	1%	11%	19%	28%	42%	901	4	(1.1)
3. Utilise applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)	2%	21%	26%	27%	24%	899	3.5	(1.1)
4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)	3%	21%	22%	26%	28%	902	3.6	(1.2)
5. Recognize the need for and plan outcome measures (e.g., obtaining client feedback, conduct pre- and post-surveys)	7%	34%	26%	17%	17%	900	3	(1.2)
B. Continuing Competence								
6. Engage in self-reflection to determine needs for continuing competence	0%	8%	24%	32%	35%	903	4	(1.0)
7. Engage in ongoing professional development	0%	8%	42%	34%	17%	904	3.6	(0.9)
8. Seek mentorship opportunities to support one's professional development	2%	30%	34%	21%	13%	902	3.1	(1.0)

Appendix 14.
Subgroup Analyses of Competency Ratings

Seriousness by region

	Atlantic	Quebec	Ontario	West	North
	M	**M**	**M**	**M**	**M**
COMPETENCY AREA I. CLIENT CARE					
A. Client Relationship Building and Communication					
1. Clearly articulate the role of the nurse practitioner when interacting with the client	2.7	2.9	2.9	2.8	2.5
2. Use developmentally- and culturally-appropriate communication techniques and tools	3.3	3.4	3.5	3.3	3.3
3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained	4.1	3.6	4.1	4.0	3.9
4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships	3.5	3.4	3.4	3.4	3.1
5. Utilise clients' cultural beliefs and values in all client interactions	3.5	3.4	3.5	3.4	3.3
6. Identify personal beliefs and values and provide unbiased care	3.8	3.4	3.7	3.7	3.1
7. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)	4.2	3.8	4.2	4.1	4.0
8. Document relevant aspects of client care in client record	4.5	4.3	4.4	4.4	4.1
B. Assessment					
1. Establish the reason for the client encounter					
a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available	4.1	3.9	4.0	3.9	4.1
b. Perform initial observational assessment of the client's condition	4.3	4.4	4.3	4.3	4.2
c. Ask pertinent questions to establish the context for client encounter and chief presenting issue	4.3	4.3	4.2	4.3	4.2
d. Identify urgent, emergent, and life-threatening situations	5.0	5.0	4.9	5.0	4.9
e. Establish priorities of client encounter	4.0	3.7	3.9	3.9	3.9
2. Complete relevant health history appropriate to the client's presentation					
a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and comp	4.5	4.4	4.4	4.3	4.2

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	Atlantic	Quebec	Ontario	West	North
	M	**M**	**M**	**M**	**M**
b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health	3.8	3.4	3.8	3.7	3.4
c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)	4.4	4.3	4.4	4.2	4.1
d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs	3.8	3.2	3.6	3.5	3.4
3. Perform assessment					
a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems	4.4	4.1	4.2	4.3	4.0
b. Select relevant assessment tools and techniques to examine the client	4.2	4.1	4.0	4.1	3.7
c. Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental level, functional ability)	4.3	4.2	4.2	4.3	3.9
d. Assess mental health, cognitive status, and vulnerability using relevant assessment tools	4.1	4.1	4.0	4.0	3.7
C. Diagnosis					
1. Determine differential diagnoses for acute, chronic, and life threatening conditions					
a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination	4.5	4.6	4.5	4.4	4.3
b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks	4.2	4.3	4.2	4.2	3.9
c. Generate differential diagnoses	4.2	4.6	4.3	4.4	4.0
d. Inform the patient of the rationale for ordering diagnostic tests	3.7	3.6	3.7	3.7	3.4
e. Determine most likely diagnoses based on clinical reasoning and available evidence	4.4	4.6	4.4	4.3	4.1
f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses	4.3	4.3	4.2	4.2	3.9
g. Assume responsibility for follow-up of test results	4.6	4.7	4.5	4.5	4.1
h. Interpret the results of screening and diagnostic investigations using evidence-	4.5	4.6	4.5	4.4	4.1

	Atlantic	Quebec	Ontario	West	North
	M	**M**	**M**	**M**	**M**
informed clinical reasoning					
i. Confirm most likely diagnoses	4.5	4.5	4.4	4.4	4.0
2. Explain assessment findings and communicate diagnosis to client	.	.	.	.	.
a. Explain results of clinical investigations to client	4.0	3.9	3.9	4.0	3.7
b. Communicate diagnosis to client, including implications for short-and long-term outcomes and prognosis	4.2	4.1	4.2	4.1	3.9
c. Ascertain client understanding of information related to findings and diagnoses	4.1	3.9	4.0	4.0	3.9
D. Management					
1. Initiate interventions for the purpose of stabilizing the client in urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)	4.9	5.0	4.9	4.8	4.8
2. Formulate plan of care based on diagnosis and evidence-informed practice					
a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)	3.9	3.6	3.8	3.8	3.5
b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences	3.9	3.7	3.9	3.9	3.6
c. Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)	4.2	4.3	4.3	4.3	3.7
d. Consider resource implications of therapeutic choices (e.g., cost, availability)	3.8	3.4	3.6	3.5	3.0
3. Provide pharmacological interventions, treatment, or therapy					
a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	4.2	4.2	4.3	4.2	3.7
b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up	4.2	4.0	4.2	4.2	3.9
c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements	4.6	4.5	4.5	4.5	4.1
d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response	4.3	4.4	4.3	4.2	3.8
e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion	4.5	4.2	4.3	4.2	3.8

	Atlantic	Quebec	Ontario	West	North
	M	M	M	M	M
4. Provide non-pharmacological interventions, treatments, or therapies					
a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	3.7	3.8	3.6	3.6	3.4
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up	3.8	3.8	3.8	3.8	3.5
c. Order required treatments (e.g., wound care, phlebotomy)	4.2	4.2	4.1	4.1	3.9
d. Discuss and arrange follow-up	4.0	4.0	3.9	4.0	3.7
5. Perform invasive and non-invasive procedures					
a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	4.1	3.9	4.1	4.2	3.9
b. Obtain and document informed consent from the client	4.2	3.8	4.2	4.2	4.1
c. Perform procedures using evidence-informed techniques	4.3	4.1	4.2	4.2	3.9
d. Review clinical findings, aftercare, and follow-up	4.1	4.2	4.0	4.1	3.7
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions	4.0	4.1	4.0	3.9	3.4
7. Follow up and provide ongoing management					
a. Develop a systematic and timely process for monitoring client progress	3.9	3.9	3.9	3.8	3.7
b. Evaluate response to plan of care in collaboration with the client	3.9	3.9	3.8	3.8	3.6
c. Revise plan of care based on client's response and preferences	3.8	3.8	3.8	3.8	3.6
E. Collaboration, Consultation, and Referral					
1. Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)	3.7	3.3	3.5	3.3	2.8
2. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals	4.0	4.0	3.8	3.7	3.7
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	4.4	4.6	4.4	4.4	4.1
4. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations	4.2	4.0	4.1	4.1	4.1

	Atlantic	Quebec	Ontario	West	North
	M	**M**	**M**	**M**	**M**
5. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate	4.0	3.6	3.9	4.0	3.8
F. Health Promotion					
1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues	3.2	3.1	3.1	3.0	3.0
2. Analyze information from a variety of sources to determine population trends that have health implications	3.0	2.9	2.9	2.8	2.7
3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention	3.2	3.2	3.2	3.2	3.1
4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly	3.2	3.1	3.1	3.0	3.1
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH					
1. Identify, appraise, and apply research, practice guidelines, and current best practice	3.8	3.8	3.6	3.8	3.4
2. Identify the need for improvements in health service delivery	3.1	2.9	3.0	3.0	2.8
3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice	3.1	2.8	3.0	3.0	2.9
4. Implement planned improvements in healthcare and delivery structures and processes	3.0	2.8	2.9	2.9	2.8
5. Evaluate quality improvement and outcomes in client care and health service delivery	3.0	2.9	2.9	2.9	2.8
6. Identify and manage risks to individuals, families, populations, and the healthcare system to support quality improvement	3.4	3.1	3.2	3.1	3.2
7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies	4.1	3.8	4.0	4.0	3.6
8. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks	3.9	3.4	3.7	3.8	3.5
9. Participate in research (e.g., identify questions for clinical inquiry, participate in study design and implementation, collect data, disseminate results)	2.5	2.0	2.4	2.4	2.4
10. Evaluate the impact of nurse practitioner practice on client outcomes and healthcare delivery	3.0	2.4	2.8	2.8	2.5

	Atlantic	Quebec	Ontario	West	North
	M	M	M	M	M
COMPETENCY AREA III. LEADERSHIP					
1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)	2.9	2.6	2.7	2.9	2.7
2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care	2.9	2.8	2.8	2.9	2.9
3. Coordinate interprofessional teams in the provision of client care	3.0	2.8	3.1	3.0	2.9
4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care	3.0	2.9	3.1	3.1	3.1
5. Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)	3.1	2.9	3.1	3.2	3.2
6. Identify gaps in systems and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change	2.9	2.8	2.9	3.0	2.8
7. Utilise theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management	3.0	2.8	3.0	3.2	3.1
8. Identify the need and advocate for policy development to enhance client care	2.9	2.6	2.8	2.8	2.9
9. Utilise principles of program planning and development to optimize client care (e.g., to develop role(s) of other healthcare providers, to improve practice)	2.8	2.6	2.7	2.7	2.8
COMPETENCY AREA IV. EDUCATION					
A. Client, Community, and Healthcare Team Education					
1. Assess and prioritize learning needs of intended recipients	3.2	2.9	3.1	3.2	3.1
2. Apply relevant, theory-based, and evidence-informed content when providing education	3.4	3.4	3.3	3.5	3.4
3. Utilise applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)	3.0	2.9	2.9	2.9	2.8
4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)	3.1	2.7	2.9	2.9	2.9
5. Recognize the need for and plan outcome measures (e.g., obtaining client feedback, conduct pre- and post-surveys)	2.9	2.6	2.8	2.8	2.9

	Atlantic	Quebec	Ontario	West	North
	M	M	M	M	M
B. Continuing Competence					
6. Engage in self-reflection to determine needs for continuing competence	3.6	3.8	3.7	3.7	3.7
7. Engage in ongoing professional development	3.8	3.9	3.7	3.9	3.9
8. Seek mentorship opportunities to support one's professional development	3.5	3.5	3.5	3.6	3.6

Seriousness by stream and experience level

	FAA/Primary	Adult	Pediatric	Multiple	Entry-level	Experienced
	M	**M**	**M**	**M**	**M**	**M**
COMPETENCY AREA I. CLIENT CARE						
A. Client Relationship Building and Communication						
1. Clearly articulate the role of the nurse practitioner when interacting with the client	2.9	2.8	2.8	3.0	2.7	2.9
2. Use developmentally- and culturally-appropriate communication techniques and tools	3.5	3.3	3.5	3.5	3.3	3.4
3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained	4.1	3.9	4.0	3.8	4.0	4.0
4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships	3.4	3.4	3.3	3.4	3.3	3.4
5. Utilise clients' cultural beliefs and values in all client interactions	3.5	3.4	3.5	3.4	3.4	3.5
6. Identify personal beliefs and values and provide unbiased care	3.7	3.6	3.8	3.6	3.5	3.7
7. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)	4.2	4.0	4.2	4.1	4.1	4.2
8. Document relevant aspects of client care in client record	4.4	4.3	4.5	4.5	4.3	4.4
B. Assessment						
1. Establish the reason for the client encounter						
a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available	3.9	4.0	4.1	4.0	3.9	4.1
b. Perform initial observational assessment of the client's condition	4.3	4.3	4.3	4.5	4.2	4.4
c. Ask pertinent questions to establish the context for client encounter and chief presenting issue	4.2	4.2	4.2	4.3	4.2	4.2
d. Identify urgent, emergent, and life-threatening situations	4.9	4.9	5.0	5.0	4.9	4.9
e. Establish priorities of client encounter	3.9	4.0	3.9	3.7	3.8	3.9
2. Complete relevant health history appropriate to the client's presentation						
a. Collect health history such as symptoms, history of presenting	4.4	4.3	4.3	4.4	4.4	4.4

	FAA/ Primary	Adult	Pediatric	Multiple	Entry- level	Experienced
	M	M	M	M	M	M
issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and comp						
b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health	3.7	3.6	3.6	3.8	3.6	3.7
c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)	4.4	4.3	4.3	4.2	4.4	4.3
d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs	3.6	3.6	3.5	3.6	3.5	3.6
3. Perform assessment						
a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems	4.2	4.2	4.2	4.4	4.1	4.2
b. Select relevant assessment tools and techniques to examine the client	4.0	4.0	4.0	4.1	4.0	4.0
c. Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental level, functional ability)	4.2	4.2	4.4	4.2	4.2	4.2
d. Assess mental health, cognitive status, and vulnerability using relevant assessment tools	4.1	3.9	4.0	4.0	4.0	4.0
C. Diagnosis						
1. Determine differential diagnoses for acute, chronic, and life threatening conditions						
a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination	4.5	4.4	4.5	4.6	4.5	4.5
b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal	4.2	4.1	4.1	4.1	4.1	4.2

	FAA/ Primary	Adult	Pediatric	Multiple	Entry- level	Experienced
	M	M	M	M	M	M
states of health/illness, patient and population-level characteristics, epidemiology, health risks						
c. Generate differential diagnoses	4.3	4.3	4.2	4.4	4.3	4.3
d. Inform the patient of the rationale for ordering diagnostic tests	3.6	3.7	3.8	3.8	3.6	3.7
e. Determine most likely diagnoses based on clinical reasoning and available evidence	4.4	4.3	4.4	4.3	4.4	4.4
f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses	4.2	4.2	4.3	4.2	4.2	4.2
g. Assume responsibility for follow-up of test results	4.6	4.5	4.5	4.5	4.5	4.6
h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning	4.5	4.4	4.3	4.5	4.4	4.5
i. Confirm most likely diagnoses	4.4	4.4	4.4	4.3	4.4	4.4
2. Explain assessment findings and communicate diagnosis to client						
a. Explain results of clinical investigations to client	4.0	3.9	3.9	3.9	3.9	3.9
b. Communicate diagnosis to client, including implications for short-and long-term outcomes and prognosis	4.2	4.1	4.1	4.1	4.1	4.1
c. Ascertain client understanding of information related to findings and diagnoses	4.0	3.9	4.0	4.0	4.0	4.0
D. Management						
1. Initiate interventions for the purpose of stabilizing the client in urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)	4.9	4.9	4.8	4.9	4.9	4.9
2. Formulate plan of care based on diagnosis and evidence-informed practice						
a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)	3.8	3.7	3.9	3.5	3.7	3.8
b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences	3.9	3.9	4.0	3.7	3.8	3.9

	FAA/Primary	Adult	Pediatric	Multiple	Entry-level	Experienced
	M	M	M	M	M	M
c. Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)	4.3	4.3	4.3	4.1	4.2	4.3
d. Consider resource implications of therapeutic choices (e.g., cost, availability)	3.6	3.5	3.6	3.4	3.5	3.6
3. Provide pharmacological interventions, treatment, or therapy						
a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	4.2	4.3	4.3	4.3	4.1	4.3
b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up	4.2	4.1	4.2	4.1	4.0	4.2
c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements	4.5	4.5	4.5	4.6	4.5	4.5
d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response	4.3	4.3	4.4	4.1	4.3	4.3
e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion	4.3	4.3	4.1	4.1	4.3	4.3
4. Provide non-pharmacological interventions, treatments, or therapies						
a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	3.6	3.6	3.8	3.6	3.6	3.6
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up	3.8	3.7	3.8	3.7	3.8	3.8
c. Order required treatments (e.g., wound care, phlebotomy)	4.1	4.1	4.4	3.9	4.1	4.1
d. Discuss and arrange follow-up	3.9	3.9	4.0	3.7	3.9	3.9

	FAA/ Primary	Adult	Pediatric	Multiple	Entry- level	Experienced
	M	M	M	M	M	M
5. Perform invasive and non-invasive procedures						
a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	4.1	4.1	4.3	3.8	4.1	4.1
b. Obtain and document informed consent from the client	4.1	4.2	4.3	4.1	4.2	4.1
c. Perform procedures using evidence-informed techniques	4.2	4.3	4.4	4.1	4.2	4.2
d. Review clinical findings, aftercare, and follow-up	4.0	4.1	4.1	3.9	4.0	4.0
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions	4.0	3.9	4.1	3.8	3.9	4.0
7. Follow up and provide ongoing management						
a. Develop a systematic and timely process for monitoring client progress	3.9	3.8	4.0	3.7	3.9	3.9
b. Evaluate response to plan of care in collaboration with the client	3.8	3.8	3.8	3.7	3.8	3.8
c. Revise plan of care based on client's response and preferences	3.8	3.7	3.9	3.8	3.8	3.8
E. Collaboration, Consultation, and Referral						
1. Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)	3.5	3.4	3.7	3.2	3.4	3.4
2. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals	3.8	3.8	3.9	3.9	3.9	3.8
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	4.5	4.3	4.3	4.4	4.5	4.4
4. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations	4.1	4.1	4.1	4.2	4.1	4.1
5. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate	3.9	3.9	3.9	3.8	3.9	3.9

	FAA/ Primary	Adult	Pediatric	Multiple	Entry-level	Experienced
	M	M	M	M	M	M
F. Health Promotion						
1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues	3.1	3.1	3.2	3.2	3.1	3.1
2. Analyze information from a variety of sources to determine population trends that have health implications	2.9	2.9	2.9	2.7	2.9	2.9
3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention	3.2	3.2	3.1	3.3	3.2	3.2
4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly	3.1	3.1	3.1	2.9	3.0	3.1
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH						
1. Identify, appraise, and apply research, practice guidelines, and current best practice	3.7	3.7	3.5	3.7	3.7	3.7
2. Identify the need for improvements in health service delivery	3.0	2.9	2.9	2.9	3.0	3.0
3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice	3.0	3.0	3.0	2.8	3.0	3.0
4. Implement planned improvements in healthcare and delivery structures and processes	2.9	2.8	2.8	2.8	2.9	2.8
5. Evaluate quality improvement and outcomes in client care and health service delivery	2.9	3.0	2.8	2.9	3.0	2.9
6. Identify and manage risks to individuals, families, populations, and the healthcare system to support quality improvement	3.2	3.2	3.1	3.1	3.2	3.2
7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies	4.0	4.0	4.2	3.9	4.0	3.9
8. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks	3.7	3.8	3.8	3.5	3.7	3.7
9. Participate in research (e.g., identify questions for clinical inquiry, participate in study design and implementation, collect data, disseminate results)	2.4	2.5	2.4	2.5	2.4	2.4
10. Evaluate the impact of nurse practitioner practice on client	2.8	2.7	2.7	3.2	2.7	2.8

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	FAA/ Primary	Adult	Pediatric	Multiple	Entry-level	Experienced
	M	M	M	M	M	M
outcomes and healthcare delivery						
COMPETENCY AREA III. LEADERSHIP						
1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)	2.8	2.7	2.5	3.2	2.9	2.7
2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care	2.9	2.8	2.7	3.1	2.9	2.8
3. Coordinate interprofessional teams in the provision of client care	3.0	3.1	3.0	3.2	3.1	3.0
4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care	3.1	3.0	3.0	3.2	3.1	3.0
5. Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)	3.1	3.1	2.8	3.3	3.2	3.1
6. Identify gaps in systems and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change	3.0	2.9	2.9	3.1	3.0	2.9
7. Utilise theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management	3.0	3.0	3.0	3.3	3.1	3.0
8. Identify the need and advocate for policy development to enhance client care	2.8	2.8	2.6	3.2	2.9	2.8
9. Utilise principles of program planning and development to optimize client care (e.g., to develop role(s) of other healthcare providers, to improve practice)	2.7	2.6	2.7	2.7	2.8	2.7
COMPETENCY AREA IV. EDUCATION						
A. Client, Community, and Healthcare Team Education						
1. Assess and prioritize learning needs of intended recipients	3.1	3.1	3.3	3.3	3.1	3.1
2. Apply relevant, theory-based, and evidence-informed content when providing education	3.4	3.2	3.2	3.4	3.3	3.3
3. Utilise applicable learning theories, develop education plans and	3.0	2.9	2.9	3.0	2.9	2.9

	FAA/ Primary	Adult	Pediatric	Multiple	Entry- level	Experienced
	M	M	M	M	M	M
select appropriate delivery methods, considering available resources (e.g., human, material, financial)						
4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)	2.9	2.9	3.0	2.9	2.8	2.9
5. Recognize the need for and plan outcome measures (e.g., obtaining client feedback, conduct pre- and post-surveys)	2.8	2.8	2.9	2.9	2.7	2.8
B. Continuing Competence						
6. Engage in self-reflection to determine needs for continuing competence	3.7	3.6	3.5	3.5	3.7	3.7
7. Engage in ongoing professional development	3.8	3.7	3.4	3.5	3.7	3.8
8. Seek mentorship opportunities to support one's professional development	3.5	3.5	3.4	3.4	3.5	3.5

Frequency by region

	Atlantic	Quebec	Ontario	West	North
	M	**M**	**M**	**M**	**M**
COMPETENCY AREA I. CLIENT CARE					
A. Client Relationship Building and Communication					
1. Clearly articulate the role of the nurse practitioner when interacting with the client	4.3	4.7	4.4	4.5	4.0
2. Use developmentally- and culturally-appropriate communication techniques and tools	4.5	4.3	4.6	4.7	4.9
3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained	4.9	5.0	4.9	5.0	5.0
4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships	4.9	4.9	4.9	4.9	4.8
5. Utilise clients' cultural beliefs and values in all client interactions	4.6	4.8	4.7	4.7	4.7
6. Identify personal beliefs and values and provide unbiased care	4.8	4.7	4.7	4.8	4.6
7. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)	3.7	3.6	3.9	3.9	3.5
8. Document relevant aspects of client care in client record	5.0	5.0	4.9	5.0	4.9
B. Assessment					
1. Establish the reason for the client encounter					
a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available	5.0	4.9	4.9	4.9	4.9
b. Perform initial observational assessment of the client's condition	4.9	5.0	4.9	5.0	4.9
c. Ask pertinent questions to establish the context for client encounter and chief presenting issue	4.9	5.0	4.9	5.0	4.9
d. Identify urgent, emergent, and life-threatening situations	4.5	4.4	4.4	4.5	4.4
e. Establish priorities of client encounter	4.9	4.9	4.9	4.9	4.9
2. Complete relevant health history appropriate to the client's presentation					
a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history,	4.9	5.0	4.9	4.9	4.9

	Atlantic	Quebec	Ontario	West	North
	M	M	M	M	M
pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and comp					
b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health	4.8	4.6	4.7	4.7	4.7
c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)	4.7	4.8	4.7	4.7	4.6
d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs	4.8	4.7	4.7	4.7	4.9
3. Perform assessment					
a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems	4.9	5.0	4.9	4.9	4.9
b. Select relevant assessment tools and techniques to examine the client	4.9	5.0	4.9	4.9	4.9
c. Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental level, functional ability)	4.9	5.0	4.9	4.9	4.9
d. Assess mental health, cognitive status, and vulnerability using relevant assessment tools	4.6	4.3	4.6	4.6	4.6
e. Integrate laboratory and diagnostic results with history and physical assessment findings	4.9	4.9	4.9	5.0	4.9
C. Diagnosis					
1. Determine differential diagnoses for acute, chronic, and life threatening conditions					
a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination	4.9	5.0	4.9	5.0	4.9
b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks	4.8	4.9	4.8	4.9	4.7

