COMPETENCIES IN THE CONTEXT OF ENTRY-LEVEL REGISTERED NURSE PRACTICE

A Report of the 2011 - 12 Jurisdictional Competency Process: Entry-Level Registered Nurses

ACKNOWLEDGMENTS

The Jurisdictional Collaborative Process (JCP) to Revise Entry-Level Registered Nurse Competencies has existed since 2004 (Black, et al., 2008). During 2011-12, JCP revised the competencies and supporting statements reported in *Competencies in the Context of Entry-Level Registered Nurse Practice* (2008). Professional staff from 10 jurisdictions participated in the revision process and agreed upon this version as completed in December 2012.

Initially, Laurel Brunke, Executive Director of the College of Registered Nurses of British Columbia, served as liaison between the JCP and the group that was incorporated as the Canadian Council of Registered Nurse Regulators (CCRNR) in 2012. The purpose of this liaison role was to facilitate open and frequent communication about JCPs' mandate and deliberations. In April 2012, Diane Wilson Máté, Executive Director of the College of Registered Nurses of Manitoba, assumed the liaison role.

All project participants from January 2011 to December 2012 listed below are acknowledged for their commitment, expert contributions, and humour that created a humanistic, enthusiastic, synergistic, and dynamic working process:

1. Association of Registered Nurses of Prince Edward Island (ARNPEI). Paul Boudreau, RN, Coordinator, Regulatory Services
2. Association of Registered Nurses of Newfoundland and Labrador (ARNNL). Siobhainn Lewis, RN, Nursing Consultant – Policy and Practice
3. College and Association of Registered Nurses of Alberta (CARNA). Debra Allen, RN, Policy and Practice Consultant; Manager, Regional Coordinator Program (Alternate Vice-Chair Jan/11-March/12; Vice-Chair April/12-completion)
4. College of Nurses of Ontario (CNO). Erin Bruce, RN, Entry-to-Practice, Professional Practice Department
5. College of Registered Nurses of British Columbia (CRNBC). Joyce Black, RN, Education Consultant (Chair); Sonia Acorn, RN, Project Assistant
6. College of Registered Nurses of Manitoba (CRNM). Peggy Martens, RN, Consultant, Nursing Practice (Jan/11-Feb/12; Vice-Chair Jan/11-March/12); Sherry Brown, RN, Consultant, Nursing Practice (Feb/12-completion)
7. College of Registered Nurses of Nova Scotia (CRNNS). Paula Prendergast, RN, Policy Consultant (Alternate Vice-Chair April/12-completion)
8. Nurses Association of New Brunswick (NANB). Odette Comeau Lavoie, RN, Senior Regulatory Consultant
9. Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU). Sheila Humphrey, RN, Director of Regulatory Services and Policy
10. Saskatchewan Registered Nurses' Association (SRNA). Terri Belcourt, RN, Nursing Practice Advisor (Jan/11-completion); Karen Turner, RN, Nursing Advisor, Regulatory Services, non-voting (Oct/11-completion)

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PREFACE

During 2011-12, the Jurisdictional Collaborative Process (JCP) used the results of environmental scanning, literature reviews, and simultaneous stakeholder consultation within each jurisdiction to revise the *Competencies in the Context of Entry-Level Registered Nurse Practice*, last reviewed in 2008. The purpose is to enhance the consistency of the **entry-level registered nurse*** competencies required by the participating jurisdictions, thereby supporting the workforce mobility requirements of the Federal Agreement on Internal Trade. The JCP has harmonized the jurisdictional revision cycles for entry-level **competencies** and recommends that a revision process is needed at least every five years to keep the competencies current. The regulatory body in each jurisdiction validates, approves, and uses the JCP document consistent with their policies, priorities, and legislated regulatory authority.

Anyone seeking information about the entry-level registered nurse competencies in effect in a province or territory is advised to contact their respective regulatory body.

From a regulatory perspective, the entry-level competencies serve the primary purpose of **nursing education program approval**** by describing the competencies required for entry-level registered nurses to provide safe, **competent**, **compassionate**, and ethical nursing care in a variety of practice settings. The competencies also serve as a guide for curriculum development and for public and employer awareness of the practice expectations of entry-level registered nurses.

Students who have met the requirements of an approved nursing education program are eligible to write a registration examination that is approved by the board/council of the jurisdictional regulatory body, successful completion of which is required for registration to practise. Entry-level competencies inform the development and revision of entry-to-practice registration examinations.

The 2012 competencies reflect baccalaureate nursing education. They are **client**-centred, futuristic, and incorporate new developments in society, health care, nursing knowledge, and nursing practice. The competencies aim to ensure that entry-level registered nurses are able to function in today's realities and are well-equipped with the knowledge and skills to adapt to changes in health care and nursing.

Registered nursing is a self-regulated profession in Canada. Through provincial and territorial legislation, nursing regulatory bodies are accountable for public protection by ensuring registered nurses are safe, competent, compassionate, and ethical practitioners. Regulatory bodies achieve this mandate through a variety of regulatory activities such as registration and licensure, professional conduct review, setting standards governing nursing practice and education, describing the scope of registered nursing practice, and identifying competencies required for entry-level registered nurse practice.