	Atlantic	Quebec	Ontario	West	North
	M	M	M	M	M
c. Generate differential diagnoses	4.9	5.0	4.8	5.0	4.9
d. Inform the patient of the rationale for ordering diagnostic tests	4.9	5.0	4.8	4.9	4.9
e. Determine most likely diagnoses based on clinical reasoning and available evidence	4.9	5.0	4.9	5.0	4.9
f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses	4.9	5.0	4.8	4.9	4.7
g. Assume responsibility for follow-up of test results	4.9	5.0	4.8	4.9	4.7
h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning	4.9	5.0	4.8	4.9	4.7
i. Confirm most likely diagnoses	4.8	5.0	4.8	4.9	4.8
2. Explain assessment findings and communicate diagnosis to client					
a. Explain results of clinical investigations to client	4.9	4.9	4.8	4.9	4.8
b. Communicate diagnosis to client, including implications for short- and long-term outcomes and prognosis	4.9	5.0	4.8	4.9	4.9
c. Ascertain client understanding of information related to findings and diagnoses	4.9	4.9	4.8	4.9	4.9
D. Management					
1. Initiate interventions for the purpose of stabilizing the client in urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)	3.3	2.7	3.3	3.4	3.5
2. Formulate plan of care based on diagnosis and evidence-informed practice					
a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)	4.7	4.7	4.7	4.7	4.6
b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences	4.8	4.8	4.8	4.8	4.7
c. Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)	4.8	5.0	4.8	5.0	4.8
d. Consider resource implications of therapeutic choices (e.g., cost,	4.8	4.7	4.7	4.7	4.5

	Atlantic	Quebec	Ontario	West	North
	M	**M**	**M**	**M**	**M**
availability)					
3. Provide pharmacological interventions, treatment, or therapy					
a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	4.9	4.9	4.8	4.9	4.7
b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up	4.8	4.9	4.8	4.8	4.7
c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements	4.9	5.0	4.8	4.8	4.8
d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response	4.8	4.9	4.8	4.8	4.7
e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion	4.0	3.8	4.0	4.1	4.6
4. Provide non-pharmacological interventions, treatments, or therapies					
a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	4.6	4.7	4.5	4.6	4.5
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up	4.6	4.8	4.7	4.8	4.6
c. Order required treatments (e.g., wound care, phlebotomy)	4.4	4.7	4.5	4.6	4.1
d. Discuss and arrange follow-up	4.8	4.8	4.7	4.8	4.6
5. Perform invasive and non-invasive procedures					
a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	4.0	4.4	4.3	4.3	4.0
b. Obtain and document informed consent from the client	4.1	4.2	4.2	4.1	3.9
c. Perform procedures using evidence-informed techniques	4.0	4.2	4.1	4.0	4.1

	Atlantic	Quebec	Ontario	West	North
	M	M	M	M	M
d. Review clinical findings, aftercare, and follow-up	4.4	4.5	4.4	4.4	4.4
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions	4.6	4.6	4.5	4.5	4.3
7. Follow up and provide ongoing management					
a. Develop a systematic and timely process for monitoring client progress	4.6	4.4	4.6	4.6	4.4
b. Evaluate response to plan of care in collaboration with the client	4.6	4.7	4.6	4.6	4.4
c. Revise plan of care based on client's response and preferences	4.5	4.6	4.6	4.6	4.3
E. Collaboration, Consultation, and Referral					
1. Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)	4.2	4.1	4.2	4.1	4.1
2. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals	4.2	4.3	4.2	4.1	4.3
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	4.4	4.5	4.4	4.4	4.4
4. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations	4.4	4.4	4.3	4.4	4.1
5. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate	4.4	4.3	4.3	4.3	4.3
F. Health Promotion					
1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues	4.0	4.1	3.9	3.8	3.8
2. Analyze information from a variety of sources to determine population trends that have health implications	3.6	3.3	3.3	3.2	3.1
3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention	3.9	4.1	3.8	3.7	3.8
4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly	3.7	3.7	3.6	3.4	3.4

	Atlantic	Quebec	Ontario	West	North
	M	M	M	M	M
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH					
1. Identify, appraise, and apply research, practice guidelines, and current best practice	4.4	4.2	4.3	4.4	4.3
2. Identify the need for improvements in health service delivery	3.7	3.3	3.5	3.5	3.6
3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice	3.4	2.9	3.3	3.2	3.1
4. Implement planned improvements in healthcare and delivery structures and processes	3.1	3.0	3.0	2.8	2.9
5. Evaluate quality improvement and outcomes in client care and health service delivery	3.2	2.8	3.1	2.8	2.9
6. Identify and manage risks to individuals, families, populations, and the healthcare system to support quality improvement	3.4	3.2	3.3	3.0	3.1
7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies	2.7	2.9	2.7	2.6	2.8
8. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks	2.9	2.8	2.9	2.7	2.8
9. Participate in research (e.g., identify questions for clinical inquiry, participate in study design and implementation, collect data, disseminate results)	2.5	2.0	2.5	2.5	2.1
10. Evaluate the impact of nurse practitioner practice on client outcomes and healthcare delivery	3.0	2.3	2.8	2.8	2.3
COMPETENCY AREA III. LEADERSHIP					
1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)	3.6	3.5	3.4	3.6	3.1
2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care	3.3	3.2	3.2	3.3	2.7
3. Coordinate interprofessional teams in the provision of client care	3.5	3.3	3.7	3.7	3.0
4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care	3.6	3.5	3.7	3.7	3.6

	Atlantic	Quebec	Ontario	West	North
	M	M	M	M	M
5. Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)	3.9	3.6	4.0	4.0	3.9
6. Identify gaps in systems and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change	3.2	2.8	3.2	3.1	3.1
7. Utilise theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management	3.6	3.4	3.6	3.7	3.5
8. Identify the need and advocate for policy development to enhance client care	2.9	2.6	2.9	2.7	2.7
9. Utilise principles of program planning and development to optimize client care (e.g., to develop role(s) of other healthcare providers, to improve practice)	2.9	2.6	2.9	2.7	2.6
COMPETENCY AREA IV. EDUCATION					
A. Client, Community, and Healthcare Team Education					
1. Assess and prioritize learning needs of intended recipients	4.1	3.4	3.9	3.9	3.9
2. Apply relevant, theory-based, and evidence-informed content when providing education	4.3	3.9	3.9	4.1	3.9
3. Utilise applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)	3.9	3.3	3.5	3.5	3.3
4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)	4.1	3.0	3.5	3.5	3.6
5. Recognize the need for and plan outcome measures (e.g., obtaining client feedback, conduct pre- and post-surveys)	3.3	2.8	3.0	2.8	3.1
B. Continuing Competence					
6. Engage in self-reflection to determine needs for continuing competence	4.1	4.1	3.9	3.9	3.9
7. Engage in ongoing professional development	3.7	4.0	3.5	3.6	3.7
8. Seek mentorship opportunities to support one's professional development	3.2	3.4	3.0	3.2	3.3

Frequency by stream and experience level

	Stream				Experience Level	
	FAA/ Primary	Adult	Pediatric	Multiple	Entry-level	Experienced
	M	M	M	M	M	M
COMPETENCY AREA I. CLIENT CARE						
A. Client Relationship Building and Communication						
1. Clearly articulate the role of the nurse practitioner when interacting with the client	4.4	4.5	4.1	4.5	4.5	4.4
2. Use developmentally- and culturally-appropriate communication techniques and tools	4.6	4.4	4.7	4.8	4.4	4.6
3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained	5.0	4.9	4.8	4.9	5.0	4.9
4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships	4.9	4.9	4.8	4.9	4.8	4.9
5. Utilise clients' cultural beliefs and values in all client interactions	4.7	4.6	4.6	4.6	4.6	4.7
6. Identify personal beliefs and values and provide unbiased care	4.8	4.6	4.7	4.8	4.7	4.8
7. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)	3.9	3.7	3.8	3.9	3.9	3.9
8. Document relevant aspects of client care in client record	5.0	4.9	4.9	5.0	4.9	5.0
B. Assessment						
1. Establish the reason for the client encounter						
a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available	4.9	4.9	4.8	4.9	4.9	4.9
b. Perform initial observational assessment of the client's condition	5.0	4.9	4.7	5.0	4.9	4.9
c. Ask pertinent questions to establish the context for client encounter and chief presenting issue	5.0	4.9	4.7	5.0	5.0	4.9
d. Identify urgent, emergent, and life-threatening situations	4.5	4.4	4.2	4.8	4.4	4.5
e. Establish priorities of client encounter	4.9	4.8	4.7	5.0	4.9	4.9
2. Complete relevant health history appropriate to the client's						

	Stream				Experience Level	
	FAA/ Primary	**Adult**	**Pediatric**	**Multiple**	**Entry- level**	**Experienced**
	M	**M**	**M**	**M**	**M**	**M**
presentation						
a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and comp	4.9	4.8	4.6	4.9	4.9	4.9
b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health	4.8	4.6	4.5	4.6	4.7	4.7
c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)	4.7	4.6	4.3	4.6	4.7	4.7
d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs	4.8	4.6	4.4	4.8	4.7	4.7
3. Perform assessment						
a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems	4.9	4.8	4.7	4.9	5.0	4.9
b. Select relevant assessment tools and techniques to examine the client	4.9	4.8	4.7	5.0	4.9	4.9
c. Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental level, functional ability)	4.9	4.8	4.7	5.0	4.9	4.9
d. Assess mental health, cognitive status, and vulnerability using relevant assessment tools	4.7	4.4	4.3	4.6	4.6	4.6
e. Integrate laboratory and diagnostic results with history and physical assessment findings	4.9	4.9	4.7	4.9	4.9	4.9
C. Diagnosis						
1. Determine differential diagnoses for acute, chronic, and life threatening conditions						

	Stream				Experience Level	
	FAA/ Primary	**Adult**	**Pediatric**	**Multiple**	**Entry-level**	**Experienced**
	M	**M**	**M**	**M**	**M**	**M**
a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination	4.9	4.9	4.7	4.9	4.9	4.9
b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks	4.9	4.8	4.6	4.8	4.9	4.8
c. Generate differential diagnoses	4.9	4.8	4.6	4.8	4.9	4.9
d. Inform the patient of the rationale for ordering diagnostic tests	4.9	4.8	4.5	4.9	4.9	4.9
e. Determine most likely diagnoses based on clinical reasoning and available evidence	4.9	4.9	4.5	4.9	4.9	4.9
f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses	4.9	4.8	4.5	4.9	4.9	4.8
g. Assume responsibility for follow-up of test results	4.9	4.8	4.5	4.9	4.9	4.8
h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning	4.9	4.8	4.6	4.9	4.9	4.9
i. Confirm most likely diagnoses	4.9	4.8	4.5	4.8	4.9	4.8
2. Explain assessment findings and communicate diagnosis to client					.	.
a. Explain results of clinical investigations to client	4.9	4.8	4.5	4.9	4.9	4.8
b. Communicate diagnosis to client, including implications for short- and long-term outcomes and prognosis	4.9	4.8	4.5	4.9	4.9	4.8
c. Ascertain client understanding of information related to findings and diagnoses	4.9	4.8	4.5	4.9	4.9	4.8
D. Management						
1. Initiate interventions for the purpose of stabilizing the client in urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)	3.3	3.4	3.0	3.5	3.2	3.3

	Stream				Experience Level	
	FAA/ Primary	Adult	Pediatric	Multiple	Entry-level	Experienced
	M	**M**	**M**	**M**	**M**	**M**
2. Formulate plan of care based on diagnosis and evidence-informed practice						
a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)	4.8	4.6	4.4	4.8	4.7	4.7
b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences	4.8	4.7	4.5	4.8	4.8	4.8
c. Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)	4.9	4.8	4.7	4.8	4.9	4.9
d. Consider resource implications of therapeutic choices (e.g., cost, availability)	4.8	4.6	4.4	4.5	4.7	4.7
3. Provide pharmacological interventions, treatment, or therapy						
a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference	4.9	4.8	4.3	4.9	4.9	4.8
b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up	4.9	4.7	4.2	4.8	4.8	4.8
c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements	4.9	4.6	4.2	4.9	4.9	4.8
d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response	4.9	4.7	4.3	4.9	4.8	4.8
e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion	4.1	3.9	3.1	4.1	4.1	4.0
4. Provide non-pharmacological interventions, treatments, or therapies						
a. Select therapeutic options (including complementary and	4.7	4.4	4.1	4.6	4.7	4.6

	Stream				Experience Level	
	FAA/ Primary	**Adult**	**Pediatric**	**Multiple**	**Entry- level**	**Experienced**
	M	**M**	**M**	**M**	**M**	**M**
alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference						
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up	*4.8*	*4.5*	*4.1*	4.7	*4.7*	*4.7*
c. Order required treatments (e.g., wound care, phlebotomy)	*4.5*	*4.4*	*3.9*	4.5	*4.5*	*4.5*
d. Discuss and arrange follow-up	4.8	4.6	4.2	4.8	4.8	4.7
5. Perform invasive and non-invasive procedures					.	.
a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up	4.3	4.1	3.7	4.3	4.3	4.2
b. Obtain and document informed consent from the client	4.3	4.0	3.4	4.3	4.2	4.2
c. Perform procedures using evidence-informed techniques	4.3	3.7	3.3	4.3	4.2	4.1
d. Review clinical findings, aftercare, and follow-up	4.5	4.2	3.8	4.4	4.5	4.4
6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions	4.6	4.3	4.3	4.2	4.6	4.5
7. Follow up and provide ongoing management						
a. Develop a systematic and timely process for monitoring client progress	4.7	4.5	4.4	4.5	4.6	4.6
b. Evaluate response to plan of care in collaboration with the client	4.7	4.5	4.3	4.4	4.7	4.6
c. Revise plan of care based on client's response and preferences	4.6	4.5	4.4	4.4	4.6	4.6
E. Collaboration, Consultation, and Referral						
1. Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)	4.2	4.3	4.1	3.9	4.1	4.2
2. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals	4.2	4.3	3.8	3.9	4.2	4.2

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	Stream				Experience Level	
	FAA/ Primary	**Adult**	**Pediatric**	**Multiple**	**Entry- level**	**Experienced**
	M	**M**	**M**	**M**	**M**	**M**
3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)	4.4	4.4	4.1	4.3	4.4	4.4
4. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations	4.4	4.4	4.1	4.2	4.4	4.4
5. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate	4.3	4.3	4.1	4.2	4.3	4.3
F. Health Promotion						
1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues	3.9	3.8	3.6	3.8	4.0	3.9
2. Analyze information from a variety of sources to determine population trends that have health implications	3.3	3.3	3.1	3.1	3.4	3.3
3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention	3.9	3.7	3.3	3.6	3.8	3.8
4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly	3.6	3.5	3.1	3.3	3.6	3.5
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH						
1. Identify, appraise, and apply research, practice guidelines, and current best practice	4.4	4.2	4.0	4.3	4.3	4.3
2. Identify the need for improvements in health service delivery	3.5	3.5	3.5	3.4	3.4	3.5
3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice	3.2	3.3	3.1	3.1	3.1	3.3
4. Implement planned improvements in healthcare and delivery structures and processes	2.9	3.1	3.0	2.9	2.8	3.0
5. Evaluate quality improvement and outcomes in client care and health service delivery	3.0	3.1	3.1	3.1	2.9	3.0

	Stream				Experience Level	
	FAA/ Primary	Adult	Pediatric	Multiple	Entry- level	Experienced
	M	M	M	M	M	M
6. Identify and manage risks to individuals, families, populations, and the healthcare system to support quality improvement	3.2	3.3	3.2	3.3	3.2	3.2
7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies	2.7	2.9	2.8	2.9	2.6	2.8
8. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks	2.8	3.0	2.9	2.9	2.7	2.9
9. Participate in research (e.g., identify questions for clinical inquiry, participate in study design and implementation, collect data, disseminate results)	2.4	2.7	3.0	2.5	2.2	2.6
10. Evaluate the impact of nurse practitioner practice on client outcomes and healthcare delivery	2.8	2.8	2.9	2.9	2.7	2.8
COMPETENCY AREA III. LEADERSHIP						
1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)	3.4	3.5	3.3	3.8	3.4	3.4
2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care	3.2	3.3	3.3	3.6	3.2	3.2
3. Coordinate interprofessional teams in the provision of client care	3.5	4.0	4.1	3.7	3.5	3.7
4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care	3.6	3.8	3.8	3.7	3.5	3.7
5. Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)	3.9	4.2	4.3	4.1	3.8	4.0
6. Identify gaps in systems and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change	3.1	3.3	3.4	3.1	3.1	3.1
7. Utilise theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management	3.6	3.8	4.0	3.6	3.5	3.7
8. Identify the need and advocate for policy development to	2.8	3.0	2.9	3.3	2.7	2.9

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	Stream				Experience Level	
	FAA/ Primary	**Adult**	**Pediatric**	**Multiple**	**Entry- level**	**Experienced**
	M	**M**	**M**	**M**	**M**	**M**
enhance client care						
9. Utilise principles of program planning and development to optimize client care (e.g., to develop role(s) of other healthcare providers, to improve practice)	2.8	2.9	2.9	3.0	2.7	2.8
COMPETENCY AREA IV. EDUCATION						
A. Client, Community, and Healthcare Team Education						
1. Assess and prioritize learning needs of intended recipients	3.9	3.9	3.9	4.0	3.7	3.9
2. Apply relevant, theory-based, and evidence-informed content when providing education	4.0	3.9	3.7	4.2	3.9	4.0
3. Utilise applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)	3.5	3.5	3.3	3.6	3.3	3.5
4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)	3.6	3.6	3.5	3.6	3.4	3.6
5. Recognize the need for and plan outcome measures (e.g., obtaining client feedback, conduct pre- and post-surveys)	3.0	3.1	3.0	3.3	2.8	3.1
B. Continuing Competence				.		
6. Engage in self-reflection to determine needs for continuing competence	4.0	3.9	3.8	3.9	4.1	3.9
7. Engage in ongoing professional development	3.6	3.7	3.6	3.7	3.6	3.6
8. Seek mentorship opportunities to support one's professional development	3.1	3.1	3.2	3.1	3.4	3.1

Appendix 15.
Write-in Responses: Competencies of Entry-level NPs Missing from the Survey

Missing Competencies

1. A lot of the barriers we have in British Columbia are as a result of CRNBC placing limits and conditions on NP practice. It is unfortunate that the college does not have any NP's within the regulatory body that can speak to NP practice. While there are statute committees that provide input to the college, this is itself does NOT provide enough representation of NP practice. I believe that all regulatory bodies should have NP's who are on staff to provide leadership and guidance to regulatory body. We currently have registered nurses regulating NP's often who little or no understanding of NP practices. Would physicians accept it if another group was to regulate them...I highly doubt it. The time is now to build in Nurse Practitioner presence in regulation; until we do we will continue to struggle with how we align the profession nationally.

2. Able to identify her/his role, identify relevant work and most importantly executing independent practice.

3. Additional competencies are unit specialty specific

4. Adequate education in clinical procedures

5. Attention to mental health is largely lacking - prescribing psychotropics, mental health assessment, inabilities for NPs to complete Form 1 etc.

6. Au Québec, connaitre les lignes directrices car restrictions dans la loi ++

7. Avoir une bonne autocritique sur ses compétences et limites.

8. Be able to take a take a meaningful mental health history. With differential diagnosis.

9. cannot think of anything specific and have to exit survey due to time

10. Collégialité

11. Collaborating and being mentored by experienced NP

12. Collaborative mentor or coaching partner needed. Must be able to be coached!

13. Comments: The role of the NP is seriously affected by the role and support of the medical profession which in many situations provides minimal support for its ongoing presence - that is the NP role. It would seem that all the work being done for N.P. quality assurance is being done to prove to Medicine (Doctors) in Ontario, B.C. and other provinces like Alberta and Newfoundland (midwives) that NP's are safe and useful in practice when it appears that what the physicians want is a Physician Assistant who will do as the physician wants and can control. It is for this reason that we are seeing so many television and newspaper ads about the wonders of the doctors and what they are doing in clinics, for the patient and family, for the system etc. It is a lobbying campaign. In the acute care system it was the medical students and residents who were to the patient decision-making re tests and procedures and follow-up by the NP after the tests were ordered and medicines prescribed. The final decision was the physician even though the NP's were able to speak-up and present his/her views related to care. For this reason I do not see the lasting of the NP role and I see the dominance of the OMA and BC and Alberta medical associations in telling the governments what to do and the kinds of roles needed in the health care system. There is a very strong lobby group against NP's so why are we spending so much time and effort in this. All the Quality Work, examinations, reviews and ongoing quality programs when people do not make the grade is only to prove to Medicine that NPs are good, qualified, etc. The physicians do not really want the NP although they will not come out blatantly and say so. Thus we see other tactics used which will be successful because of the power held by the medical groups in each province. When the NP is convenient and fills in where doctors do not want to go then the NP role is ok but otherwise physicians with physician assistants

14. Competencies listed are very comprehensive

15. Complet selon moi.

Missing Competencies

16. Connaissance de son champ de pratique légal et modalités de référence suivis de grossesse soins palliatifs animer une rencontre d'équipe interprofessionnelle analyse critique de guides de pratique clinique

17. Ct scan really limits N.P's in practice and I believe we should be able to order this test based on the fact that we understand the need for our clients and when to order appropriately while understanding the risks of unnecessary radiation exposure. For example I have a client with sudden sever onset of red flag signs with a headache. I should have the ability to order this test rather then have to transport them to another emergency facility if I feel the patient is stable. This prevents undue strain on already overrun emergency departments. Then pending findings if required I can refer to appropriate specialist if they require further emergent care and save an Over run ER department to reassess a patient I already assessed and determined they required the CT, but had to send to ER because that Dr had to order it because I couldn't. I wasted his and my time and especially crucial time for my patient.

18. Débutant ou pas se sont le mât mes compétences. Juste de grands souliers remplir quand on sort du programme IP

19. Dealing with MDs is a huge piece of competencies for new NPs. This was not missing but should be emphasized more.

20. Determining capacity for informed consent. Law related to consent, capacity and substitute decision maker

21. Difficult to say- haven't been new for a long time

22. Documentation in a timely, concurrent manner that is concise and PHIA appropriate. Removal of chest tubes and central lines.

23. Don't have any comment

24. Don't know at this time

25. DRE's, X-ray interpretation

26. Fiscal and political understanding of the role. Also issues of outpatient billing and referrals for labs etc. MD consult fee remains an issue

27. For the previous section - would've been beneficial to have had a column for no- doesn't have the skills. For ex- I can insert an IUD, but I'm not certified, so I don't.

28. FYI I work in a leadership role (with frequent multidisciplinary clinical consultations) full time, and a clinic walk-in part time, making this survey challenging to answer. In case you find inconsistencies.

29. Gestion administrative et organisationnelle initiationà la pratique

30. Humility and servitude. Until NP regulators get their six in gear and start to recognize the realities faced by most NPs, we are going to have to continue to bow a little ....its how NPs go along to get along.   I have been doing this for close to 20 years and man alive it would be great if one day, before I retire, I will be funded to practice in my specialty area: hospice palliative care. There are NO NPs in hospice palliative care in Alberta - how does this void keep the public safe at end of life? A LITTLE HELP?

31. I am assuming the framework refers to what this analysis is about? I have not reviewed the framework recently so feel I cannot accurately respond to this question.

32. I can't remember what I was thinking about when doing the first bit. If I had known this question was going to be asked, I would have written stuff down!

33. I don't think enough emphasis was placed on the ability to know what sick looks like.

Missing Competencies

34. I don't think the framework can capture all of the pieces that come with NP experience - awareness of the role, how we can impact other professions via day to day positive interactions (not just education), mentorship, etc

35. I felt some of the questions were subjective or change due to circumstance of the patient situation.

36. I found the scaling questions difficult to answer e.g. not serious = no harm for things like answering health promotion questions difficult. I would have liked the option to go back to a page that I answered. I found in completing the survey I understood what the previous questions were asking me better once I read the next page. Thanks.

37. I have a few comments Did not know what QC meant private insurance forms, some I can do and others some insurance companies do not accept Referral have my collaborating MD or FD name attached, but rare do I get the reports back

38. I note mention of legislative authority in survey but suggest that knowledge of legislation and understanding implication of various acts should be spelled out...in my experience students not prepared for this complexity.

39. I think most were covered

40. I think Newly licensed NPs need to be aware of the political environments they will be entering, and that they will not automatically be 'accepted' or regarded as more knowledgeable, than when they previously worked as a RN.   This is especially true during new role implementation. I think NP's need to have 'political competencies' that help them navigate this difficult terrain.

41. I think that differential diagnosis competence is not adequately assessed in this questionnaire.

42. I think that the list of tasks far exceeds what most novice NPs would be doing. Unless they have been in an acute are or specialized program. Then the survey might have been better if these streams could be identified.

43. I think the survey was cumbersome and maybe too long and time consuming. The new NP should have excellent communication skills and team building competence. Our work environment are competitive, fast paced and require us to be open, flexible, confident and most of all we need to continue to advocate for our NP scope in terms of less restrictions with interventions.

44. I think there needs to be more detail/ explicit requirements for new NPs/established NPs to develop a formal mentorship relationship. I happen to be in a well-supported team but I know many colleagues who were hired into organizations with no plan/effective process for the newly licensed NP to be supported as they should be.

45. I would thoroughly have to review the CNO standards as a direct correlation to this survey, but if my memory serves me correctly, I think that most was covered in the questions

46. I'm too burnt out/brain dead from this lengthy survey to comment.

47. In my knowledge, i would say no

48. In NB NP are predominantly practicing in primary care and do not have authority to admit or provide care to hospitalized patients. Nor are we specialized. Our background and training is across the life span.

49. Infection Control/Outbreaks/Epidemics

50. Information on confidence and over consulting initially

51. It is difficult to describe completely all the roles of NP's. I work in a hospital in acute care with a physician as MRP, so much of my work is collaborative, even if I can order tests and meds autonomously, and generally the MRP is aware of the details.

52. IV therapy, geriatric assessments, home visits, iron infusions, ABGs, ECG interpretation, other diagnostics interpretation

Missing Competencies

53.	Knowledge of legislation governing their practice
54.	Le questionnaire est beaucoup amélioré. Plus clair, plus de redondance Un gros bravoà toute l'équipe Je demeure disponible au besoin
55.	Les affirmations sont mal formulées, ne tiennent pas compte de la réalité de la pratique actuelle. Ces questions nous forcentà penser en frais de mini-Md (gravité, rapidité) et la nouvelle façon de concevoir le Râ´le s'inscrit dans ce que nous imposent les milieux maintenant (performance, modale biomédical, etc.). On a vu disparaitre du discours tout le çà´té santé communautaire du Râ´le. Vous ne vous Attes pas penchés sur la collaboration qui est totalement non idyllique dans les milieux de SSP. Une augmentation des champs de pratique, sans avoir les connaissances ou la formation ou mât me un état de collaboration, peut mettre l'IP est péril (insatisfaite d'elle-mât me et de son Râ´le) et le patient, par le fait mât me, et l'équipe qui s'attendra ce que l'IP posas de déjà ces connaissances. De plus, les responsabilités de l'IP ont augmenté, mais pas son salaire et ses conditions de travail s'emparent. En tant qu'IP avant d'obtenir plus de responsabilités (prescription des narcotiques, autres examens diagnostics), je veux voir du changement. Par ailleurs, a-t-on pensé que l'augmentation des champs de pratique crée plus de paperasse gérer et donc plus de temps au service indirect. Or, les organisations de SSP ne considèrent pas le soin indirect comme du travail. Or, plusieurs IP font donc des heures bénévoles pour se sortir du chaos du SSP.
56.	lower leg assessments ABI assessment wound care med management- review of medications for adverse effects and reducing pill burden
57.	Many competencies were specific to subspecialties within the NP role i.e.: Primary Care are not routinely required to cardiovert, pediatric not routinely required to do paps
58.	Many items are not for a newly licensed- more for added skills in specific situations
59.	Many of the skills do not reflect my scope of practice as an ER NP.
60.	Mental health assessment skills need improvement
61.	Minor surgical procedures were only minimally included in the list of reserved acts for NPs. Consider expanding to include endovascular procedures and sclerotherapy as there are now a few NPs practicing phlebotomy in Canada.
62.	Most difficult piece to capture is competency to internalize new role and become a functional part of the team. The transition is truly a time of being in limbo and feeling not like a nurse, but not an MD.
63.	My concern is that NP's I have precept as well as those who have graduated are VERY lacking in competencies because education is not thorough/rigorous enough and they do not receive the clinical placement and mentorship that they require to be competent. It is a big problem. We need good residency program for newly graduated NP's to acquire needed competencies. I spent years in ED in downtown Toronto taught and mentored by ED Physicians who were excellent clinicians and teachers.
64.	Narcotics?
65.	None were missing, but in a new role, I would not expect NP's to be involved in policy, leadership, research. It is enough for them to do the client care portion and once they've become more comfortable, then move onto the leadership roles etc.

Missing Competencies

66. Not missing - but too much. As mentioned above - the communication skills, cultural awareness, determinants of health etc... are skills in basic practice. These are skills RN comes with prior to becoming NPs - then this is very redundant.... This has pedagogical implications - for instance- will schools of nursing be required to lengthen programs to ensure or teach these basic skills. I think the basic RN practice must be acknowledged and the competencies differentiating NP practice from RN practice highlighted. Long, vague, convoluted and redundant competency frameworks in RN practice are often mis-interpreted and lose much of their potential impact among most clinicians. Reviewing and reflecting on such competencies become a needlessly exhaustive and painful exercise for students and clinicians alike. While these may be helpful at the regulatory level• - the frameworks in RN practice are really useless for the average clinician.   I would urge this group to produce a meaningful competency framework - not simply reproduce a needlessly complex and convoluted document for the mere sake of creating a framework. Failure to create a meaningful or usable competency framework for NP practice would be, from my opinion, a continued failure of nursing leaders to bridge the theory-practice gap.

67. Not so much competency but need to maintain competencies-most of the NP's I have met will not invest in their continuing education unless it is paid by employer, so they rely on physicians, the latter which may not be up to date-- In this day and age where health organizations are cutting services it is imperative that NP's behave like professionals instead of relying on other health professionals to expand and/or add to their knowledge base. NP's need to be more responsible for their own learning and as such mandatory yearly CME hours should be in place, with a certain number of hours for pharmacology. NP education is very basic yet they are dealing with complex clients, hence need for ongoing education should be mandatory instead of self-reflective practice which allow many to concentrate their time and effort on salaries, time off etc- If NP's are to be professionals and recognized as such, they must rise to the occasion which most do not. We will not be respected for our knowledge and contribution until we take charge of our profession and so far leaning/learning on physicians back is not helping to change this perception, one which has been referred as having airline stewardess fly the plane. Very sad state of affairs- very factory worker like mentality

68. Not sure if I missed it but peripheral lines, venous puncture, suturing, eye irrigation, IUD removals,

69. Nothing I can think of ay present time

70. Of note: in the question regarding the percentage of work time for each activity adding to 100%, it does not consider that many may be contributing their own time to meeting competencies. For example, expanding education and attending workshops on own time. Also, volunteer placement on committees and in professional organizations.

71. One comment - I was not able to scroll to the correct year of initial registration as an RN (1985) unless I misunderstood the question and it was certification as an NP, in which case it was 2011. Thanks.

Missing Competencies

72.	Only concern is the CNA framework that divides our competencies into distinct percentages gives my employer the impression that they are all stand-alone competencies that are evaluated individually, separate from my clinical practice. That is, my employer does not know what a nurse practitioner does and expects that we are both CNSs and NPs who do 100% clinical and then in our 'spare time' work and lead major projects. I work at least 60hrs per week, do not get breaks and work overtime nearly every day, this situation is not unique to me. I feel like I have 2 full-time jobs and expectations are so unrealistic I don't think that these roles in the hospital are sustainable as long as the hospital administrators pay our salaries. Another issue is the introduction of the physician assistant role into the hospitals, they are working autonomously! And supplanting NP jobs, where is the support for NPs from the MOHLTC? These are the biggest challenges new NPs will face in the hospital setting and it needs to be known.
73.	Paracenteses, Thoracenteses, Bone marrow aspirations/biopsies
74.	Procedures
75.	Research and leadership competencies are weak. This reflects deficits in training for NPs, too.
76.	Role exploration and negotiations based on employment setting and education/mentorship available among other possible factors.
77.	Should develop strong mentoring requirements
78.	Since I can't go back and check the first few screens, I am not 100% certain if I forgot a few items, as it's been awhile since I first started this survey!(I am completing this in steps as time allows for it), but I just wanted to add that I often find that documentation (daily Progress/SOAP notes, Discharge summaries etc) are often a slow and painful process for new NPs, as is starting to write Rx for the first time, maybe add a question(s) about this> I also like to add that the only question(s) that I did not at all like, or found very difficult to answer, is the one where I had to add in the % of practice in last 12 month that had to add up to 100%...that doesn't make any sense to me as I can say that I only assessed or Diagnosed patients etc 10% of the time...I Dx and Assess and I am a leader every hour of the day that is my practicing, so how can you ask a question that is limiting me to it all adding up to 100%? In order for me to move forward with the survey, I ended up saying 10% each, but it's not correct
79.	Some of us work in specialized area and do not do primary care. So my practice is different than a primary care NP.
80.	The ability to have a good grasp of technological skills and competencies in today's practice seems a necessity. And accessing resources in this capacity.
81.	The final questions about performing perhaps should have been ordering or performing. The act of performing is different than ordering. These answers will be difficult to draw conclusions from. good luck
82.	The frame work for me to base how much percentage I spend on assessment diagnosis, etc. was hard because we work longer hours and really most of the leadership / advocacy is done after hours. The clinic time is mainly 100 % client based care. It made me reflect more on my practice to complete this process
83.	The list of competencies is not a framework. Frameworks are global ideas about a phenomenon and provide a logical connection between terms and variables in an overarching philosophy.
84.	The only other area which may need to be added is around ordering of controlled substances- which at present is not permitted. Thus vital for novice NPs.
85.	The Survey does not capture what support a new NP may need with the listed competencies. A new NP may have some knowledge regarding a certain competency but may need varying digress of support to carry it out. It might be serious if they cannot complete the competency but they may be able to do that with support.

Missing Competencies

86.	There were no activities specifically geared towards palliative care such as pain control assessment, assessment for opioid toxicity, discussions about death and dying, grief counseling.
87.	Thought pretty thorough just to clarify my role - I was trained as an ACNP (Geriatrics) and have since moved to a community setting and practice in primary care with a specialty in geriatrics think the challenge in doing this is the wide breadth of practice that NP's have! (and specialties) - i.e. I feel very competent with the pts I see but put me in a different role and I would not
88.	Too vague in some instances too many categories for review I feel the biggest challenge to new NP's is assessment and diagnosis - very little actually done in school would be better served to do an internship like docs ageing to all the specialties if in family practice. I graduated without ever seeing a child or pregnancy and then thrown in to a FHT to see patients. Also dermatology was rarely seen and so much more. Very stressful.
89.	Under leadership, I don't recall any mention of: - understanding principles of resource allocation and cost-effectiveness in organizational and system-level decision making. Or - understanding legislative and socio-political issues that influence health policy, and building strategies to improve health, health-care access and healthy public policy.
90.	Understanding of clinic policies/procedures and referral processes (i.e. what employer will cover you to do) or what is not your responsibility and call EMS for patient care
91.	Very comprehensive
92.	Very comprehensive. It is difficult to separate out the time spent on various activities of patient care as for the most part these are integrated,
93.	Wanted to note that in Ontario NP can autonomous order some xrays, but not others (egg. - can't order hip xrays). The column for with approval of physician is unclear. Only a physician can order xrays of hips, so it isn't a question of doing it with an MD's approval. It can't be done.
94.	What a crazy survey! Way too long. Only in nursing would anything be as convoluted and wordy. Good luck pulling any valid and reliable conclusions.
95.	Working knowledge of chronic disease management knowledge and understanding of research - ability to apply results knowledge of pertinent legislative requirements: i.e. PIPPA
96.	Workload needs to be measured
97.	Would like to see NP student rotating with each of the specialty such as cardiology, gynecology pediatrics, gastro, respirology
98.	Would like to see some competency related to change project --quality improvement initiative leadership as often the NP is asked to do this

Appendix 16.
Competencies of Entry-Level Nurse Practitioners

COMPETENCY AREA I. CLIENT CARE

A. Client Relationship Building and Communication

> *The competent, entry-level nurse practitioner uses appropriate communication strategies to create a safe and therapeutic environment for client care.*

1. Clearly articulate the role of the nurse practitioner when interacting with the client

2. Use developmentally- and culturally-appropriate communication techniques and tools

3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained

4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships

5. Utilize clients' cultural beliefs and values in all client interactions

6. Identify personal beliefs and values and provide unbiased care

7. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)

8. Document relevant aspects of client care in client record

B. Assessment

> *The competent, entry-level nurse practitioner integrates an evidence-informed knowledge base with advanced assessment skills to obtain the necessary information to identify client diagnoses, strengths, and needs.*

1. Establish the reason for the client encounter

    a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available

    b. Perform initial observational assessment of the client's condition

    c. Ask pertinent questions to establish the context for client encounter and chief presenting issue

    d. Identify urgent, emergent, and life-threatening situations

    e. Establish priorities of client encounter

2. Complete relevant health history appropriate to the client's presentation

    a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and

development history, sexual history, allergies, prescription and OTC medications, and complementary therapies

b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health

c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)

d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs

3. Perform assessment

a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems

b. Select relevant assessment tools and techniques to examine the client

c. Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental level, functional ability)

d. Assess mental health, cognitive status, and vulnerability using relevant assessment tools

e. Integrate laboratory and diagnostic results with history and physical assessment findings

C. Diagnosis

The competent, entry-level nurse practitioner is engaged in the diagnostic process and develops differential diagnoses through identification, analysis, and interpretation of findings from a variety of sources.

1. Determine differential diagnoses for acute, chronic, and life threatening conditions

a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination

b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks

c. Generate differential diagnoses

d. Inform the patient of the rationale for ordering diagnostic tests

e. Determine most likely diagnoses based on clinical reasoning and available evidence

f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses

g. Assume responsibility for follow-up of test results

h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning

i. Confirm most likely diagnoses

2. Explain assessment findings and communicate diagnosis to client

a. Explain results of clinical investigations to client

b. Communicate diagnosis to client, including implications for short- and long-term outcomes and prognosis

c. Ascertain client understanding of information related to findings and diagnoses

D. Management

The competent, entry-level nurse practitioner, on the basis of assessment and diagnosis, formulates the most appropriate plan of care for the client, implementing evidence-informed therapeutic interventions in partnership with the client to optimize health.

1. Initiate interventions for the purpose of stabilizing the client in, urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)

2. Formulate plan of care based on diagnosis and evidence-informed practice

a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)

b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences

c. Initiate appropriate plan of care (e.g. non-pharmacological, pharmacological, diagnostic tests, referral)

d. Consider resource implications of therapeutic choices (e.g. cost, availability)

3. Provide pharmacological interventions, treatment, or therapy

a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference

b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up

c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements

d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response.

e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion

4. Provide non-pharmacological interventions, treatments, or therapies

a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference

b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up

c. Order required treatments (e.g., wound care, phlebotomy)

d. Discuss and arrange follow-up

5. Perform invasive and non-invasive procedures

a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up

b. Obtain and document informed consent from the client

c. Perform procedures using evidence-informed techniques

d. Review clinical findings, aftercare, and follow-up

6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions

7. Follow up and provide ongoing management

a. Develop a systematic and timely process for monitoring client progress

b. Evaluate response to plan of care in collaboration with the client

c. Revise plan of care based on client's response and preferences

E: Collaboration, Consultation, and Referral

The competent, entry-level nurse practitioner identifies when collaboration, consultation, and referral are necessary for safe, competent, and comprehensive client care.

1. Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)

2. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals

3. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)

4. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations

5. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate

F. Health Promotion

The competent, entry-level nurse practitioner uses evidence and collaborates with community partners and other healthcare providers to optimize the health of individuals, families, communities, and populations.

1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues

2. Analyze information from a variety of sources to determine population trends that have health implications

3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention

4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly

COMPETENCY AREA II: QUALITY IMPROVEMENT AND RESEARCH

> *The competent, entry-level nurse practitioner uses evidence-informed practice, seeks to optimize client care and health service delivery, and participates in research.*

1. Identify, appraise, and apply research, practice guidelines, and current best practice

2. Identify the need for improvements in health service delivery

3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice

4. Implement planned improvements in healthcare and delivery structures and processes

5. Evaluate quality improvement and outcomes in client care and health service delivery

6. Identify and manage risks to individual, families, populations, and the healthcare system to support quality improvement

7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies

8. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks

9. Participate in research (e.g., identify questions for clinical inquiry, participate in study design and implementation, collect data, disseminate results)

10. Evaluate the impact of nurse practitioner practice on client outcomes and healthcare delivery

COMPETENCY AREA III. LEADERSHIP

> *The competent entry-level nurse practitioner demonstrates leadership by using the NP role to improve client care and facilitate system change.*

1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)

2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care

3. Coordinate interprofessional teams in the provision of client care

4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care

5. Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)

6. Identify gaps in systems and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change

7. Utilise theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management

8. Identify the need and advocate for policy development to enhance client care

9. Utilise principles of program planning and development to optimize client care (e.g., to develop role(s) of other healthcare providers, to improve practice)

COMPETENCY AREA IV. EDUCATION

The competent, entry-level nurse practitioner integrates formal and informal education into practice. This includes but is not limited to educating self, clients, the community, and members of the healthcare team.

A. Client, Community, and Healthcare Team Education

1. Assess and prioritize learning needs of intended recipients

2. Apply relevant, theory-based, and evidence-informed content when providing education

3. Utilize applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)

4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)

5. Recognize the need for and plan outcome measurements (e.g., obtaining client feedback, conduct pre- and post-surveys)

B. Continuing Competence

6. Engage in self-reflection to determine needs for continuing competence

7. Engage in ongoing professional development

8. Seek mentorship opportunities to support one's professional development

Appendix 17.
Test Plan Competencies

Competency Areas, Sub-areas, and Competencies	% of exam
COMPETENCY AREA I. CLIENT CARE	**92%**

A. Client Relationship Building and Communication   **8%**

  1. Use developmentally- and culturally-appropriate communication techniques and tools

  2. Utilise clients' cultural beliefs and values in all client interactions

  3. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)

  4. Document relevant aspects of client care in client record

B. Assessment   **28%**

  1. Establish the reason for the client encounter

    a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available

    b. Perform initial observational assessment of the client's condition

    c. Ask pertinent questions to establish the context for client encounter and chief presenting issue

    d. Identify urgent, emergent, and life-threatening situations

    e. Establish priorities of client encounter

  2. Complete relevant health history appropriate to the client's presentation

    a. Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and comp

    b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health

    c. Determine the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)

    d. Assess client's strengths and health promotion, illness prevention, or risk reduction needs

  3. Perform assessment

    a. Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems

    b. Select relevant assessment tools and techniques to examine the client

    c. Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental level, functional ability)

    d. Assess mental health, cognitive status, and vulnerability using relevant assessment tools

Competency Areas, Sub-areas, and Competencies	% of exam
e. Integrate laboratory and diagnostic results with history and physical assessment findings	

C. Diagnosis   **18%**

1. Determine differential diagnoses for acute, chronic and life threatening conditions

    a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination

    b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks

    c. Generate differential diagnoses

    d. Inform the patient of the rationale for ordering diagnostic tests

    e. Determine most likely diagnoses based on clinical reasoning and available evidence

    f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses

    g. Assume responsibility for follow-up of test results

    h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning

    i. Confirm most likely diagnoses

2. Explain assessment findings and communicate diagnosis to client

    a. Explain results of clinical investigations to client

    b. Communicate diagnosis to client, including implications for short-and long-term outcomes and prognosis

    c. Ascertain client understanding of information related to findings and diagnoses

D. Management   **22%**

1. Initiate interventions for the purpose of stabilizing the client in urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)

2. Formulate plan of care based on diagnosis and evidence-informed practice

    a. Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)

    b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client preferences

    c. Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)

Competency Areas, Sub-areas, and Competencies	% of exam

   d. Consider resource implications of therapeutic choices (e.g., cost, availability)

3. Provide pharmacological interventions, treatment, or therapy

   a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference

   b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up

   c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements

   d. Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response

   e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion

4. Provide non-pharmacological interventions, treatments, or therapies

   a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference

   b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up

   c. Order required treatments (e.g., wound care, phlebotomy)

   d. Discuss and arrange follow-up

5. Perform invasive and non-invasive procedures

   a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up

   b. Obtain and document informed consent from the client

   c. Perform procedures using evidence-informed techniques

   d. Review clinical findings, aftercare, and follow-up

6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions

7. Follow up and provide ongoing management

   a. Develop a systematic and timely process for monitoring client progress

   b. Evaluate response to plan of care in collaboration with the client

   c. Revise plan of care based on client's response and preferences

Competency Areas, Sub-areas, and Competencies	% of exam
E. Collaboration, Consultation, and Referral	**10%**

1. Provide recommendations or relevant treatment in response to consultation requests or incoming referrals

2. Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)

3. Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations

4. Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate

F. Health Promotion	**6%**

1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues

2. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention

3. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly

COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH	**3%**

1. Identify, appraise, and apply research, practice guidelines, and current best practice

2. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice

3. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks

COMPETENCY AREA III. LEADERSHIP	**3%**

1. Utilise theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management

COMPETENCY AREA IV. EDUCATION	**2%**

A. Client, Community, and Healthcare Team Education
1. Assess and prioritize learning needs of intended recipients

2. Apply relevant, theory-based, and evidence-informed content when providing education

Appendix 18.
Hypothetical Test Specifications, Sub-group Analyses

Hypothetical test specifications by region

	Atlantic	Region Quebec	Ontario	West	North
	% of exam	% of exam	% of exam	% of exam	% of exam
COMPETENCY AREA I. CLIENT CARE	**76.2%**	**76.6%**	**76.1%**	**76.2%**	**77.9%**
A. Client Relationship Building and Communication	12.0%	10.5%	11.7%	11.7%	11.6%
B. Assessment	20.3%	28.7%	20.7%	20.2%	21.4%
C. Diagnosis	13.3%	15.4%	13.3%	13.4%	12.3%
D. Management	15.8%	8.1%	15.6%	16.2%	17.9%
E. Collaboration, Consultation, and Referral	8.2%	7.5%	8.1%	8.1%	8.3%
F. Health Promotion	6.6%	6.4%	6.7%	6.6%	6.4%
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH	**5.4%**	**5.0%**	**5.3%**	**5.2%**	**4.6%**
COMPETENCY AREA III. LEADERSHIP	**5.3%**	**4.9%**	**5.3%**	**5.3%**	**4.5%**
COMPETENCY AREA IV. EDUCATION	**13.2%**	**13.5%**	**13.3%**	**13.4%**	**13.0%**
A. Client, Community, and Healthcare Team Education	5.9%	6.1%	5.9%	6.0%	6.0%
B. Continuing Competence	7.3%	7.4%	7.4%	7.4%	7.0%
TOTAL	**100.1%**	**100.0%**	**100.0%**	**100.1%**	**100.0%**

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	Stream			
	FAA/ Primary	**Adult**	**Pediatric**	**Multiple**
	% of exam	**% of exam**	**% of exam**	**% of exam**
COMPETENCY AREA I. CLIENT CARE	**76.7%**	**75.0%**	**76.0%**	**76.0%**
A. Client Relationship Building and Communication	11.9%	10.3%	15.8%	10.2%
B. Assessment	21.9%	19.8%	16.9%	19.6%
C. Diagnosis	13.8%	13.0%	10.2%	13.8%
D. Management	14.6%	16.4%	17.2%	17.3%
E. Collaboration, Consultation, and Referral	8.0%	8.4%	8.9%	7.8%
F. Health Promotion	6.5%	7.1%	7.0%	6.6%
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH	**5.2%**	**5.6%**	**5.3%**	**5.3%**
COMPETENCY AREA III. LEADERSHIP	**5.1%**	**5.6%**	**5.3%**	**5.6%**
COMPETENCY AREA IV. EDUCATION	**13.1%**	**13.9%**	**13.5%**	**13.1%**
A. Client, Community, and Healthcare Team Education	5.8%	6.2%	6.0%	6.1%
B. Continuing Competence	7.3%	7.7%	7.5%	7.0%
TOTAL	**100.1%**	**100.1%**	**100.1%**	**100.0%**

	Experience level	
	Entry-level **% of exam**	**Experienced** **% of exam**
COMPETENCY AREA I. CLIENT CARE	**74.8%**	**76.7%**
A. Client Relationship Building and Communication	10.7%	11.9%
B. Assessment	21.7%	21.2%
C. Diagnosis	13.2%	13.5%
D. Management	13.8%	15.5%
E. Collaboration, Consultation, and Referral	8.4%	8.0%
F. Health Promotion	7.0%	6.6%
COMPETENCY AREA II. QUALITY IMPROVEMENT AND RESEARCH	**5.5%**	**5.2%**
COMPETENCY AREA III. LEADERSHIP	**5.5%**	**5.2%**
COMPETENCY AREA IV. EDUCATION	**14.3%**	**13.0%**
A. Client, Community, and Healthcare Team Education	6.4%	5.8%
B. Continuing Competence	7.9%	7.2%
TOTAL	**100.1%**	**100.1%**

Appendix 19.
Activities Performed as NP, Total Sample

Activities	YES				NO									
	Autonomously[1]		With physician approval[2]		Due to regulation/ legislation		Due to employer/organiz -ational policies		Clients do not require		Not funded by insurance		Do not have KSAs to perform	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Complete a health history (focused or comprehensive)	883	99%	5	1%	0	0%	1	0%	3	0%	0	0%	0	0%
Complete a physical examination (focused or comprehensive)	882	99%	8	1%	0	0%	0	0%	1	0%	0	0%	0	0%
Make a diagnosis (in QC, diagnostic impression)	826	93%	60	7%	2	0%	1	0%	2	0%	0	0%	0	0%
Communicate a diagnosis (in QC, diagnostic impression)	847	95%	44	5%	0	0%	0	0%	1	0%	0	0%	0	0%
Prescribe pharmaceutical therapy	842	94%	46	5%	0	0%	2	0%	2	0%	0	0%	0	0%
Prescribe controlled drugs and substances	180	21%	90	10%	534	62%	13	2%	27	3%	0	0%	19	2%
Order blood and blood products	305	35%	125	14%	99	11%	59	7%	254	29%	1	0%	39	4%
Admit clients to hospitals	39	4%	140	16%	217	25%	285	32%	156	18%	2	0%	38	4%
Admit clients involuntarily to mental health facilities	17	2%	86	10%	306	35%	152	18%	252	29%	0	0%	55	6%
Discharge clients from hospitals	66	8%	120	14%	201	23%	243	28%	206	23%	2	0%	39	4%
Refer to a physician specialist	517	58%	282	32%	65	7%	9	1%	4	0%	6	1%	5	1%
Refer to other health care providers	822	92%	60	7%	2	0%	1	0%	2	0%	0	0%	3	0%
Complete certificates of death	237	27%	43	5%	149	17%	99	11%	308	35%	0	0%	32	4%
Complete worker's compensation forms	451	51%	55	6%	110	13%	63	7%	177	20%	5	1%	17	2%
Complete insurance forms from private insurers	470	53%	116	13%	81	9%	64	7%	111	13%	29	3%	11	1%

[1] *Performing activity autonomously under the NP's own authority: The provincial regulation includes the activity within the NP's own authority and the regulatory body does not restrict the activity*

[2] *Performing the activity with physician approval: The activity does not fall within the NPs own authority, but is performed by the NP with a physician's order, delegation, sign-off, or supervision*

Tests	YES				NO										
	Autono-mously[1]		With physician approval[2]		Due to regulation/ legislation		Due to employer/organiz-ational policies		Clients do not require		Not funded by insurance		Do not have KSAs to perform	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Laboratory tests	865	97%	10	1%	3	0%	5	1%	2	0%	0	0%	3	0%
Magnetic resonance imaging	162	18%	316	36%	310	35%	41	5%	37	4%	0	0%	14	2%
X-ray	811	91%	44	5%	7	1%	9	1%	12	1%	0	0%	7	1%
Bone density	392	44%	211	24%	121	14%	14	2%	130	15%	0	0%	13	1%
Computerized tomography	219	25%	315	36%	268	30%	31	4%	33	4%	0	0%	17	2%
Ultrasound	753	85%	80	9%	23	3%	11	1%	13	1%	0	0%	8	1%
Echocardiogram	396	45%	260	29%	142	16%	24	3%	50	6%	0	0%	13	1%
Spirometry	644	73%	88	10%	20	2%	23	3%	97	11%	0	0%	11	1%
Other pulmonary function tests	417	47%	225	26%	86	10%	27	3%	107	12%	0	0%	19	2%
Holter monitoring	405	46%	256	29%	93	11%	23	3%	93	11%	0	0%	11	1%
Electrocardiogram	763	86%	55	6%	14	2%	13	1%	37	4%	0	0%	5	1%
Cardiac stress	237	27%	309	35%	136	16%	46	5%	125	14%	0	0%	21	2%
Sleep apnea testing	366	42%	255	29%	91	10%	24	3%	128	15%	0	0%	15	2%
Mammogram	611	70%	39	4%	12	1%	17	2%	187	21%	0	0%	13	1%
Amniocentesis	34	4%	87	10%	148	17%	35	4%	451	52%	0	0%	106	12%

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[2] *Performing the activity with physician approval*: The activity does not fall within the NPs own authority, but is performed by the NP with a physician's order, delegation, sign-off, or supervision

Procedures	Autono-mously[1]		With physician approval[2]		Due to regulation/ legislation		Due to employer/organiz -ational policies		Clients do not require		Not funded by insurance		Do not have KSAs to perform	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Pap tests	593	68%	2	0%	3	0%	6	1%	244	28%	0	0%	22	3%
IUD insertion	173	20%	20	2%	12	1%	49	6%	331	39%	1	0%	271	32%
Skin lesion removal	310	36%	33	4%	21	2%	51	6%	249	29%	1	0%	196	23%
Biopsy	216	25%	47	5%	68	8%	60	7%	242	28%	1	0%	228	26%
Cryotherapy	472	55%	9	1%	13	2%	45	5%	245	28%	1	0%	79	9%
Joint aspirations and injections	82	10%	43	5%	85	10%	53	6%	258	30%	1	0%	336	39%
Wound closure (suturing/stapling)	419	49%	30	3%	5	1%	45	5%	231	27%	1	0%	131	15%
Splinting/casting	172	20%	31	4%	17	2%	59	7%	322	37%	1	0%	264	30%
Reduce dislocations of joints/fractures	54	6%	33	4%	69	8%	61	7%	329	38%	1	0%	310	36%
Apply traction	46	5%	30	4%	70	8%	54	6%	348	41%	1	0%	301	35%
Incision and drainage	401	46%	47	5%	11	1%	43	5%	201	23%	1	0%	159	18%
Foreign body removal (from eye, ear, orifice)	432	50%	38	4%	29	3%	20	2%	246	28%	0	0%	99	11%
Intubation	24	3%	13	2%	103	12%	56	7%	397	47%	0	0%	258	30%
Extubation	24	3%	19	2%	105	12%	52	6%	417	49%	0	0%	238	28%
Central line insertion	13	2%	8	1%	124	15%	53	6%	374	44%	0	0%	281	33%
Chest tube insertion	9	1%	9	1%	124	15%	58	7%	374	44%	0	0%	281	33%
Pleural puncture	9	1%	8	1%	126	15%	51	6%	369	43%	0	0%	286	34%
Lumbar puncture	8	1%	13	2%	127	15%	46	5%	380	44%	0	0%	281	33%
Cardioversion	31	4%	31	4%	122	14%	52	6%	372	44%	0	0%	247	29%
External pacemaker application	54	6%	27	3%	119	14%	40	5%	366	43%	0	0%	249	29%

Procedures	YES				NO									
	Autono-mously[1]		With physician approval[2]		Due to regulation/ legislation		Due to employer/organiz-ational policies		Clients do not require		Not funded by insurance		Do not have KSAs to perform	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Arterial line insertion and removal	33	4%	12	1%	108	13%	51	6%	378	44%	0	0%	271	32%
Regional anaesthetic blocks (e.g., digital nerve blocks)	136	16%	16	2%	76	9%	43	5%	341	40%	0	0%	246	29%

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[2] *Performing the activity with physician approval*: The activity does not fall within the NPs own authority, but is performed by the NP with a physician's order, delegation, sign-off, or supervision

Medical treatments performed as NP

Treatments	YES				NO									
	Autono-mously[1]		With physician approval[2]		Due to regulation/ legislation		Due to employer/organiz-ational policies		Clients do not require		Not funded by insurance		Do not have KSAs to perform	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Oxygen	589	67%	52	6%	20	2%	13	1%	181	21%	1	0%	20	2%
NG tube	319	37%	36	4%	26	3%	24	3%	400	46%	0	0%	63	7%
Urinary catheter	495	57%	16	2%	13	1%	25	3%	293	34%	0	0%	32	4%
Parenteral/enteral nutrition	172	20%	50	6%	58	7%	43	5%	408	48%	1	0%	124	14%
Adjustment of hemodialysis or peritoneal dialysis treatment	32	4%	17	2%	85	10%	45	5%	438	51%	3	0%	237	28%
Peripheral line	380	44%	16	2%	30	3%	34	4%	307	35%	1	0%	101	12%
Internal pacemaker adjustments	9	1%	17	2%	105	12%	53	6%	408	48%	1	0%	260	30%

Appendix 20.
Write-in Responses: Activities within Legal Scope of NP Practice that
Respondent is Unable to Perform Due to Employer/Organizational Policies

Tests

Are there any other tests (*note, some respondents also mentioned procedures*) that are within the legal scope of NP practice in your province/ territory that that you are <u>unable</u> to order or perform due to <u>employer or organizational policies</u>

Tests unable to perform	n
Admit/ discharge	1
Admitting, discharge - requirement; employee of the hospital ordering Pulmonary Function tests- Specialists will not recognize our orders, although within our scope	1
All previous tests may be ordered, but not performed by myself	1
All x-rays require a responsible physician name to be ordered in hospital for all outpatients	1
Any radiological examination that required contrast dye (modified barium swallows, CT scans, etc...)	1
Any tests that do not fall within the scope of NP practice, can get signed by the physicians	1
Anything with nuclear medicine line Bone scan	1
Any with contrast medium i.e. barium swallow or enema	1
As outpost nurse MD orders tests but in clinic setting for 10 years did US, labs, US, X-rays (limited) and made referrals to specialists	1
Blood Transfusions	1
Bone Marrow biopsy Paracentesis Biopsy and aspirations In my specialty in oncology and palliative care these are competencies within the job that improve patient care	1
Bone scans- via MD	1
Can order bone scan without flow but not with flow Am capable of excision and punch biopsy but MSP won't pay pathologist for 'referrals from NPs	1
Cannot complete a MOST form	1
Cardiac catheterization	1
Cardiac CT	1
Cardiac MRI CT angio	1
Certain bone scans	1
Certain lab tests that can only be ordered by a specialist	1
Certain x-rays and ultrasounds (e.g. shoulder ultrasound, spinal x-ray)	1
certain xrays and ultrasounds are limited to physicians by legislation/ regulations	1
Certain xrays/ skull/ spine.	1
Certains médicaments. Au Québec nous avons une liste strict de médicament que nous avons le droit de prescrire	1
Colonoscopie en prévention du cancer colorectal	1
constantly hassled by radiology for XR and US that I am able to order	1
Coronarographie	1
CT arteriogram	1
CT certain US and xrays point of care testing	1
CT scan, all u/s except abdo, breast & pelvic, hip x-ray	1

Tests unable to perform	n
CT scans, PET and MRI (some hospitals accept NP referrals locally but most do not unless you are employed by the hospital performing test) Bone scan and WBC scan (some hospitals accept NP referrals locally but most do not unless you are employed by the hospital performing test) At present I am employed in Complex continuing care and LTC, and a remote island clinic, therefore MRI, PET, CT and certain nuclear tests are only provided	1
Ct with contrast. Can do regular CT without contrast	1
CT, MRI, bone density	1
CTs	1
dépistage de la trisomie 2	1
Diagnostics and prescribing	1
Driver's License medical examinations	1
Driver's physicals - in our organization only physician may do this	1
Drivers medical AISH forms	1
Due to organizational decisions and policies NPs are currently not allowed to order anything within our scope of practice in hospital unless ordered under MRP in collaboration. We are allowed courtesy privileges only for outpatient ordering only. In Ontario very limited ordering for NPs in diagnostic imaging due to legislation within scope of practice. Can't order all ultrasounds or xrays of certain body parts.	1
Echo Coeur, articulaire	1
echocardiogram; MRI; bone density; CT; other PFTs	1
EEG: have to refer to specialist first Bone scan or survey bone marrow aspiration CT colonoscopy	1
fine needle biopsy	1
Électromyogramme (EMG), colonoscopie dépistage	1
Formulaire invalidité provincial et fa dural	1
Gastroscopie colposcopie Breath test	1
Genetic screening due to provincial regulations	1
Genetic testing	1
Have medical directives to order ECG in acute situations.	1
Head CT with contrast	1
Heart echoes on kids have to go through pediatric cardiology, physicians do as well	1
Hospital admission policies not in effect yet I usually discuss case with MD and he/she will co-sign the admission/discharge	1
I am able to refer to specialist, but specialists get more money if referral signed by physician. I can only order breast, abdominal or pelvic ultrasounds.	1
I am not aware of the other tests, as I do not order them due to my patient population.	1
I complete 3rd party payor forms for my patients and have an MD colleague sign them otherwise they will be declined by the 3rd party payor...the signing MD has not assessed the patient. I am unsure of the status of amniocentesis in MB	1
I should clarify that from the list of tests on the previous page I do order most of those independently with the support of a medical directive where the legislation restricts NP practice in the hospital. This means that I do not necessarily discuss with the physician before ordering but the directive is in place to support the practice. I suppose that means it is done with physician supervision ultimately	1

Tests unable to perform	n
I work as a Hospitalist and the only restrictions I have in my work place are related to the CNO or provincial legislative regulations	1
IGT procedures – e.g. PICC and G-tube insertion	1
In the hospital where I am employed I have medical directives to cover certain tests not within my scope of practice. I also collaborate with my physician group constantly	1
Interventional radiology tests i.e. picc lines and tubes	1
Je ne peux pas référer à plusieurs examens diagnostiques sans ajouter de la part de Dr. G sinon ma demande est refusée et retournée à la clinique.	1
Limitations placed on client visits that physicians receive bonuses for.	1
Local hospital does not recognize NP/MD medical directives; therefore each requisition needs to be individually signed by collaborating MD prior to submitting.	1
LTC Homes are provider driven in that they wish to have the autonomous NP review orders with them (physicians) before prescribing.	1
Many but do order with physician sign off on requisition Order BMD and certain X-ray under medical directive	1
Many government and insurance forms require a physician signature and do not specify Nurse Practitioner. Therefore, a Nurse Practitioner completes the form and MD signs it.	1
Ministry of transportation driver's physical due to third party billing	1
MRI	1
MRI Hip and shoulder X-ray CT	1
MRI and CT scans, Nuclear medicine studies, bone scans	1
MRI BMD	1
MRI scans CT scans Certain Ultra sounds Prescribe narcotics and benzodiazepines	1
MRI, CT, bone density test, amniocentesis, Echo	1
No - have medical directives that I work under to help order tests within my scope that are not regulated	1
No but can only order certain Xrays and US	1
No but I am waiting for the completion of Bill 179 so that I can refer clients to investigations currently not approved for NPs to refer autonomously.	1
No but we have some that legislatively we can't order. We have developed medical directives to work around those items	1
No jurisdiction to order tests outside of the Territory through agreement with Ontario.	1
no just the hold up with CNO on our controlled drug Rx authority	1
No my employer and Physician group are very supportive of the NP role.	1
No my restrictions come from the College of Ontario	1
No Some on the previous page have multiple answers e.g. I can order a pelvic and abd ultrasound but not renal, lumps/bumps or msk u/s so would need to consult.	1
No we are only limited with CT scans and MRI's based on our legislated scope of practice however if a radiologists advises that we perform a CT or MRI based on other diagnostic information or clinical evaluation then we can do so as we collaborated with a physician which is under our scope of practice.	1
No, my biggest problem is regulation and legislation.	1
No, these are limited by provincial legislation, not organizational policies	1

Tests unable to perform	n
No. Any other tests I cannot do are based on provincial legislation.	1
Non, l'employeur s'en remet au champ de pratique officiel	1
None due to employer or organizational policies. Some due to current legislation (e.g. some ultrasounds and x-rays, full pulmonary function tests, CTs, MRIs).	1
Not able to have my own patients, I am seeing other physicians' patients only because their physicians are fully booked and not able to see them, then patients are booked to see me, so I see patients when they are not able to see their own physicians on the same day or urgent care.	1
Not applicable to my scope of practice	1
Not testing, but consults- this is a real barrier to practice- we could send consults, but OHIP not reimbursed at the same rate, so not accepted from NPs.	1
Not tests- but unable to sign DNRs	1
Note some physicians refuse to take referrals or consults from NPs. This is a hindrance to practice.	1
Ped echo carotid u/s nuclear medicine	1
PET scan	1
Point of care testing: Urine dip, pregnancy test, rapid strep test	1
Prescription pour physio / massothérapie. Formulaire de la SAAQ. Échographie obstétricale (politique interne)	1
Provincial and federal forms	1
Puisque je suis dans un hôpital universitaire, selon la politique de l'hôpital, je dois écrire le nom du médecin de service pour que le test soit fait, même si je signe la requête et inscrit mon numéro de pratique.	1
Recently received completing pre-anesthetic assessments; awaiting signing of death certificates. Can't do any diagnostics with dye.	1
Referral for high risk breast screening is only accepted by physician referral (OBSP)	1
Renal biopsies, as nephrologists must request these.	1
scan thoracique, abdominal et cérébral Échographie transe œsophagienne	1
Scan, rayon x du crâne	1
SCINTIGRAPHIE PULMONAIRE / OSSEUSE	1
Seulement certaines échographie abdo/pelvien, écho de su race, on ne peut demander des scans, des résonnances magnétiques, ni d'écho transfontanelles, ni de tapis roulant, on ne peut non plus demander certaines prises de sg comme les LDH par exemple,	1
site specific ultrasounds, e.g. kidney, pancreas done with physician approval, am able to order Echocardiogram, Ultrasounds of limbs	1
Skin/Punch Biopsies and suturing incisions. IUD insertions Endometrial Biopsies	1
Soft tissue ultrasound (e.g. hernia, subcutaneous mass), local hospital system (Niagara Health system Hospitals)keeps refusing these when I order them even though CNO practice consultant advised me it is within NP scope.	1
Soft tissue ultrasound, thyroid ultrasound, abdominal x-rays, Ba Swallow, UGI	1
Some of the insurance company does not recognize the NPs signature when forms are completed	1
Some referrals to sub specialties as they won't accept a referral from a NP and only from an MD	1
Some x-rays Ct scans Bone density , MRI some issues with EKG under certain circumstances	1
Spine X-ray, Bone scans VQ scan CT angiogram MRA	1

Tests unable to perform	n
Spiromètre - test effectue dans un hôpital et le Ontario Hôpital Association dit que ce test doit être signé par un MD et n'accepte pas les demandes de test des IP	1
TACO IRM, test deform cardiaque amniocenteses	1
TDM avec Contraste Échographie cardiaque transe-œsophagien ventriculographie isotopique Coronarographie TEP scan scintigraphie pulmonaire	1
Techniquement, je ne peux pas faire de tests au point d'origine sans l'approbation d'un médecin ou sans directive médicale (i.e. écouter un cœur feta avec un doppler, utiliser un bâton d'analyse d'urine pour une grossesse, ou pour une analyse chimique - glucose, cétones, protéines, sang, nitrites, leucocytes)	1
The barriers are regulations for many ultrasounds, CT, MRI, PFT's, ECG etc. not organizational policies. The only restrictive organizational policies are admitting and discharging policies.	1
The controlled drugs are something that I choose not to proceed with mainly because majority of patient have addiction concerns and we need one prescriber which is the family MD or Addiction specialist. We do not want multiple prescribers for the liver population. We do plan on assessing this on a BIANNUALLY BASES.	1
There are certain x-rays NPs are not allowed to order-spine; bone density	1
There are some forms that I cannot complete one being the tax credit form for Income Tax. This is frustrating for me and my clients. Some private insurers do not accept NP assessments on forms.	1
There are some issues surrounding the ordering of MRI, i have however been successful ordering this test in my facility.	1
This form is more federal government policy but there are two 1) critical child illness parental EI 2) child disability tax credit	1
Thyroid and testicular ultrasound...very frustrating!	1
TOH still required NPs/APNs for in-patient care to use medical directives...we (the other NPs and myself) are hoping to soon be working with the new Chief Nurse (Dr. Bournes) to hopefully change the out-dates policy and procedures as well as any needed bylaws preventing NPs to practice to in full scope for in-patients at TOH. For outpatients (as far as I know) TOH allows NPs to practice to their full scope, including all test etc.	1
tomographie par émission de positrons	1
Ultrasound, echocardiogram, CT	1
Ultrasounds and some imaging in hospital due to organizational policies	1
Unable to follow inpatients in hospital and bill fee for service (have admitting privileges but can't bill for the work) unable to choose to contract services to support PCH care as cannot bill fee for service, unable to participate in any private practice as cannot bill fee for service, WRHA will not allow NP to keep private insurance or WCB claim fees and force handing it over to employer (but MD keep it) unable to sign death certificates	1
Urine dip, urine preg, point of care blood glucose	1
voir document disponible sur le site de l'OIIQ pour le Règlement du Râ´le de l'IPSPL.	1
was confused by last question I can't perform most tests but can certainly order them this question was very confusing	1
We have medical directives to order pretty much anything you can think of. Do not order narcotics and benzodiazepines	1
Write no CPR orders	1
Xrays are limited to scope per CNO	1
Xrays of skull, back, and others not on the NP list.	1

Procedures

Are there other procedures are within the legal scope of NP practice in your province/ territory that that you are <u>unable</u> to perform or order <u>due to employer or organizational policies</u>?

Procedures unable to perform	n
Adjusting temporary pacemaker settings	1
Admit and discharge, order tests for hospital inpatients	1
Anything the physician has a generous billing code is always shunted to the physician. Same old same old.	1
As a Nurse Practitioner, I often assist a physician with insertion of central lines	1
As previously stated pathology referrals is a barrier due to MSP funding model. I ticked yes I can do, but MD must sign form	1
Because our residents take priority in learning, I am not able to do punch biopsies or other small procedures generally (I am not trained and all training goes to resident MDs)	1
Bone marrow biopsy with aspirate	1
Botox administration cause the pharmaceuticals will not release the product to NP.	1
Capillary blood sugar Urine dipstick Strep throat rapid test	1
Contract work/private practice work requiring billing number for remuneration, ?flex sigmoidoscopy and bone marrow biopsy (in US common for NP), unable to receive third party reimbursement as WRHA employ	1
cryotherapy, do not have the equipment	1
Currently (the last 6 mos.)The organization has forced me to consult with a physician with every patient (despite my ability to assess, treat and discharge ED patients autonomously). This was done to mi	1
Employer/ MD not accepting test ordered by NP (i.e. PICL)	1
Endometrial biopsy due to lack of KSA	1
Endoscopy, bronchoscope	1
I am in a solo NP clinic without any other professionals and in a remote rural area. I provide Primary care so many of these procedures are more for the acute care/specialty areas. I do not have an MD degree.	1
I could do many things but often do not require me to do them as we have many residents and physicians around the hospital	1
I'm not sure about Lumbar puncture, I have learned how to do chest tube insertion and have taught new MDs in my current work place. I think we need to be more specific in determining what we can safely a	1
Infiltration plus spécialisé que genou et hanche biopsie de l'endomètre	1
Insertion small bore feeding tube	1
Installation d'un stérilet Exécrasse de lésions cutanées Biopsie Cryothérapie Fermeture de plaies (sutures/agrafes) Installation da une attelle/da un plâtre	1
Intubation central line insertion, chest tube insertion, pleural taps, lumbar punctures	1
IUD insertion, lesion removal, Joint aspirations and injections Splinting/casting Reduce dislocations of joints/fractures Apply traction Incision and drainage Intubation Central line insertion C	1

Procedures unable to perform	n
NB: Tous les patients que je vois sont discutés avec le médecin mais je pratique de faon autonome. J'aurais voulu retourner en arrière dans le questionnaire pour changer certaine réponse	1
NG insertion	1
No, however specialized splinting/casting usually referred to fracture clinic as services are available to us. Some of skills are within my scope but I have not been trained as not applicable to my practice	1
Not applicable to be currently as working outpatient only The physicians prefer to do the minor procedures such as skin lesions etc as they can bill for them.	1
Not for out-patients as far as I know	1
Not that i am aware of but i do not have any procedures that I perform as part of my practice	1
On peut installer des stérilets qu'Ã des femmes multipares, on ne peut installer des plâtres juste des attelles plâtrées et ce dans un contexte d'entorse, on ne peut DS un contexte de frac	1
Order blood due to employer	1
Paracentesis	1
Point of care lab tests	3
Primary care setting where I work does not have advanced skills (intubation, chest tube etc) as NP skills as clients rarely need and equipment not on site. However, have knowledge, skill and for some proc	1
Reduction of dislocation is within scope of practice for NP in Alberta, reducing a fracture is not.	1
Regional anesthetics - nerve blocks - within the scope of practice, but anesthesiologists we work with do not want us to do them (there is no written policy, but no educational or super visional support).	1
stérilet pour la nullipare, lipome plus grand que 1cm, abcès de plus de 1 cm. Points de sutures sur la figure, ou plus profond que le fascia	1
Test Pap Installation d'un stérilet chez nullipare Exécrasse de lésions cutanées Cryothérapie Aspirations et injections dans les articulations Fermeture de plaies (sutures/AGR)	1
There are procedures that we don't do due to rules set out by the OMA about the type of facility and regulations/inspections that must occur in family practice settings. It is not worth the while of the	1
Things such as IUD insertion I refer to OB/GYN for consult and this procedure is carried out there	1
Those limited by institutional policy is related to our clinic being located beside the Emergency Department where the physicians carry out minor procedures - we have not been required to obtain the necessary	1
Though we can order ultrasounds we are unable to order MSK u/s.	1
Unable to insert IUD's in nulliparous women	1
Unable to perform lesions excisions, biopsies, cryotherapy, wound suturing as clinic does not have the instruments, necessary supplies to do this & require hospital privileges to perform them in outpatient	1
Vaginal pessaries	1
we are a mental health hospital and those patients who require the specified types of procedures are transferred to the general hospital ER or referred to specialty clinics	1
we do order liver biopsies to be completed (radiology)but I do not perform them and we can refer for paracentisis but I do not perform at this time (medical Day unit & residents)	1

Procedures unable to perform	n
Wedge resection or trigger point injections- I do them in house, however other MD's in the community would like to refer their patients. Because of funding issues/primary care network policy, I can't.	1
Yes - not able to leave standing orders for outpatients who may require treatments in the OPD	1

Medical Treatments

Are there any other medical treatments are within the legal scope of NP practice in your province/territory that that you are unable to perform due to <u>employer or organizational policies</u>?

Medical treatments unable to perform	n
Adjustment of hemodialysis or peritonea	1
All inpatient therapies as no hospital	1
All treatment require physician consult	1
Allergy Skin Testing is a Delegated Con	1
Employer practice limits NP from providing	1
Health Canada-FNIHB need to update their list	1
I am employed with Public Health within	1
I am in consultative practice so many of these do not apply	1
In the previous screen I indicate predo	1
limitations in ordering or performing i	1
liver biopsies, central line insertions	1
Methadone and Suboxone therapies	1
My place of work would not involve doing these treatments	1
Not in the primary care setting.	1
Only order most of these procedures when	1
Ordering of narcotic pain medications.	1
Our clientele does not require many of	1
Oxygénothérapie Sonde nasogastri	1
Pessary fitting & FU	1
possible Fibro scan for liver staging bu	1
Pour la question de cryothérapie, no	1
Primary care clients do not need many o	1
Urinary catheter replacement	1

Appendix 21.
Subgroup Analyses of Activities Performed as NP

Activities performed as NP by region

		Atlantic		Quebec		Ontario		West		North	
		n	%	n	%	n	%	n	%	n	%
Complete a health history (focused or comprehensive)	Yes, Autonomously	94	99%	72	100%	535	99%	168	100%	14	100%
	Yes, With physician approval	0	0%	0	0%	5	1%	0	0%	0	0%
	No, Due to regulation/legislation	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Clients do not require	1	1%	0	0%	2	0%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	0	0%	0	0%	0	0%
Complete a physical examination (focused or comprehensive)	Yes, Autonomously	93	98%	72	100%	535	99%	168	100%	14	100%
	Yes, With physician approval	1	1%	0	0%	7	1%	0	0%	0	0%
	No, Due to regulation/legislation	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Clients do not require	1	1%	0	0%	0	0%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	0	0%	0	0%	0	0%
Make a diagnosis (in QC, diagnostic impression)	Yes, Autonomously	93	98%	59	83%	500	92%	160	95%	14	100%
	Yes, With physician approval	2	2%	10	14%	40	7%	8	5%	0	0%
	No, Due to regulation/legislation	0	0%	2	3%	0	0%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Clients do not require	0	0%	0	0%	2	0%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	0	0%	0	0%	0	0%
Communicate a diagnosis (in QC, diagnostic impression)	Yes, Autonomously	94	99%	63	88%	515	95%	161	96%	14	100%
	Yes, With physician approval	1	1%	9	13%	27	5%	7	4%	0	0%
	No, Due to regulation/legislation	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	0	0%	0	0%	0	0%

		Atlantic		Quebec		Ontario		West		North	
		n	%	n	%	n	%	n	%	n	%
	No, Clients do not require	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	0	0%	0	0%	0	0%
Prescribe pharmaceutical therapy	Yes, Autonomously	94	99%	61	85%	506	93%	167	99%	14	100%
	Yes, With physician approval	1	1%	11	15%	33	6%	1	1%	0	0%
	No, Due to regulation/legislation	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	2	0%	0	0%	0	0%
	No, Clients do not require	0	0%	0	0%	2	0%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	0	0%	0	0%	0	0%
Prescribe controlled drugs and substances	Yes, Autonomously	62	68%	26	38%	13	2%	70	45%	9	69%
	Yes, With physician approval	7	8%	17	25%	51	10%	13	8%	2	15%
	No, Due to regulation/legislation	8	9%	24	35%	442	82%	59	38%	1	8%
	No, Due to employer/organizational policies	4	4%	2	3%	7	1%	0	0%	0	0%
	No, Clients do not require	10	11%	0	0%	9	2%	7	5%	1	8%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	14	3%	5	3%	0	0%
Order blood and blood products	Yes, Autonomously	57	61%	15	21%	153	28%	74	45%	6	46%
	Yes, With physician approval	10	11%	12	17%	83	15%	19	12%	1	8%
	No, Due to regulation/legislation	4	4%	33	47%	45	8%	17	10%	0	0%
	No, Due to employer/organizational policies	2	2%	1	1%	43	8%	13	8%	0	0%
	No, Clients do not require	20	21%	7	10%	185	34%	37	23%	5	38%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	1	1%	2	3%	31	6%	4	2%	1	8%
Admit clients to hospitals	Yes, Autonomously	5	5%	0	0%	29	5%	5	3%	0	0%
	Yes, With physician approval	15	16%	11	16%	88	16%	24	15%	2	15%
	No, Due to regulation/legislation	46	50%	51	73%	61	11%	56	35%	3	23%

		Atlantic		Quebec		Ontario		West		North	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
	No, Due to employer/organizational policies	17	18%	4	6%	214	39%	45	28%	5	38%
	No, Clients do not require	7	8%	3	4%	119	22%	25	16%	2	15%
	No, Not funded by insurance	0	0%	0	0%	2	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	1	1%	29	5%	5	3%	1	8%
Admit clients involuntarily to mental health facilities	Yes, Autonomously	5	5%	2	3%	8	1%	2	1%	0	0%
	Yes, With physician approval	6	7%	7	10%	53	10%	16	10%	4	33%
	No, Due to regulation/legislation	45	49%	41	59%	152	28%	67	42%	1	8%
	No, Due to employer/organizational policies	15	16%	3	4%	107	20%	25	16%	2	17%
	No, Clients do not require	18	20%	14	20%	176	33%	39	25%	5	42%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	2	3%	42	8%	9	6%	0	0%
Discharge clients from hospitals	Yes, Autonomously	2	2%	1	1%	45	8%	18	11%	0	0%
	Yes, With physician approval	12	13%	9	13%	78	14%	21	13%	0	0%
	No, Due to regulation/legislation	46	50%	50	71%	51	9%	52	32%	2	15%
	No, Due to employer/organizational policies	16	17%	2	3%	179	33%	38	24%	8	62%
	No, Clients do not require	14	15%	7	10%	155	29%	27	17%	3	23%
	No, Not funded by insurance	0	0%	0	0%	2	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	1	1%	31	6%	5	3%	0	0%
Refer to a physician specialist	Yes, Autonomously	89	94%	1	1%	250	46%	164	98%	13	93%
	Yes, With physician approval	5	5%	31	44%	241	45%	4	2%	1	7%
	No, Due to regulation/legislation	0	0%	39	55%	26	5%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	9	2%	0	0%	0	0%
	No, Clients do not require	0	0%	0	0%	4	1%	0	0%	0	0%
	No, Not funded by insurance	1	1%	0	0%	5	1%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	5	1%	0	0%	0	0%
Refer to other health care providers	Yes, Autonomously	91	97%	69	97%	482	89%	166	99%	14	100%
	Yes, With physician approval	3	3%	2	3%	53	10%	2	1%	0	0%

		Atlantic		Quebec		Ontario		West		North	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
	No, Due to regulation/legislation	0	0%	0	0%	2	0%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Clients do not require	0	0%	0	0%	2	0%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	3	1%	0	0%	0	0%
Complete certificates of death	Yes, Autonomously	42	46%	0	0%	171	32%	18	11%	6	46%
	Yes, With physician approval	7	8%	3	4%	22	4%	11	7%	0	0%
	No, Due to regulation/legislation	8	9%	54	78%	18	3%	69	44%	0	0%
	No, Due to employer/organizational policies	7	8%	1	1%	73	14%	15	9%	3	23%
	No, Clients do not require	23	25%	8	12%	231	43%	42	27%	4	31%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	4	4%	3	4%	22	4%	3	2%	0	0%
Complete worker's compensation forms	Yes, Autonomously	55	60%	1	1%	303	56%	81	50%	11	79%
	Yes, With physician approval	4	4%	9	13%	37	7%	5	3%	0	0%
	No, Due to regulation/legislation	12	13%	55	77%	8	1%	35	22%	0	0%
	No, Due to employer/organizational policies	8	9%	1	1%	42	8%	10	6%	2	14%
	No, Clients do not require	10	11%	4	6%	136	25%	26	16%	1	7%
	No, Not funded by insurance	1	1%	0	0%	2	0%	2	1%	0	0%
	No, Do not have KSAs to perform	2	2%	1	1%	12	2%	2	1%	0	0%
Complete insurance forms from private insurers	Yes, Autonomously	60	64%	21	30%	291	54%	87	53%	11	79%
	Yes, With physician approval	7	7%	21	30%	74	14%	14	9%	0	0%
	No, Due to regulation/legislation	14	15%	21	30%	21	4%	25	15%	0	0%
	No, Due to employer/organizational policies	6	6%	3	4%	44	8%	10	6%	1	7%
	No, Clients do not require	6	6%	1	1%	81	15%	21	13%	2	14%
	No, Not funded by insurance	0	0%	3	4%	21	4%	5	3%	0	0%
	No, Do not have KSAs to perform	1	1%	0	0%	8	1%	2	1%	0	0%

Activities performed as NP by stream

		FAA/Primary		Adult		Pediatric		Multiple	
		n	%	n	%	n	%	n	%
Complete a health history (focused or comprehensive)	Yes, Autonomously	601	99%	196	98%	41	98%	40	100%
	Yes, With physician approval	2	0%	2	1%	1	2%	0	0%
	No, Due to regulation/legislation	0	0%	0	0%	0	0%	0	0%
	No, Due to employer/organizational policies	1	0%	0	0%	0	0%	0	0%
	No, Clients do not require	2	0%	1	1%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	0	0%	0	0%
Complete a physical examination (focused or comprehensive)	Yes, Autonomously	601	99%	196	98%	40	95%	40	100%
	Yes, With physician approval	3	0%	3	2%	2	5%	0	0%
	No, Due to regulation/legislation	0	0%	0	0%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	0	0%	0	0%
	No, Clients do not require	1	0%	0	0%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	0	0%	0	0%
Make a diagnosis (in QC, diagnostic impression)	Yes, Autonomously	591	98%	166	83%	29	69%	35	88%
	Yes, With physician approval	12	2%	31	16%	13	31%	4	10%
	No, Due to regulation/legislation	1	0%	0	0%	0	0%	1	3%
	No, Due to employer/organizational policies	0	0%	1	1%	0	0%	0	0%
	No, Clients do not require	1	0%	1	1%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	0	0%	0	0%
Communicate a diagnosis (in QC, diagnostic impression)	Yes, Autonomously	594	98%	180	90%	32	76%	36	90%
	Yes, With physician approval	12	2%	18	9%	10	24%	4	10%
	No, Due to regulation/legislation	0	0%	0	0%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	0	0%	0	0%
	No, Clients do not require	0	0%	1	1%	0	0%	0	0%

		FAA/Primary		Adult		Pediatric		Multiple	
		n	%	n	%	n	%	n	%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	0	0%	0	0%
Prescribe pharmaceutical therapy	Yes, Autonomously	594	98%	175	88%	35	83%	33	83%
	Yes, With physician approval	12	2%	21	11%	6	14%	7	18%
	No, Due to regulation/legislation	0	0%	0	0%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	2	1%	0	0%	0	0%
	No, Clients do not require	0	0%	1	1%	1	2%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%	0	0%	0	0%
Prescribe controlled drugs and substances	Yes, Autonomously	120	20%	41	22%	7	19%	10	27%
	Yes, With physician approval	63	11%	20	11%	1	3%	6	16%
	No, Due to regulation/legislation	380	64%	108	57%	24	67%	19	51%
	No, Due to employer/organizational policies	4	1%	8	4%	0	0%	1	3%
	No, Clients do not require	14	2%	8	4%	4	11%	1	3%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	15	3%	4	2%	0	0%	0	0%
Order blood and blood products	Yes, Autonomously	187	31%	91	46%	13	32%	12	31%
	Yes, With physician approval	61	10%	45	23%	15	37%	4	10%
	No, Due to regulation/legislation	75	13%	10	5%	0	0%	14	36%
	No, Due to employer/organizational policies	48	8%	10	5%	1	2%	0	0%
	No, Clients do not require	195	33%	36	18%	12	29%	8	21%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	33	6%	5	3%	0	0%	1	3%
Admit clients to hospitals	Yes, Autonomously	19	3%	11	6%	6	15%	3	8%
	Yes, With physician approval	60	10%	58	30%	14	34%	8	21%
	No, Due to regulation/legislation	164	28%	33	17%	1	2%	18	46%
	No, Due to employer/organizational policies	199	33%	65	33%	10	24%	8	21%

		FAA/Primary		Adult		Pediatric		Multiple	
		n	%	n	%	n	%	n	%
	No, Clients do not require	118	20%	26	13%	10	24%	1	3%
	No, Not funded by insurance	2	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	34	6%	3	2%	0	0%	1	3%
Admit clients involuntarily to mental health facilities	Yes, Autonomously	13	2%	3	2%	0	0%	1	3%
	Yes, With physician approval	63	11%	13	7%	3	8%	7	18%
	No, Due to regulation/legislation	252	42%	32	17%	3	8%	17	45%
	No, Due to employer/organizational policies	112	19%	35	18%	2	5%	3	8%
	No, Clients do not require	115	19%	96	50%	29	76%	9	24%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	40	7%	13	7%	1	3%	1	3%
Discharge clients from hospitals	Yes, Autonomously	26	4%	30	15%	5	13%	5	13%
	Yes, With physician approval	36	6%	64	33%	17	43%	3	8%
	No, Due to regulation/legislation	157	26%	23	12%	1	3%	19	48%
	No, Due to employer/organizational policies	191	32%	38	19%	5	13%	6	15%
	No, Clients do not require	149	25%	38	19%	12	30%	6	15%
	No, Not funded by insurance	2	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	36	6%	2	1%	0	0%	1	3%
Refer to a physician specialist	Yes, Autonomously	349	58%	122	61%	30	73%	13	33%
	Yes, With physician approval	193	32%	66	33%	10	24%	13	33%
	No, Due to regulation/legislation	41	7%	8	4%	0	0%	14	35%
	No, Due to employer/organizational policies	7	1%	2	1%	0	0%	0	0%
	No, Clients do not require	2	0%	1	1%	1	2%	0	0%
	No, Not funded by insurance	6	1%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	4	1%	1	1%	0	0%	0	0%
Refer to other health care providers	Yes, Autonomously	564	93%	179	90%	36	86%	38	95%
	Yes, With physician approval	35	6%	17	9%	6	14%	2	5%
	No, Due to regulation/legislation	2	0%	0	0%	0	0%	0	0%

		FAA/Primary		Adult		Pediatric		Multiple	
		n	%	n	%	n	%	n	%
	No, Due to employer/organizational policies	1	0%	0	0%	0	0%	0	0%
	No, Clients do not require	1	0%	1	1%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	0%	1	1%	0	0%	0	0%
Complete certificates of death	Yes, Autonomously	184	31%	43	22%	2	6%	7	18%
	Yes, With physician approval	21	4%	17	9%	2	6%	3	8%
	No, Due to regulation/legislation	97	16%	30	15%	4	11%	18	47%
	No, Due to employer/organizational policies	59	10%	37	19%	3	9%	0	0%
	No, Clients do not require	213	36%	62	32%	21	60%	8	21%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	21	4%	6	3%	3	9%	2	5%
Complete worker's compensation forms	Yes, Autonomously	380	63%	54	28%	2	5%	13	33%
	Yes, With physician approval	28	5%	21	11%	1	3%	4	10%
	No, Due to regulation/legislation	63	10%	28	14%	1	3%	17	43%
	No, Due to employer/organizational policies	37	6%	24	12%	2	5%	0	0%
	No, Clients do not require	83	14%	57	29%	30	81%	6	15%
	No, Not funded by insurance	3	0%	2	1%	0	0%	0	0%
	No, Do not have KSAs to perform	8	1%	8	4%	1	3%	0	0%
Complete insurance forms from private insurers	Yes, Autonomously	363	60%	71	36%	12	32%	21	54%
	Yes, With physician approval	68	11%	32	16%	5	13%	9	23%
	No, Due to regulation/legislation	55	9%	22	11%	1	3%	3	8%
	No, Due to employer/organizational policies	35	6%	24	12%	3	8%	2	5%
	No, Clients do not require	60	10%	34	17%	15	39%	2	5%
	No, Not funded by insurance	19	3%	7	4%	1	3%	2	5%
	No, Do not have KSAs to perform	5	1%	5	3%	1	3%	0	0%

Activities performed as NP by experience levels

		Entry-level		Experienced	
		n	%	n	%
Complete a health history (focused or comprehensive)	Yes, Autonomously	160	99%	703	99%
	Yes, With physician approval	1	1%	4	1%
	No, Due to regulation/legislation	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	1	0%
	No, Clients do not require	1	1%	2	0%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%
Complete a physical examination (focused or comprehensive)	Yes, Autonomously	159	98%	703	99%
	Yes, With physician approval	2	1%	6	1%
	No, Due to regulation/legislation	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%
	No, Clients do not require	1	1%	0	0%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%
Make a diagnosis (in QC, diagnostic impression)	Yes, Autonomously	143	88%	665	94%
	Yes, With physician approval	16	10%	42	6%
	No, Due to regulation/legislation	2	1%	0	0%
	No, Due to employer/organizational policies	0	0%	1	0%
	No, Clients do not require	1	1%	1	0%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%
Communicate a diagnosis (in QC, diagnostic impression)	Yes, Autonomously	149	92%	680	96%
	Yes, With physician approval	13	8%	29	4%
	No, Due to regulation/legislation	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%

		Entry-level		Experienced	
		n	%	n	%
	No, Clients do not require	0	0%	1	0%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%
Prescribe pharmaceutical therapy	Yes, Autonomously	146	90%	679	96%
	Yes, With physician approval	16	10%	27	4%
	No, Due to regulation/legislation	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	2	0%
	No, Clients do not require	0	0%	2	0%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	0	0%
Prescribe controlled drugs and substances	Yes, Autonomously	39	25%	137	20%
	Yes, With physician approval	20	13%	69	10%
	No, Due to regulation/legislation	95	60%	428	62%
	No, Due to employer/organizational policies	1	1%	12	2%
	No, Clients do not require	0	0%	25	4%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	3	2%	14	2%
Order blood and blood products	Yes, Autonomously	43	27%	258	37%
	Yes, With physician approval	26	16%	96	14%
	No, Due to regulation/legislation	29	18%	69	10%
	No, Due to employer/organizational policies	16	10%	43	6%
	No, Clients do not require	42	26%	204	29%
	No, Not funded by insurance	0	0%	1	0%
	No, Do not have KSAs to perform	5	3%	30	4%
Admit clients to hospitals	Yes, Autonomously	6	4%	33	5%
	Yes, With physician approval	18	11%	119	17%
	No, Due to regulation/legislation	58	36%	153	22%

		Entry-level		Experienced	
		n	%	n	%
	No, Due to employer/organizational policies	48	30%	231	33%
	No, Clients do not require	25	16%	129	19%
	No, Not funded by insurance	0	0%	2	0%
	No, Do not have KSAs to perform	5	3%	30	4%
Admit clients involuntarily to mental health facilities	Yes, Autonomously	3	2%	14	2%
	Yes, With physician approval	13	8%	70	10%
	No, Due to regulation/legislation	75	47%	224	33%
	No, Due to employer/organizational policies	26	16%	123	18%
	No, Clients do not require	35	22%	213	31%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	7	4%	45	7%
Discharge clients from hospitals	Yes, Autonomously	5	3%	60	9%
	Yes, With physician approval	21	13%	98	14%
	No, Due to regulation/legislation	61	38%	134	19%
	No, Due to employer/organizational policies	32	20%	203	29%
	No, Clients do not require	37	23%	167	24%
	No, Not funded by insurance	0	0%	2	0%
	No, Do not have KSAs to perform	4	3%	33	5%
Refer to a physician specialist	Yes, Autonomously	90	56%	415	59%
	Yes, With physician approval	44	27%	232	33%
	No, Due to regulation/legislation	25	15%	40	6%
	No, Due to employer/organizational policies	1	1%	7	1%
	No, Clients do not require	1	1%	3	0%
	No, Not funded by insurance	1	1%	5	1%
	No, Do not have KSAs to perform	0	0%	4	1%
Refer to other health care providers	Yes, Autonomously	149	93%	654	92%
	Yes, With physician approval	10	6%	49	7%

		Entry-level		Experienced	
		n	**%**	**n**	**%**
	No, Due to regulation/legislation	2	1%	0	0%
	No, Due to employer/organizational policies	0	0%	1	0%
	No, Clients do not require	0	0%	2	0%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	3	0%
Complete certificates of death	Yes, Autonomously	30	19%	202	29%
	Yes, With physician approval	7	4%	35	5%
	No, Due to regulation/legislation	47	29%	101	15%
	No, Due to employer/organizational policies	16	10%	78	11%
	No, Clients do not require	57	36%	246	36%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	3	2%	26	4%
Complete worker's compensation forms	Yes, Autonomously	67	42%	369	53%
	Yes, With physician approval	17	11%	36	5%
	No, Due to regulation/legislation	36	22%	73	10%
	No, Due to employer/organizational policies	14	9%	49	7%
	No, Clients do not require	24	15%	151	22%
	No, Not funded by insurance	0	0%	5	1%
	No, Do not have KSAs to perform	3	2%	14	2%
Complete insurance forms from private insurers	Yes, Autonomously	77	48%	381	54%
	Yes, With physician approval	31	19%	83	12%
	No, Due to regulation/legislation	14	9%	65	9%
	No, Due to employer/organizational policies	14	9%	48	7%
	No, Clients do not require	21	13%	88	13%
	No, Not funded by insurance	2	1%	27	4%
	No, Do not have KSAs to perform	2	1%	9	1%

Tests by region

		Atlantic		Quebec		Ontario		West		North	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Laboratory tests	Yes, Autonomously	92	98%	69	96%	523	97%	167	99%	14	100%
	Yes, With physician approval	1	1%	2	3%	6	1%	1	1%	0	0%
	No, Due to regulation/legislation	0	0%	1	1%	2	0%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	5	1%	0	0%	0	0%
	No, Clients do not require	0	0%	0	0%	2	0%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	1	1%	0	0%	2	0%	0	0%	0	0%
Magnetic resonance imaging	Yes, Autonomously	40	43%	1	1%	27	5%	93	56%	1	8%
	Yes, With physician approval	22	23%	32	45%	236	44%	24	15%	2	15%
	No, Due to regulation/legislation	18	19%	35	49%	221	41%	35	21%	1	8%
	No, Due to employer/organizational policies	6	6%	3	4%	20	4%	5	3%	7	54%
	No, Clients do not require	5	5%	0	0%	22	4%	8	5%	2	15%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	3	3%	0	0%	11	2%	0	0%	0	0%
X-ray	Yes, Autonomously	92	97%	69	96%	474	88%	163	97%	13	93%
	Yes, With physician approval	0	0%	2	3%	40	7%	2	1%	0	0%
	No, Due to regulation/legislation	0	0%	1	1%	6	1%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	8	1%	1	1%	0	0%
	No, Clients do not require	1	1%	0	0%	8	1%	2	1%	1	7%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	0	0%	5	1%	0	0%	0	0%
Bone density	Yes, Autonomously	73	77%	57	80%	115	21%	135	81%	12	86%
	Yes, With physician approval	5	5%	7	10%	197	37%	2	1%	0	0%
	No, Due to regulation/legislation	2	2%	1	1%	117	22%	1	1%	0	0%
	No, Due to employer/organizational policies	1	1%	1	1%	10	2%	2	1%	0	0%
	No, Clients do not require	12	13%	5	7%	85	16%	26	16%	2	14%

		Atlantic		Quebec		Ontario		West		North	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	0	0%	11	2%	0	0%	0	0%
Computerized tomography	Yes, Autonomously	47	50%	3	4%	29	5%	132	80%	8	57%
	Yes, With physician approval	25	27%	27	38%	248	46%	14	8%	1	7%
	No, Due to regulation/legislation	12	13%	38	53%	208	39%	10	6%	0	0%
	No, Due to employer/organizational policies	3	3%	2	3%	20	4%	2	1%	4	29%
	No, Clients do not require	4	4%	1	1%	19	4%	8	5%	1	7%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	3	3%	1	1%	13	2%	0	0%	0	0%
Ultrasound	Yes, Autonomously	87	93%	59	82%	436	81%	159	95%	12	86%
	Yes, With physician approval	3	3%	10	14%	60	11%	5	3%	2	14%
	No, Due to regulation/legislation	0	0%	2	3%	21	4%	0	0%	0	0%
	No, Due to employer/organizational policies	1	1%	1	1%	8	1%	1	1%	0	0%
	No, Clients do not require	1	1%	0	0%	9	2%	3	2%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	0	0%	6	1%	0	0%	0	0%
Echocardiogram	Yes, Autonomously	67	72%	25	35%	161	30%	137	82%	6	46%
	Yes, With physician approval	9	10%	20	28%	215	40%	15	9%	1	8%
	No, Due to regulation/legislation	4	4%	27	38%	109	20%	2	1%	0	0%
	No, Due to employer/organizational policies	8	9%	0	0%	11	2%	3	2%	2	15%
	No, Clients do not require	3	3%	0	0%	35	6%	9	5%	3	23%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	0	0%	9	2%	1	1%	1	8%
Spirometry	Yes, Autonomously	84	89%	67	93%	339	63%	145	87%	9	64%
	Yes, With physician approval	2	2%	4	6%	76	14%	5	3%	1	7%
	No, Due to regulation/legislation	0	0%	0	0%	20	4%	0	0%	0	0%
	No, Due to employer/organizational policies	2	2%	0	0%	18	3%	2	1%	1	7%

		Atlantic		Quebec		Ontario		West		North	
		n	%	n	%	n	%	n	%	n	%
	No, Clients do not require	4	4%	1	1%	75	14%	14	8%	3	21%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	0	0%	8	1%	1	1%	0	0%
Other pulmonary function tests	Yes, Autonomously	80	86%	21	29%	176	33%	131	79%	9	64%
	Yes, With physician approval	4	4%	27	38%	186	35%	7	4%	1	7%
	No, Due to regulation/legislation	1	1%	21	29%	60	11%	4	2%	0	0%
	No, Due to employer/organizational policies	2	2%	1	1%	19	4%	4	2%	1	7%
	No, Clients do not require	4	4%	1	1%	81	15%	19	11%	2	14%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	1	1%	14	3%	1	1%	1	7%
Holter monitoring	Yes, Autonomously	67	72%	24	33%	170	32%	135	81%	9	64%
	Yes, With physician approval	10	11%	26	36%	213	40%	6	4%	1	7%
	No, Due to regulation/legislation	2	2%	21	29%	68	13%	2	1%	0	0%
	No, Due to employer/organizational policies	8	9%	0	0%	12	2%	2	1%	1	7%
	No, Clients do not require	4	4%	1	1%	65	12%	20	12%	3	21%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	0	0%	8	1%	1	1%	0	0%
Electrocardiogram	Yes, Autonomously	89	96%	68	94%	436	81%	158	95%	12	86%
	Yes, With physician approval	0	0%	2	3%	50	9%	3	2%	0	0%
	No, Due to regulation/legislation	0	0%	2	3%	12	2%	0	0%	0	0%
	No, Due to employer/organizational policies	1	1%	0	0%	11	2%	1	1%	0	0%
	No, Clients do not require	2	2%	0	0%	28	5%	5	3%	2	14%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	1	1%	0	0%	4	1%	0	0%	0	0%
Cardiac stress	Yes, Autonomously	38	41%	10	14%	82	15%	101	62%	6	46%
	Yes, With physician approval	17	18%	30	42%	247	46%	14	9%	1	8%
	No, Due to regulation/legislation	9	10%	30	42%	90	17%	6	4%	1	8%

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		Atlantic		Quebec		Ontario		West		North	
		n	%	n	%	n	%	n	%	n	%
	No, Due to employer/organizational policies	20	22%	1	1%	15	3%	7	4%	3	23%
	No, Clients do not require	6	7%	0	0%	86	16%	31	19%	2	15%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	1	1%	13	2%	5	3%	0	0%
Sleep apnea testing	Yes, Autonomously	72	77%	11	15%	150	28%	124	76%	9	64%
	Yes, With physician approval	4	4%	35	49%	207	39%	8	5%	1	7%
	No, Due to regulation/legislation	3	3%	23	32%	64	12%	1	1%	0	0%
	No, Due to employer/organizational policies	5	5%	1	1%	15	3%	2	1%	1	7%
	No, Clients do not require	8	9%	0	0%	89	17%	28	17%	3	21%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	1	1%	11	2%	1	1%	0	0%
Mammogram	Yes, Autonomously	73	78%	57	80%	340	64%	130	78%	11	79%
	Yes, With physician approval	1	1%	3	4%	32	6%	3	2%	0	0%
	No, Due to regulation/legislation	1	1%	1	1%	10	2%	0	0%	0	0%
	No, Due to employer/organizational policies	1	1%	2	3%	13	2%	1	1%	0	0%
	No, Clients do not require	15	16%	8	11%	131	24%	30	18%	3	21%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	2%	0	0%	9	2%	2	1%	0	0%
Amniocentesis	Yes, Autonomously	4	4%	0	0%	9	2%	20	13%	1	8%
	Yes, With physician approval	8	9%	10	14%	60	11%	7	4%	2	15%
	No, Due to regulation/legislation	17	19%	33	48%	78	15%	19	12%	1	8%
	No, Due to employer/organizational policies	7	8%	0	0%	17	3%	9	6%	2	15%
	No, Clients do not require	44	49%	19	28%	298	56%	85	54%	5	38%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	10	11%	7	10%	70	13%	17	11%	2	15%

Tests by streams

		FAA/Primary		Adult		Pediatric		Multiple	
		n	%	n	%	n	%	n	%
Laboratory tests	Yes, Autonomously	590	98%	195	98%	38	90%	37	93%
	Yes, With physician approval	3	0%	1	1%	3	7%	3	8%
	No, Due to regulation/legislation	2	0%	1	1%	0	0%	0	0%
	No, Due to employer/organizational policies	3	0%	2	1%	0	0%	0	0%
	No, Clients do not require	2	0%	0	0%	0	0%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	1	0%	1	1%	1	2%	0	0%
Magnetic resonance imaging	Yes, Autonomously	93	16%	52	26%	13	33%	4	10%
	Yes, With physician approval	206	35%	80	40%	17	43%	13	33%
	No, Due to regulation/legislation	246	41%	37	19%	2	5%	21	53%
	No, Due to employer/organizational policies	24	4%	12	6%	3	8%	1	3%
	No, Clients do not require	19	3%	13	7%	4	10%	1	3%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	8	1%	5	3%	1	3%	0	0%
X-ray	Yes, Autonomously	567	94%	171	86%	31	74%	38	95%
	Yes, With physician approval	14	2%	19	10%	9	21%	1	3%
	No, Due to regulation/legislation	5	1%	1	1%	0	0%	1	3%
	No, Due to employer/organizational policies	5	1%	4	2%	0	0%	0	0%
	No, Clients do not require	8	1%	3	2%	1	2%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	4	1%	2	1%	1	2%	0	0%
Bone density	Yes, Autonomously	281	47%	67	34%	16	42%	26	67%
	Yes, With physician approval	157	26%	42	21%	7	18%	4	10%
	No, Due to regulation/legislation	101	17%	13	7%	2	5%	3	8%
	No, Due to employer/organizational policies	8	1%	5	3%	0	0%	1	3%
	No, Clients do not require	48	8%	65	33%	12	32%	5	13%

		FAA/Primary		Adult		Pediatric		Multiple	
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	6	1%	6	3%	1	3%	0	0%
Computerized tomography	Yes, Autonomously	131	22%	67	34%	13	33%	7	18%
	Yes, With physician approval	208	35%	78	39%	17	44%	12	30%
	No, Due to regulation/legislation	215	36%	29	15%	0	0%	20	50%
	No, Due to employer/organizational policies	17	3%	11	6%	2	5%	1	3%
	No, Clients do not require	19	3%	8	4%	6	15%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	11	2%	5	3%	1	3%	0	0%
Ultrasound	Yes, Autonomously	551	91%	137	69%	26	62%	34	85%
	Yes, With physician approval	25	4%	42	21%	11	26%	2	5%
	No, Due to regulation/legislation	13	2%	7	4%	0	0%	3	8%
	No, Due to employer/organizational policies	7	1%	3	2%	0	0%	1	3%
	No, Clients do not require	3	0%	6	3%	4	10%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	4	1%	3	2%	1	2%	0	0%
Echocardiogram	Yes, Autonomously	248	41%	116	58%	16	39%	15	38%
	Yes, With physician approval	186	31%	46	23%	15	37%	12	30%
	No, Due to regulation/legislation	117	20%	12	6%	0	0%	11	28%
	No, Due to employer/organizational policies	17	3%	5	3%	0	0%	2	5%
	No, Clients do not require	23	4%	17	9%	9	22%	0	0%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	9	2%	3	2%	1	2%	0	0%
Spirometry	Yes, Autonomously	474	79%	121	61%	13	33%	34	85%
	Yes, With physician approval	52	9%	28	14%	6	15%	2	5%
	No, Due to regulation/legislation	14	2%	3	2%	0	0%	2	5%
	No, Due to employer/organizational policies	15	2%	6	3%	1	3%	1	3%
	No, Clients do not require	42	7%	34	17%	18	46%	1	3%

		FAA/Primary		Adult		Pediatric		Multiple	
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	5	1%	5	3%	1	3%	0	0%
Other pulmonary function tests	Yes, Autonomously	302	50%	90	46%	11	29%	13	33%
	Yes, With physician approval	156	26%	46	23%	9	24%	13	33%
	No, Due to regulation/legislation	65	11%	9	5%	0	0%	10	25%
	No, Due to employer/organizational policies	16	3%	9	5%	1	3%	1	3%
	No, Clients do not require	51	8%	37	19%	16	42%	2	5%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	11	2%	6	3%	1	3%	1	3%
Holter monitoring	Yes, Autonomously	287	48%	95	48%	11	29%	12	30%
	Yes, With physician approval	182	30%	49	25%	11	29%	13	33%
	No, Due to regulation/legislation	75	12%	6	3%	0	0%	10	25%
	No, Due to employer/organizational policies	15	2%	6	3%	0	0%	2	5%
	No, Clients do not require	37	6%	36	18%	15	39%	3	8%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	5	1%	5	3%	1	3%	0	0%
Electrocardiogram	Yes, Autonomously	535	89%	160	80%	26	63%	37	93%
	Yes, With physician approval	33	5%	16	8%	6	15%	0	0%
	No, Due to regulation/legislation	8	1%	4	2%	0	0%	2	5%
	No, Due to employer/organizational policies	8	1%	5	3%	0	0%	0	0%
	No, Clients do not require	16	3%	12	6%	8	20%	1	3%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	2	0%	2	1%	1	2%	0	0%
Cardiac stress	Yes, Autonomously	165	28%	59	30%	5	14%	8	20%
	Yes, With physician approval	224	38%	64	32%	6	16%	14	35%
	No, Due to regulation/legislation	110	18%	10	5%	0	0%	14	35%
	No, Due to employer/organizational policies	32	5%	12	6%	0	0%	2	5%
	No, Clients do not require	53	9%	44	22%	24	65%	2	5%

		FAA/Primary		Adult		Pediatric		Multiple	
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	11	2%	8	4%	2	5%	0	0%
Sleep apnea testing	Yes, Autonomously	266	44%	77	39%	9	24%	12	31%
	Yes, With physician approval	181	30%	50	26%	10	26%	13	33%
	No, Due to regulation/legislation	74	12%	7	4%	0	0%	9	23%
	No, Due to employer/organizational policies	14	2%	8	4%	0	0%	1	3%
	No, Clients do not require	59	10%	47	24%	18	47%	4	10%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	8	1%	6	3%	1	3%	0	0%
Mammogram	Yes, Autonomously	514	85%	61	31%	2	5%	31	79%
	Yes, With physician approval	15	2%	21	11%	3	8%	0	0%
	No, Due to regulation/legislation	8	1%	2	1%	0	0%	2	5%
	No, Due to employer/organizational policies	9	1%	5	3%	1	3%	2	5%
	No, Clients do not require	52	9%	99	51%	30	81%	4	10%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	5	1%	7	4%	1	3%	0	0%
Amniocentesis	Yes, Autonomously	30	5%	3	2%	1	3%	0	0%
	Yes, With physician approval	75	13%	6	3%	1	3%	5	14%
	No, Due to regulation/legislation	127	21%	4	2%	0	0%	16	43%
	No, Due to employer/organizational policies	26	4%	6	3%	0	0%	2	5%
	No, Clients do not require	252	43%	151	79%	32	86%	13	35%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	81	14%	21	11%	3	8%	1	3%

Tests by experience level

		Entry-level		Experienced	
		n	**%**	**n**	**%**
Laboratory tests	Yes, Autonomously	155	96%	691	98%
	Yes, With physician approval	4	2%	6	1%
	No, Due to regulation/legislation	1	1%	2	0%
	No, Due to employer/organizational policies	1	1%	4	1%
	No, Clients do not require	0	0%	2	0%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	3	0%
Magnetic resonance imaging	Yes, Autonomously	27	17%	132	19%
	Yes, With physician approval	51	32%	260	37%
	No, Due to regulation/legislation	70	44%	234	33%
	No, Due to employer/organizational policies	6	4%	35	5%
	No, Clients do not require	4	3%	30	4%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	2	1%	10	1%
X-ray	Yes, Autonomously	148	92%	647	91%
	Yes, With physician approval	8	5%	34	5%
	No, Due to regulation/legislation	3	2%	3	0%
	No, Due to employer/organizational policies	2	1%	7	1%
	No, Clients do not require	0	0%	11	2%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	7	1%
Bone density	Yes, Autonomously	89	56%	295	42%
	Yes, With physician approval	34	21%	174	25%
	No, Due to regulation/legislation	18	11%	100	14%
	No, Due to employer/organizational policies	2	1%	12	2%
	No, Clients do not require	16	10%	110	16%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	1	1%	10	1%
Computerized tomography	Yes, Autonomously	44	28%	171	24%
	Yes, With physician approval	48	30%	262	37%
	No, Due to regulation/legislation	56	35%	205	29%
	No, Due to employer/organizational policies	5	3%	25	4%
	No, Clients do not require	4	3%	28	4%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	2	1%	13	2%
Ultrasound	Yes, Autonomously	138	86%	599	85%
	Yes, With physician approval	16	10%	62	9%
	No, Due to regulation/legislation	4	2%	18	3%

		Entry-level		Experienced	
		n	%	n	%
	No, Due to employer/organizational policies	1	1%	10	1%
	No, Clients do not require	2	1%	11	2%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	7	1%
Echocardiogram	Yes, Autonomously	68	42%	322	46%
	Yes, With physician approval	45	28%	210	30%
	No, Due to regulation/legislation	36	22%	102	14%
	No, Due to employer/organizational policies	4	2%	19	3%
	No, Clients do not require	7	4%	41	6%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	1	1%	10	1%
Spirometry	Yes, Autonomously	131	81%	502	72%
	Yes, With physician approval	11	7%	73	10%
	No, Due to regulation/legislation	3	2%	16	2%
	No, Due to employer/organizational policies	3	2%	20	3%
	No, Clients do not require	12	7%	83	12%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	1	1%	8	1%
Other pulmonary function tests	Yes, Autonomously	76	48%	334	48%
	Yes, With physician approval	40	25%	179	26%
	No, Due to regulation/legislation	21	13%	62	9%
	No, Due to employer/organizational policies	4	3%	23	3%
	No, Clients do not require	15	9%	90	13%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	4	3%	13	2%
Holter monitoring	Yes, Autonomously	77	48%	321	46%
	Yes, With physician approval	49	31%	201	29%
	No, Due to regulation/legislation	17	11%	73	10%
	No, Due to employer/organizational policies	5	3%	18	3%
	No, Clients do not require	12	8%	79	11%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	9	1%
Electrocardiogram	Yes, Autonomously	142	88%	605	86%
	Yes, With physician approval	12	7%	42	6%
	No, Due to regulation/legislation	3	2%	11	2%
	No, Due to employer/organizational policies	2	1%	11	2%
	No, Clients do not require	2	1%	33	5%
	No, Not funded by insurance	0	0%	0	0%

		Entry-level		Experienced	
		n	%	n	%
	No, Do not have KSAs to perform	0	0%	4	1%
Cardiac stress	Yes, Autonomously	45	29%	189	27%
	Yes, With physician approval	52	33%	250	36%
	No, Due to regulation/legislation	32	20%	99	14%
	No, Due to employer/organizational policies	8	5%	36	5%
	No, Clients do not require	16	10%	108	15%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	4	3%	15	2%
Sleep apnea testing	Yes, Autonomously	73	46%	284	41%
	Yes, With physician approval	42	26%	209	30%
	No, Due to regulation/legislation	20	13%	68	10%
	No, Due to employer/organizational policies	3	2%	21	3%
	No, Clients do not require	19	12%	107	15%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	2	1%	12	2%
Mammogram	Yes, Autonomously	122	76%	474	68%
	Yes, With physician approval	7	4%	31	4%
	No, Due to regulation/legislation	2	1%	10	1%
	No, Due to employer/organizational policies	4	3%	13	2%
	No, Clients do not require	23	14%	161	23%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	2	1%	10	1%
Amniocentesis	Yes, Autonomously	9	6%	24	3%
	Yes, With physician approval	17	11%	69	10%
	No, Due to regulation/legislation	34	22%	110	16%
	No, Due to employer/organizational policies	5	3%	30	4%
	No, Clients do not require	69	45%	374	55%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	21	14%	79	12%

Procedures by region

		Atlantic		Quebec		Ontario		West		North	
%		**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Pap tests	Yes, Autonomously	72	77%	53	76%	340	64%	117	71%	11	79%
	Yes, With physician approval	0	0%	2	3%	0	0%	0	0%	0	0%
	No, Due to regulation/legislation	0	0%	3	4%	0	0%	0	0%	0	0%
	No, Due to employer/organizational policies	0	0%	0	0%	4	1%	2	1%	0	0%
	No, Clients do not require	18	19%	10	14%	172	33%	41	25%	3	21%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	3	3%	2	3%	13	2%	4	2%	0	0%
IUD insertion	Yes, Autonomously	11	12%	31	45%	78	15%	48	30%	5	36%
	Yes, With physician approval	2	2%	4	6%	13	2%	1	1%	0	0%
	No, Due to regulation/legislation	3	3%	2	3%	6	1%	1	1%	0	0%
	No, Due to employer/organizational policies	9	10%	2	3%	27	5%	10	6%	1	7%
	No, Clients do not require	32	35%	16	23%	219	42%	61	38%	3	21%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	35	38%	14	20%	179	34%	38	24%	5	36%
Skin lesion removal	Yes, Autonomously	33	37%	29	41%	146	28%	91	56%	11	79%
	Yes, With physician approval	2	2%	5	7%	21	4%	4	2%	1	7%
	No, Due to regulation/legislation	1	1%	7	10%	13	2%	0	0%	0	0%
	No, Due to employer/organizational policies	4	4%	2	3%	38	7%	7	4%	0	0%
	No, Clients do not require	25	28%	15	21%	167	32%	40	25%	2	14%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	24	27%	12	17%	139	26%	21	13%	0	0%
Biopsy	Yes, Autonomously	18	20%	5	7%	105	20%	78	48%	10	71%
	Yes, With physician approval	5	5%	3	4%	29	6%	10	6%	0	0%
	No, Due to regulation/legislation	2	2%	41	59%	23	4%	2	1%	0	0%
	No, Due to employer/organizational policies	6	7%	1	1%	45	9%	8	5%	0	0%
	No, Clients do not require	25	27%	10	14%	161	31%	43	27%	3	21%

		Atlantic		Quebec		Ontario		West		North	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	36	39%	10	14%	161	31%	20	12%	1	7%
Cryotherapy	Yes, Autonomously	50	54%	49	70%	262	50%	102	63%	9	64%
	Yes, With physician approval	0	0%	1	1%	6	1%	1	1%	1	7%
	No, Due to regulation/legislation	2	2%	4	6%	5	1%	1	1%	1	7%
	No, Due to employer/organizational policies	7	8%	1	1%	33	6%	4	2%	0	0%
	No, Clients do not require	21	23%	12	17%	166	32%	43	26%	3	21%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	12	13%	3	4%	52	10%	12	7%	0	0%
Joint aspirations and injections	Yes, Autonomously	12	13%	1	1%	31	6%	36	22%	2	15%
	Yes, With physician approval	5	5%	8	12%	17	3%	12	7%	1	8%
	No, Due to regulation/legislation	1	1%	36	52%	35	7%	13	8%	0	0%
	No, Due to employer/organizational policies	6	7%	1	1%	38	7%	8	5%	0	0%
	No, Clients do not require	23	25%	12	17%	178	34%	42	26%	3	23%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	44	48%	11	16%	224	43%	50	31%	7	54%
Wound closure (suturing/stapling)	Yes, Autonomously	45	49%	43	61%	203	39%	117	72%	11	79%
	Yes, With physician approval	6	7%	4	6%	20	4%	0	0%	0	0%
	No, Due to regulation/legislation	0	0%	4	6%	1	0%	0	0%	0	0%
	No, Due to employer/organizational policies	4	4%	3	4%	33	6%	4	2%	1	7%
	No, Clients do not require	18	20%	11	16%	170	32%	30	18%	2	14%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	18	20%	5	7%	96	18%	12	7%	0	0%
Splinting/casting	Yes, Autonomously	27	29%	19	28%	55	10%	63	38%	8	57%
	Yes, With physician approval	5	5%	7	10%	14	3%	4	2%	1	7%
	No, Due to regulation/legislation	0	0%	9	13%	5	1%	3	2%	0	0%
	No, Due to employer/organizational policies	6	7%	3	4%	39	7%	10	6%	1	7%

		Atlantic		Quebec		Ontario		West		North	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
	No, Clients do not require	24	26%	19	28%	229	43%	47	29%	3	21%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	30	33%	12	17%	184	35%	37	23%	1	7%
Reduce dislocations of joints/fractures	Yes, Autonomously	8	9%	0	0%	23	4%	18	11%	5	38%
	Yes, With physician approval	6	7%	2	3%	13	2%	11	7%	1	8%
	No, Due to regulation/legislation	4	4%	41	59%	14	3%	10	6%	0	0%
	No, Due to employer/organizational policies	9	10%	1	1%	38	7%	12	8%	1	8%
	No, Clients do not require	26	29%	13	19%	236	45%	51	32%	3	23%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	38	42%	12	17%	202	38%	55	35%	3	23%
Apply traction	Yes, Autonomously	6	7%	0	0%	19	4%	17	11%	4	33%
	Yes, With physician approval	8	9%	2	3%	14	3%	5	3%	1	8%
	No, Due to regulation/legislation	4	4%	42	61%	15	3%	9	6%	0	0%
	No, Due to employer/organizational policies	8	9%	0	0%	33	6%	12	8%	1	8%
	No, Clients do not require	28	31%	13	19%	245	47%	59	38%	3	25%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	37	41%	12	17%	197	38%	52	34%	3	25%
Incision and drainage	Yes, Autonomously	47	52%	49	70%	184	35%	110	67%	11	85%
	Yes, With physician approval	6	7%	4	6%	34	6%	3	2%	0	0%
	No, Due to regulation/legislation	0	0%	4	6%	6	1%	1	1%	0	0%
	No, Due to employer/organizational policies	5	5%	1	1%	33	6%	4	2%	0	0%
	No, Clients do not require	15	16%	5	7%	152	29%	27	16%	2	15%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	18	20%	7	10%	115	22%	19	12%	0	0%
Foreign body removal (from eye, ear, orifice)	Yes, Autonomously	56	61%	20	29%	244	46%	101	62%	11	79%
	Yes, With physician approval	1	1%	9	13%	25	5%	3	2%	0	0%

		Atlantic		Quebec		Ontario		West		North	
		n	%	n	%	n	%	n	%	n	%
	No, Due to regulation/legislation	0	0%	19	28%	7	1%	3	2%	0	0%
	No, Due to employer/organizational policies	3	3%	0	0%	14	3%	3	2%	0	0%
	No, Clients do not require	16	17%	16	23%	174	33%	37	23%	3	21%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	16	17%	5	7%	62	12%	16	10%	0	0%
Intubation	Yes, Autonomously	3	3%	3	4%	8	2%	9	6%	1	8%
	Yes, With physician approval	2	2%	1	1%	4	1%	6	4%	0	0%
	No, Due to regulation/legislation	14	15%	34	49%	35	7%	19	12%	1	8%
	No, Due to employer/organizational policies	7	8%	3	4%	34	6%	11	7%	1	8%
	No, Clients do not require	35	38%	17	25%	274	52%	66	43%	5	38%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	30	33%	11	16%	169	32%	43	28%	5	38%
Extubation	Yes, Autonomously	1	1%	1	1%	14	3%	8	5%	0	0%
	Yes, With physician approval	1	1%	2	3%	8	2%	7	5%	1	8%
	No, Due to regulation/legislation	14	15%	40	58%	32	6%	18	12%	1	8%
	No, Due to employer/organizational policies	7	8%	3	4%	29	5%	12	8%	1	8%
	No, Clients do not require	40	44%	15	22%	286	54%	70	45%	6	46%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	28	31%	8	12%	159	30%	39	25%	4	31%
Central line insertion	Yes, Autonomously	0	0%	1	1%	6	1%	6	4%	0	0%
	Yes, With physician approval	1	1%	0	0%	6	1%	1	1%	0	0%
	No, Due to regulation/legislation	16	18%	48	70%	39	7%	20	13%	1	8%
	No, Due to employer/organizational policies	8	9%	6	9%	28	5%	10	6%	1	8%
	No, Clients do not require	33	36%	5	7%	265	50%	66	43%	5	38%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	33	36%	9	13%	181	34%	52	34%	6	46%
Chest tube insertion	Yes, Autonomously	2	2%	0	0%	1	0%	6	4%	0	0%

		Atlantic		Quebec		Ontario		West		North	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
	Yes, With physician approval	1	1%	0	0%	2	0%	6	4%	0	0%
	No, Due to regulation/legislation	16	18%	49	71%	43	8%	15	10%	1	8%
	No, Due to employer/organizational policies	7	8%	6	9%	31	6%	12	8%	2	15%
	No, Clients do not require	32	35%	4	6%	268	51%	66	43%	4	31%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	33	36%	10	14%	182	35%	50	32%	6	46%
Pleural puncture	Yes, Autonomously	0	0%	0	0%	2	0%	7	5%	0	0%
	Yes, With physician approval	1	1%	2	3%	3	1%	2	1%	0	0%
	No, Due to regulation/legislation	17	19%	47	67%	44	8%	17	11%	1	8%
	No, Due to employer/organizational policies	6	7%	6	9%	27	5%	10	7%	2	15%
	No, Clients do not require	32	36%	4	6%	264	50%	65	42%	4	31%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	34	38%	11	16%	183	35%	52	34%	6	46%
Lumbar puncture	Yes, Autonomously	0	0%	0	0%	2	0%	6	4%	0	0%
	Yes, With physician approval	1	1%	0	0%	8	2%	4	3%	0	0%
	No, Due to regulation/legislation	17	19%	44	64%	46	9%	19	12%	1	8%
	No, Due to employer/organizational policies	5	5%	6	9%	24	5%	9	6%	2	15%
	No, Clients do not require	34	37%	8	12%	266	51%	68	44%	4	31%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	34	37%	11	16%	180	34%	50	32%	6	46%
Cardioversion	Yes, Autonomously	2	2%	3	4%	6	1%	20	13%	0	0%
	Yes, With physician approval	5	6%	5	7%	11	2%	8	5%	2	15%
	No, Due to regulation/legislation	12	13%	45	64%	52	10%	12	8%	1	8%
	No, Due to employer/organizational policies	8	9%	4	6%	29	6%	10	6%	1	8%
	No, Clients do not require	34	38%	4	6%	264	50%	65	42%	5	38%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	29	32%	9	13%	164	31%	41	26%	4	31%

		Atlantic		Quebec		Ontario		West		North	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
External pacemaker application	Yes, Autonomously	7	8%	11	16%	16	3%	20	13%	0	0%
	Yes, With physician approval	7	8%	0	0%	13	2%	6	4%	1	8%
	No, Due to regulation/legislation	11	12%	44	63%	51	10%	12	8%	1	8%
	No, Due to employer/organizational policies	6	7%	2	3%	23	4%	8	5%	1	8%
	No, Clients do not require	33	36%	4	6%	258	49%	66	43%	5	38%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	27	30%	9	13%	165	31%	43	28%	5	38%
Arterial line insertion and removal	Yes, Autonomously	1	1%	9	13%	16	3%	7	5%	0	0%
	Yes, With physician approval	1	1%	3	4%	5	1%	3	2%	0	0%
	No, Due to regulation/legislation	16	18%	37	54%	38	7%	16	10%	1	8%
	No, Due to employer/organizational policies	8	9%	2	3%	27	5%	13	8%	1	8%
	No, Clients do not require	33	36%	9	13%	266	51%	66	43%	4	33%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	32	35%	9	13%	174	33%	50	32%	6	50%
Regional anaesthetic blocks (e.g., digital nerve blocks)	Yes, Autonomously	11	12%	19	28%	54	10%	45	28%	7	50%
	Yes, With physician approval	4	4%	1	1%	8	2%	3	2%	0	0%
	No, Due to regulation/legislation	8	9%	21	31%	36	7%	10	6%	1	7%
	No, Due to employer/organizational policies	7	8%	3	4%	23	4%	9	6%	1	7%
	No, Clients do not require	29	33%	12	18%	245	47%	51	32%	4	29%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	30	34%	12	18%	160	30%	43	27%	1	7%

Procedures by stream

		FAA/Primary		Adult		Pediatric		Multiple	
		n	%	n	%	n	%	n	%
Pap tests	Yes, Autonomously	522	87%	36	19%	2	6%	30	79%
	Yes, With physician approval	1	0%	1	1%	0	0%	0	0%
	No, Due to regulation/legislation	0	0%	2	1%	0	0%	1	3%
	No, Due to employer/organizational policies	2	0%	3	2%	1	3%	0	0%
	No, Clients do not require	73	12%	132	68%	30	86%	7	18%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	20	10%	2	6%	0	0%
IUD insertion	Yes, Autonomously	149	25%	8	4%	0	0%	16	42%
	Yes, With physician approval	17	3%	2	1%	0	0%	1	3%
	No, Due to regulation/legislation	10	2%	1	1%	0	0%	1	3%
	No, Due to employer/organizational policies	41	7%	7	4%	0	0%	1	3%
	No, Clients do not require	141	24%	144	75%	32	91%	11	29%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	228	39%	30	16%	3	9%	8	21%
Skin lesion removal	Yes, Autonomously	261	44%	25	13%	0	0%	23	59%
	Yes, With physician approval	27	5%	3	2%	1	3%	1	3%
	No, Due to regulation/legislation	14	2%	3	2%	1	3%	2	5%
	No, Due to employer/organizational policies	40	7%	6	3%	2	6%	2	5%
	No, Clients do not require	91	15%	123	64%	29	83%	5	13%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	155	26%	33	17%	2	6%	6	15%
Biopsy	Yes, Autonomously	185	31%	22	11%	0	0%	8	21%
	Yes, With physician approval	34	6%	7	4%	2	6%	4	11%
	No, Due to regulation/legislation	46	8%	7	4%	1	3%	13	34%
	No, Due to employer/organizational policies	46	8%	9	5%	3	9%	1	3%
	No, Clients do not require	93	16%	115	59%	26	74%	7	18%

		FAA/Primary		Adult		Pediatric		Multiple	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	184	31%	35	18%	3	9%	5	13%
Cryotherapy	Yes, Autonomously	420	71%	21	11%	1	3%	27	71%
	Yes, With physician approval	8	1%	0	0%	0	0%	1	3%
	No, Due to regulation/legislation	7	1%	3	2%	1	3%	2	5%
	No, Due to employer/organizational policies	35	6%	7	4%	2	6%	1	3%
	No, Clients do not require	80	13%	128	67%	28	80%	7	18%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	43	7%	33	17%	3	9%	0	0%
Joint aspirations and injections	Yes, Autonomously	65	11%	11	6%	0	0%	5	13%
	Yes, With physician approval	30	5%	6	3%	0	0%	7	18%
	No, Due to regulation/legislation	62	11%	9	5%	1	3%	12	32%
	No, Due to employer/organizational policies	36	6%	14	7%	2	6%	1	3%
	No, Clients do not require	108	18%	113	59%	29	83%	7	18%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	285	49%	40	21%	3	9%	6	16%
Wound closure (suturing/stapling)	Yes, Autonomously	334	57%	52	27%	2	6%	28	72%
	Yes, With physician approval	21	4%	6	3%	1	3%	2	5%
	No, Due to regulation/legislation	2	0%	3	2%	0	0%	0	0%
	No, Due to employer/organizational policies	25	4%	12	6%	4	11%	3	8%
	No, Clients do not require	105	18%	93	48%	26	74%	6	15%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	102	17%	27	14%	2	6%	0	0%
Splinting/casting	Yes, Autonomously	138	23%	14	7%	2	5%	17	44%
	Yes, With physician approval	24	4%	3	2%	1	3%	3	8%
	No, Due to regulation/legislation	10	2%	4	2%	0	0%	3	8%
	No, Due to employer/organizational policies	44	7%	11	6%	2	5%	2	5%

		FAA/Primary		Adult		Pediatric		Multiple	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
	No, Clients do not require	162	27%	118	61%	29	78%	9	23%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	214	36%	42	22%	3	8%	5	13%
Reduce dislocations of joints/fractures	Yes, Autonomously	45	8%	5	3%	0	0%	3	8%
	Yes, With physician approval	28	5%	3	2%	0	0%	2	5%
	No, Due to regulation/legislation	47	8%	7	4%	0	0%	15	39%
	No, Due to employer/organizational policies	44	7%	12	6%	2	6%	3	8%
	No, Clients do not require	168	29%	120	63%	30	86%	7	18%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	256	43%	43	23%	3	9%	8	21%
Apply traction	Yes, Autonomously	34	6%	7	4%	1	3%	3	8%
	Yes, With physician approval	24	4%	5	3%	1	3%	0	0%
	No, Due to regulation/legislation	48	8%	5	3%	0	0%	17	46%
	No, Due to employer/organizational policies	38	7%	11	6%	2	6%	3	8%
	No, Clients do not require	187	32%	121	64%	28	80%	8	22%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	251	43%	41	22%	3	9%	6	16%
Incision and drainage	Yes, Autonomously	324	55%	45	23%	1	3%	29	74%
	Yes, With physician approval	32	5%	13	7%	0	0%	2	5%
	No, Due to regulation/legislation	6	1%	4	2%	0	0%	0	0%
	No, Due to employer/organizational policies	27	5%	10	5%	4	11%	2	5%
	No, Clients do not require	77	13%	90	47%	27	77%	5	13%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	124	21%	31	16%	3	9%	1	3%
Foreign body removal (from eye, ear, orifice)	Yes, Autonomously	374	63%	35	18%	3	8%	19	49%
	Yes, With physician approval	31	5%	4	2%	0	0%	3	8%

		FAA/Primary		Adult		Pediatric		Multiple	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
	No, Due to regulation/legislation	15	3%	8	4%	0	0%	6	15%
	No, Due to employer/organizational policies	11	2%	7	4%	1	3%	0	0%
	No, Clients do not require	92	16%	110	57%	31	86%	10	26%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	68	12%	29	15%	1	3%	1	3%
Intubation	Yes, Autonomously	11	2%	7	4%	3	9%	3	8%
	Yes, With physician approval	7	1%	3	2%	1	3%	2	5%
	No, Due to regulation/legislation	74	13%	18	9%	1	3%	10	26%
	No, Due to employer/organizational policies	28	5%	20	11%	4	11%	3	8%
	No, Clients do not require	247	42%	104	55%	24	69%	18	47%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	216	37%	38	20%	2	6%	2	5%
Extubation	Yes, Autonomously	10	2%	10	5%	3	8%	1	3%
	Yes, With physician approval	12	2%	5	3%	1	3%	1	3%
	No, Due to regulation/legislation	75	13%	16	8%	1	3%	13	35%
	No, Due to employer/organizational policies	25	4%	19	10%	4	11%	3	8%
	No, Clients do not require	264	45%	108	57%	25	69%	16	43%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	200	34%	33	17%	2	6%	3	8%
Central line insertion	Yes, Autonomously	2	0%	8	4%	2	6%	1	3%
	Yes, With physician approval	5	1%	2	1%	1	3%	0	0%
	No, Due to regulation/legislation	92	16%	15	8%	1	3%	16	43%
	No, Due to employer/organizational policies	18	3%	26	14%	4	11%	4	11%
	No, Clients do not require	235	40%	96	51%	25	69%	14	38%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	234	40%	42	22%	3	8%	2	5%
Chest tube insertion	Yes, Autonomously	2	0%	5	3%	1	3%	1	3%

		FAA/Primary		Adult		Pediatric		Multiple	
		n	%	n	%	n	%	n	%
	Yes, With physician approval	5	1%	3	2%	1	3%	0	0%
	No, Due to regulation/legislation	93	16%	13	7%	1	3%	17	46%
	No, Due to employer/organizational policies	23	4%	26	14%	4	11%	4	11%
	No, Clients do not require	234	40%	99	52%	24	67%	13	35%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	230	39%	44	23%	5	14%	2	5%
Pleural puncture	Yes, Autonomously	0	0%	7	4%	1	3%	1	3%
	Yes, With physician approval	4	1%	2	1%	1	3%	1	3%
	No, Due to regulation/legislation	97	17%	13	7%	0	0%	16	42%
	No, Due to employer/organizational policies	21	4%	21	11%	4	11%	4	11%
	No, Clients do not require	227	39%	101	54%	24	69%	13	34%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	234	40%	44	23%	5	14%	3	8%
Lumbar puncture	Yes, Autonomously	0	0%	5	3%	2	6%	1	3%
	Yes, With physician approval	3	1%	7	4%	2	6%	1	3%
	No, Due to regulation/legislation	100	17%	10	5%	1	3%	16	42%
	No, Due to employer/organizational policies	21	4%	16	8%	5	14%	3	8%
	No, Clients do not require	230	39%	109	58%	23	64%	14	37%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	233	40%	42	22%	3	8%	3	8%
Cardioversion	Yes, Autonomously	13	2%	16	8%	0	0%	2	5%
	Yes, With physician approval	14	2%	12	6%	3	8%	2	5%
	No, Due to regulation/legislation	87	15%	17	9%	1	3%	17	45%
	No, Due to employer/organizational policies	25	4%	20	10%	3	8%	3	8%
	No, Clients do not require	240	41%	92	48%	26	72%	10	26%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	206	35%	34	18%	3	8%	4	11%

		FAA/Primary		Adult		Pediatric		Multiple	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
External pacemaker application	Yes, Autonomously	20	3%	29	15%	0	0%	5	13%
	Yes, With physician approval	13	2%	11	6%	2	6%	1	3%
	No, Due to regulation/legislation	85	15%	17	9%	1	3%	16	42%
	No, Due to employer/organizational policies	19	3%	15	8%	3	8%	2	5%
	No, Clients do not require	238	41%	86	45%	28	78%	10	26%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	211	36%	32	17%	2	6%	4	11%
Arterial line insertion and removal	Yes, Autonomously	7	1%	20	11%	3	9%	3	8%
	Yes, With physician approval	5	1%	5	3%	1	3%	1	3%
	No, Due to regulation/legislation	85	15%	11	6%	0	0%	12	32%
	No, Due to employer/organizational policies	23	4%	21	11%	3	9%	3	8%
	No, Clients do not require	242	41%	92	48%	26	74%	14	38%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	224	38%	41	22%	2	6%	4	11%
Regional anaesthetic blocks (e.g., digital nerve blocks)	Yes, Autonomously	111	19%	14	7%	0	0%	11	29%
	Yes, With physician approval	11	2%	3	2%	0	0%	2	5%
	No, Due to regulation/legislation	55	9%	14	7%	0	0%	7	18%
	No, Due to employer/organizational policies	20	3%	18	9%	2	6%	2	5%
	No, Clients do not require	195	33%	99	51%	31	86%	12	32%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	194	33%	45	23%	3	8%	4	11%

Procedures by experience level

		Entry-level		Experienced	
		n	%	n	%
Pap tests	Yes, Autonomously	121	76%	458	66%
	Yes, With physician approval	1	1%	1	0%
	No, Due to regulation/legislation	0	0%	3	0%
	No, Due to employer/organizational policies	2	1%	4	1%
	No, Clients do not require	34	21%	206	30%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	2	1%	18	3%
IUD insertion	Yes, Autonomously	39	25%	129	19%
	Yes, With physician approval	7	4%	13	2%
	No, Due to regulation/legislation	1	1%	9	1%
	No, Due to employer/organizational policies	11	7%	35	5%
	No, Clients do not require	47	30%	279	41%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	50	32%	216	32%
Skin lesion removal	Yes, Autonomously	65	41%	237	35%
	Yes, With physician approval	7	4%	25	4%
	No, Due to regulation/legislation	3	2%	17	2%
	No, Due to employer/organizational policies	9	6%	41	6%
	No, Clients do not require	39	25%	205	30%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	35	22%	157	23%
Biopsy	Yes, Autonomously	45	28%	164	24%
	Yes, With physician approval	8	5%	39	6%
	No, Due to regulation/legislation	20	13%	47	7%
	No, Due to employer/organizational policies	12	8%	47	7%
	No, Clients do not require	32	20%	205	30%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	40	25%	182	27%
Cryotherapy	Yes, Autonomously	94	59%	365	53%
	Yes, With physician approval	3	2%	6	1%
	No, Due to regulation/legislation	3	2%	10	1%
	No, Due to employer/organizational policies	10	6%	35	5%
	No, Clients do not require	39	24%	202	30%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	10	6%	66	10%
Joint aspirations and injections	Yes, Autonomously	13	8%	67	10%
	Yes, With physician approval	10	6%	33	5%

		Entry-level		Experienced	
		n	%	n	%
	No, Due to regulation/legislation	24	15%	60	9%
	No, Due to employer/organizational policies	11	7%	40	6%
	No, Clients do not require	38	24%	213	31%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	59	38%	269	39%
Wound closure (suturing/stapling)	Yes, Autonomously	83	53%	326	48%
	Yes, With physician approval	11	7%	19	3%
	No, Due to regulation/legislation	0	0%	5	1%
	No, Due to employer/organizational policies	7	4%	36	5%
	No, Clients do not require	36	23%	192	28%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	19	12%	107	16%
Splinting/casting	Yes, Autonomously	38	24%	130	19%
	Yes, With physician approval	8	5%	23	3%
	No, Due to regulation/legislation	4	3%	12	2%
	No, Due to employer/organizational policies	10	6%	47	7%
	No, Clients do not require	47	30%	269	39%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	50	32%	207	30%
Reduce dislocations of joints/fractures	Yes, Autonomously	8	5%	45	7%
	Yes, With physician approval	8	5%	25	4%
	No, Due to regulation/legislation	28	18%	40	6%
	No, Due to employer/organizational policies	10	6%	50	7%
	No, Clients do not require	47	30%	275	40%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	55	35%	246	36%
Apply traction	Yes, Autonomously	6	4%	39	6%
	Yes, With physician approval	7	4%	23	3%
	No, Due to regulation/legislation	30	19%	38	6%
	No, Due to employer/organizational policies	8	5%	45	7%
	No, Clients do not require	50	32%	292	43%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	55	35%	237	35%
Incision and drainage	Yes, Autonomously	84	53%	306	45%
	Yes, With physician approval	12	8%	34	5%
	No, Due to regulation/legislation	0	0%	11	2%
	No, Due to employer/organizational policies	6	4%	37	5%
	No, Clients do not require	31	19%	167	24%

		Entry-level		Experienced	
		n	%	n	%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	25	16%	130	19%
Foreign body removal (from eye, ear, orifice)	Yes, Autonomously	73	46%	346	50%
	Yes, With physician approval	13	8%	24	3%
	No, Due to regulation/legislation	7	4%	21	3%
	No, Due to employer/organizational policies	3	2%	16	2%
	No, Clients do not require	41	26%	203	30%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	20	13%	77	11%
Intubation	Yes, Autonomously	1	1%	23	3%
	Yes, With physician approval	2	1%	11	2%
	No, Due to regulation/legislation	34	22%	65	10%
	No, Due to employer/organizational policies	8	5%	47	7%
	No, Clients do not require	66	42%	323	48%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	45	29%	207	31%
Extubation	Yes, Autonomously	4	3%	20	3%
	Yes, With physician approval	4	3%	15	2%
	No, Due to regulation/legislation	36	23%	65	10%
	No, Due to employer/organizational policies	8	5%	43	6%
	No, Clients do not require	71	45%	338	50%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	34	22%	197	29%
Central line insertion	Yes, Autonomously	2	1%	11	2%
	Yes, With physician approval	1	1%	7	1%
	No, Due to regulation/legislation	42	27%	78	12%
	No, Due to employer/organizational policies	8	5%	44	6%
	No, Clients do not require	55	35%	311	46%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	48	31%	226	33%
Chest tube insertion	Yes, Autonomously	0	0%	9	1%
	Yes, With physician approval	0	0%	9	1%
	No, Due to regulation/legislation	42	27%	78	12%
	No, Due to employer/organizational policies	10	6%	46	7%
	No, Clients do not require	56	36%	311	46%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	49	31%	225	33%
Pleural puncture	Yes, Autonomously	0	0%	9	1%

		Entry-level		Experienced	
		n	**%**	**n**	**%**
	Yes, With physician approval	0	0%	8	1%
	No, Due to regulation/legislation	42	27%	80	12%
	No, Due to employer/organizational policies	8	5%	42	6%
	No, Clients do not require	56	36%	305	45%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	50	32%	229	34%
Lumbar puncture	Yes, Autonomously	0	0%	8	1%
	Yes, With physician approval	3	2%	10	1%
	No, Due to regulation/legislation	41	26%	82	12%
	No, Due to employer/organizational policies	7	4%	38	6%
	No, Clients do not require	57	36%	315	46%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	49	31%	225	33%
Cardioversion	Yes, Autonomously	3	2%	28	4%
	Yes, With physician approval	4	3%	27	4%
	No, Due to regulation/legislation	41	26%	76	11%
	No, Due to employer/organizational policies	8	5%	43	6%
	No, Clients do not require	59	38%	306	45%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	42	27%	198	29%
External pacemaker application	Yes, Autonomously	9	6%	45	7%
	Yes, With physician approval	4	3%	22	3%
	No, Due to regulation/legislation	40	25%	75	11%
	No, Due to employer/organizational policies	7	4%	32	5%
	No, Clients do not require	59	38%	300	44%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	38	24%	204	30%
Arterial line insertion and removal	Yes, Autonomously	4	3%	29	4%
	Yes, With physician approval	2	1%	10	1%
	No, Due to regulation/legislation	35	22%	69	10%
	No, Due to employer/organizational policies	8	5%	42	6%
	No, Clients do not require	63	40%	307	45%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	45	29%	219	32%
Regional anaesthetic blocks (e.g., digital nerve blocks)	Yes, Autonomously	25	16%	108	16%
	Yes, With physician approval	6	4%	9	1%

		Entry-level		Experienced	
		n	%	n	%
	No, Due to regulation/legislation	25	16%	48	7%
	No, Due to employer/organizational policies	7	4%	35	5%
	No, Clients do not require	52	33%	282	41%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	42	27%	199	29%

Medical treatment by regions

		Atlantic		Quebec		Ontario		West		North	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Oxygen	Yes, Autonomously	65	69%	43	60%	337	63%	133	81%	11	85%
	Yes, With physician approval	2	2%	3	4%	42	8%	4	2%	1	8%
	No, Due to regulation/legislation	3	3%	8	11%	8	2%	1	1%	0	0%
	No, Due to employer/organizational policies	4	4%	0	0%	8	2%	1	1%	0	0%
	No, Clients do not require	20	21%	17	24%	119	22%	24	15%	1	8%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	0	0%	1	1%	17	3%	2	1%	0	0%
NG tube	Yes, Autonomously	36	39%	34	48%	156	29%	86	53%	7	54%
	Yes, With physician approval	2	2%	3	4%	28	5%	3	2%	0	0%
	No, Due to regulation/legislation	4	4%	10	14%	9	2%	3	2%	0	0%
	No, Due to employer/organizational policies	5	5%	0	0%	14	3%	4	2%	1	8%
	No, Clients do not require	39	42%	23	32%	275	52%	58	36%	5	38%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	6	7%	1	1%	49	9%	7	4%	0	0%
Urinary catheter	Yes, Autonomously	57	61%	41	58%	275	52%	115	71%	7	54%
	Yes, With physician approval	0	0%	4	6%	10	2%	2	1%	0	0%
	No, Due to regulation/legislation	2	2%	6	8%	3	1%	2	1%	0	0%
	No, Due to employer/organizational policies	3	3%	0	0%	19	4%	2	1%	1	8%
	No, Clients do not require	29	31%	19	27%	203	38%	38	23%	4	31%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	3	3%	1	1%	23	4%	4	2%	1	8%
Parenteral/enteral nutrition	Yes, Autonomously	14	16%	12	17%	100	19%	42	27%	4	31%
	Yes, With physician approval	5	6%	3	4%	40	8%	2	1%	0	0%
	No, Due to regulation/legislation	6	7%	35	50%	12	2%	5	3%	0	0%
	No, Due to employer/organizational policies	8	9%	1	1%	25	5%	8	5%	1	8%
	No, Clients do not require	40	44%	17	24%	273	52%	72	46%	6	46%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%

		Atlantic		Quebec		Ontario		West		North	
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
	No, Do not have KSAs to perform	17	19%	2	3%	76	14%	27	17%	2	15%
Adjustment of hemodialysis or peritoneal dialysis treatment	Yes, Autonomously	5	5%	6	9%	12	2%	9	6%	0	0%
	Yes, With physician approval	2	2%	2	3%	12	2%	1	1%	0	0%
	No, Due to regulation/legislation	7	8%	41	59%	27	5%	10	6%	0	0%
	No, Due to employer/organizational policies	9	10%	1	1%	22	4%	12	8%	1	8%
	No, Clients do not require	48	53%	11	16%	298	56%	76	49%	5	38%
	No, Not funded by insurance	0	0%	0	0%	2	0%	0	0%	1	8%
	No, Do not have KSAs to perform	20	22%	9	13%	155	29%	47	30%	6	46%
Peripheral line	Yes, Autonomously	36	40%	35	49%	210	40%	93	57%	6	46%
	Yes, With physician approval	0	0%	4	6%	12	2%	0	0%	0	0%
	No, Due to regulation/legislation	4	4%	11	15%	10	2%	5	3%	0	0%
	No, Due to employer/organizational policies	4	4%	2	3%	19	4%	7	4%	2	15%
	No, Clients do not require	33	36%	18	25%	208	39%	43	26%	5	38%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	14	15%	1	1%	71	13%	15	9%	0	0%
Internal pacemaker adjustments	Yes, Autonomously	0	0%	0	0%	6	1%	3	2%	0	0%
	Yes, With physician approval	2	2%	0	0%	12	2%	3	2%	0	0%
	No, Due to regulation/legislation	8	9%	45	65%	41	8%	11	7%	0	0%
	No, Due to employer/organizational policies	7	8%	2	3%	28	5%	13	8%	3	23%
	No, Clients do not require	46	51%	10	14%	275	52%	72	46%	5	38%
	No, Not funded by insurance	0	0%	0	0%	1	0%	0	0%	0	0%
	No, Do not have KSAs to perform	27	30%	12	17%	163	31%	53	34%	5	38%

Medical treatment by stream

		FAA/Primary Health Care/Primary Care		Adult		Pediatric		Multiple	
		n	%	n	%	n	%	n	%
Oxygen	Yes, Autonomously	366	62%	168	84%	27	66%	26	65%
	Yes, With physician approval	42	7%	5	3%	3	7%	2	5%
	No, Due to regulation/legislation	14	2%	3	2%	0	0%	3	8%
	No, Due to employer/organizational policies	10	2%	1	1%	1	2%	1	3%
	No, Clients do not require	143	24%	18	9%	10	24%	7	18%
	No, Not funded by insurance	0	0%	1	1%	0	0%	0	0%
	No, Do not have KSAs to perform	16	3%	3	2%	0	0%	1	3%
NG tube	Yes, Autonomously	172	29%	109	56%	19	49%	17	44%
	Yes, With physician approval	19	3%	14	7%	3	8%	0	0%
	No, Due to regulation/legislation	19	3%	1	1%	0	0%	6	15%
	No, Due to employer/organizational policies	17	3%	5	3%	1	3%	1	3%
	No, Clients do not require	309	52%	58	30%	16	41%	14	36%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	55	9%	7	4%	0	0%	1	3%
Urinary catheter	Yes, Autonomously	296	50%	156	79%	21	53%	20	50%
	Yes, With physician approval	12	2%	1	1%	2	5%	1	3%
	No, Due to regulation/legislation	9	2%	0	0%	0	0%	4	10%
	No, Due to employer/organizational policies	19	3%	4	2%	1	3%	1	3%
	No, Clients do not require	226	38%	35	18%	16	40%	13	33%
	No, Not funded by insurance	0	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	29	5%	2	1%	0	0%	1	3%
Parenteral/enteral nutrition	Yes, Autonomously	69	12%	78	41%	17	45%	6	16%
	Yes, With physician approval	24	4%	22	12%	3	8%	1	3%
	No, Due to regulation/legislation	40	7%	2	1%	0	0%	16	42%
	No, Due to employer/organizational policies	27	5%	11	6%	3	8%	2	5%

		FAA/Primary Health Care/Primary Care		Adult		Pediatric		Multiple	
		n	%	n	%	n	%	n	%
	No, Clients do not require	309	53%	69	36%	15	39%	12	32%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	114	20%	9	5%	0	0%	1	3%
Adjustment of hemodialysis or peritoneal dialysis treatment	Yes, Autonomously	11	2%	21	11%	0	0%	0	0%
	Yes, With physician approval	6	1%	8	4%	2	5%	1	3%
	No, Due to regulation/legislation	62	11%	7	4%	0	0%	16	43%
	No, Due to employer/organizational policies	21	4%	19	10%	3	8%	2	5%
	No, Clients do not require	294	50%	92	48%	31	84%	16	43%
	No, Not funded by insurance	2	0%	1	1%	0	0%	0	0%
	No, Do not have KSAs to perform	191	33%	43	23%	1	3%	2	5%
Peripheral line	Yes, Autonomously	198	34%	142	72%	20	50%	18	46%
	Yes, With physician approval	9	2%	4	2%	1	3%	2	5%
	No, Due to regulation/legislation	24	4%	0	0%	0	0%	6	15%
	No, Due to employer/organizational policies	22	4%	8	4%	2	5%	2	5%
	No, Clients do not require	238	41%	39	20%	17	43%	10	26%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	95	16%	5	3%	0	0%	1	3%
Internal pacemaker adjustments	Yes, Autonomously	2	0%	7	4%	0	0%	0	0%
	Yes, With physician approval	4	1%	11	6%	2	5%	0	0%
	No, Due to regulation/legislation	75	13%	13	7%	0	0%	17	46%
	No, Due to employer/organizational policies	26	4%	20	11%	4	11%	3	8%
	No, Clients do not require	271	46%	90	47%	28	76%	14	38%
	No, Not funded by insurance	1	0%	0	0%	0	0%	0	0%
	No, Do not have KSAs to perform	205	35%	49	26%	3	8%	3	8%

Medical treatment by experience levels

		Entry-level		Experienced	
		n	%	n	%
Oxygen	Yes, Autonomously	101	64%	476	68%
	Yes, With physician approval	8	5%	43	6%
	No, Due to regulation/legislation	6	4%	14	2%
	No, Due to employer/organizational policies	2	1%	10	1%
	No, Clients do not require	41	26%	135	19%
	No, Not funded by insurance	0	0%	1	0%
	No, Do not have KSAs to perform	1	1%	18	3%
NG tube	Yes, Autonomously	51	32%	262	38%
	Yes, With physician approval	10	6%	26	4%
	No, Due to regulation/legislation	6	4%	19	3%
	No, Due to employer/organizational policies	3	2%	19	3%
	No, Clients do not require	83	53%	309	45%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	5	3%	55	8%
Urinary catheter	Yes, Autonomously	89	56%	396	57%
	Yes, With physician approval	3	2%	12	2%
	No, Due to regulation/legislation	2	1%	11	2%
	No, Due to employer/organizational policies	4	3%	18	3%
	No, Clients do not require	59	37%	228	33%
	No, Not funded by insurance	0	0%	0	0%
	No, Do not have KSAs to perform	2	1%	30	4%
Parenteral/enteral nutrition	Yes, Autonomously	14	9%	155	23%
	Yes, With physician approval	10	6%	39	6%
	No, Due to regulation/legislation	20	13%	37	5%
	No, Due to employer/organizational policies	9	6%	32	5%
	No, Clients do not require	84	54%	316	46%

		Entry-level		Experienced	
		n	%	n	%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	17	11%	103	15%
Adjustment of hemodialysis or peritoneal dialysis treatment	Yes, Autonomously	5	3%	26	4%
	Yes, With physician approval	1	1%	16	2%
	No, Due to regulation/legislation	29	18%	54	8%
	No, Due to employer/organizational policies	8	5%	35	5%
	No, Clients do not require	70	45%	360	53%
	No, Not funded by insurance	3	2%	0	0%
	No, Do not have KSAs to perform	41	26%	189	28%
Peripheral line	Yes, Autonomously	75	47%	298	43%
	Yes, With physician approval	3	2%	13	2%
	No, Due to regulation/legislation	7	4%	22	3%
	No, Due to employer/organizational policies	6	4%	26	4%
	No, Clients do not require	55	35%	244	35%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	11	7%	88	13%
Internal pacemaker adjustments	Yes, Autonomously	3	2%	6	1%
	Yes, With physician approval	4	3%	13	2%
	No, Due to regulation/legislation	36	23%	67	10%
	No, Due to employer/organizational policies	9	6%	42	6%
	No, Clients do not require	65	41%	334	49%
	No, Not funded by insurance	1	1%	0	0%
	No, Do not have KSAs to perform	40	25%	213	32%

Appendix 22.
Jurisdictional Scan of NP Activities, Tests, Procedures, and Medical Treatments

Jurisdictional regulations: NP activities, tests, procedures, and medical treatments in three streams of practice

Perform Activity	Family All Ages/Primary			Adult			Pediatric		
	Permitted under legal scope		Not permitted	Permitted under legal scope		Not permitted	Permitted under legal scope		Not permitted
	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act
Complete a health history (focused or comprehensive)	9			7			7		
Complete a physical examination (focused or comprehensive)	9			7			7		
Make a diagnosis (in QC, diagnostic impression)	9			7			7		
Communicate a diagnosis (in QC, diagnostic impression)	9			7			7		
Prescribe pharmaceutical therapy	9			7			7		
Prescribe controlled drugs and substances	7		2	5		2	5		2
Order blood and blood products	8		1	7			7		
Admit clients to hospitals	4		5	4		3	4		3
Admit clients involuntarily to mental health facilities	2		7	1		6	1		6
Discharge clients from hospitals	4		4	6		2	5		2
Refer to a physician specialist	8	2		5	2		6	1	
Refer to other health care providers	9			7			7		
Complete certificates of death	5		4	6		1	5		2
Complete worker's compensation forms	7		2	5		2	6		1
Complete insurance forms from private insurers	8			6		1	7		

Order Tests	Family All Ages/Primary			Adult			Pediatric		
	Permitted under legal scope		Not permitted	Permitted under legal scope		Not permitted	Permitted under legal scope		Not permitted
	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act
Magnetic resonance imaging	3	2	4	5	2	1	6	1	2
X-ray	8	1		7	1		7	1	
Bone density	8	1		7	1		7	1	
Computerized tomography	6	1	2	6	2		7	1	
Ultrasound	9	1		7	1		7	1	
Echocardiogram	6	1	2	6	1	1	6	1	1
Spirometry	9			8			8		
Other pulmonary function tests	7	1	1	6	1	1	7	1	1
Holter monitoring	8	1		7	1		7	1	
Electrocardiogram	9			8			8		
Cardiac stress	7	1	1	7	1		7	1	
Sleep apnea testing	7	1	1	6	2		7	1	
Mammogram	9			8			8		
Amniocentesis	7		2	6		2	6		1

Perform Procedure	Family All Ages/Primary			Adult			Pediatric		
	Permitted under legal scope		Not permitted	Permitted under legal scope		Not permitted	Permitted under legal scope		Not permitted
	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act
Pap tests	8			7			7		
IUD insertion	8			7			7		
Skin lesion removal	8			7			7		
Biopsy	9		1	7			7		
Cryotherapy	9			7			7		
Joint aspirations and injections	9			8			7		
Wound closure (suturing/stapling)	9			8			7		
Splinting/casting	9			7			7		
Reduce dislocations of joints/fractures	9			7			7		
Apply traction	9			7			7		
Incision and drainage	9			8			7		
Foreign body removal (from eye, ear, orifice)	9			7			7		
Intubation	8		1	8			7		
Extubation	8		1	8			7		
Central line insertion	7		2	8			7		
Chest tube insertion	6		2	7			6		
Pleural puncture	6		2	7			6		
Lumbar puncture	6		2	7			6		
Cardioversion	3	2	2	4	2		3	2	
External pacemaker application	5	1	2	6	1		5	1	
Arterial line insertion and removal	7		2	7			6		
Regional anaesthetic blocks (e.g., digital nerve blocks)	7		1	7			6		

Order Medical Treatment	Family All Ages/Primary			Adult			Pediatric		
	Permitted under legal scope		Not permitted	Permitted under legal scope		Not permitted	Permitted under legal scope		Not permitted
	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act	Can be performed autonomously	Must be performed with physician approval	Not within legal scope within RN act or other act
Oxygen	9			7			8		
NG tube	9			7			8		
Urinary catheter	9			7			8		
Parenteral/enteral nutrition	7		1	7			7		
Adjustment of hemodialysis or peritoneal dialysis treatment	7		1	7			6		
Peripheral line	8		1	7			7		
Internal pacemaker adjustments	6	1	1	6	1		5	1	