***Words or phrases in bold are listed in the Glossary of Terms. They are displayed in bold upon first reference.

****In British Columbia, program approval is called program recognition.

ASSUMPTIONS

The following assumptions are made about the preparation and practice of entry-level registered nurses:

1. **Requisite skills and abilities** are required to attain the entry-level registered nurse competencies.
2. Entry-level registered nurses are prepared as **generalists** to enter into practice safely, competently, compassionately, and ethically:
   - in situations of health and illness
   - with people of all genders and across the lifespan
   - with the following possible recipients of care: individuals, families, groups, communities and populations
   - across diverse practice settings.
3. The practice setting of entry-level registered nurses can be any environment or circumstance where nursing is practised. It includes the site where nursing care is provided and programs designed to meet health care needs.
4. Entry-level registered nurses enter into practice with competencies that are transferable across diverse practice settings.
5. Entry-level registered nurses' experience in practising the competencies during their nursing education program can vary and may be limited in some practice environments and with some clients.
6. Entry-level registered nurses have a strong foundation in nursing theory, concepts and knowledge, health and sciences, **humanities**, research, and ethics.
7. Entry-level registered nurses are prepared to engage in interprofessional collaborative practice, essential for improvement in client health outcomes.
8. Entry-level registered nurses are beginning practitioners whose level of practice, autonomy, and proficiency will grow best through collaboration, mentoring, and support from registered nurse colleagues, managers, the **health care team**, and employers.

PROFILE OF ENTRY-LEVEL REGISTERED NURSE PRACTICE

Entry-level registered nurses are at the point of initial registration or licensure, following graduation from an approved nursing education program. Their beginning practice draws on a unique experiential knowledge base that has been shaped by specific practice experiences during their education program. They are health care team members who accept responsibility and demonstrate **accountability** for their practice and in particular, recognize their limitations, ask questions, exercise professional judgment, and determine when consultation is required.

Entry-level registered nurses realize the importance of identifying what they know and do not know, what their learning gaps may be, and know how and where to access available resources. They display initiative, a beginning confidence, and self-awareness in taking responsibility for their decisions in the care they provide.

Research demonstrates that during the first 12 months of employment, entry-level registered nurses experience a complex but relatively predictable array of emotional, intellectual, physical, sociocultural, and developmental issues that, in turn, feed a progressive and sequential pattern of

personal and professional evolution (Duchscher, 2008). This role acquisition occurs in part by observing other registered nurses in practice and within the social network of their workplace. Time is required to establish professional relationships, learn practice norms and consolidate nursing practice knowledge and judgment. As confidence develops in their new role, entry-level registered nurses assume higher levels of responsibility and manage increasingly complex clinical situations. Their proficiency and efficiency with respect to workload management and technical skills will improve with support and experience.

Application of the Competencies Expected During Nursing Education

Approved nursing education programs are required to provide opportunities for students to apply the entry-level competencies for registered nurses in direct practice learning experiences. Nursing education programs must ensure that student practice learning experiences/clinical hours reflect national and jurisdictional standards and prepare graduates to achieve the competencies. To fulfill the practice learning experience requirements, nursing education programs and health care settings work in partnership to ensure that students have access to quality practice learning experiences.

Innovative arrangements developed by nursing education programs to provide practice learning experiences are encouraged, provided they are structured with learning outcomes that are evaluated. Student practice learning experiences might include practice with children in schools, daycares, or community centres, or with older adults in a variety of settings, including public and community living (Harwood, Reimer-Kirkham, Sawatzky, Terblanche & Van Hofwegen, 2009). Such experiences augment other required practice learning experiences with clients in acute care and other traditional health care settings.

Students benefit from multiple learning opportunities including practice in laboratory settings where they can begin to apply the entry-level competencies in a controlled, safe environment without risk to clients. The literature reports increased use of simulation to promote learning and help ensure client **safety** by preparing students for practice learning experiences (Harder, 2010; Norman, 2012; Weaver, 2011). Notwithstanding the value of simulated learning, nursing education program approval reviews, conducted by Canadian RN regulators, require evidence that students are prepared as generalists and have direct practice learning experiences with clients across the lifespan and in a variety of acute care and community settings to achieve the entry-level competencies.

Context of the Practice Environment

Entry-level registered nurses are employed in diverse practice environments (e.g., hospital, community, home, clinic, school, residential, and correctional facilities) that range from large urban to remote rural settings. Employers create and maintain practice environments that support competent registered nurses in providing safe, ethical, and quality health care. The practice environment also influences the consolidation of entry-level registered nurse practice and the development of further competence.

It is unrealistic to expect entry-level registered nurses to function at the level of practice of experienced registered nurses. Entry-level registered nurses require a reasonable period of time to adjust to work life as employees (Duchscher, 2008). Supportive practice environments that

encourage entry-level registered nurses to feel welcome, safe, valued, respected, and nurtured ease their transition into practice and help reduce stress, increase competence, and support safe, ethical, and quality health care.

Creating quality practice environments is the shared responsibility of governments, employers, registered nurses, nursing regulatory bodies, professional organizations, and post-secondary educational institutions. The following indicators, derived from a variety of sources (CRNBC, 2010; CRNNS, 2007; Curtis, de Vries, & Sheerin, 2011; Downey, Parslow, & Smart, 2011; Saintsing, Gibson, & Pennington, 2011), are vital to support entry-level registered nurses to practise safely, competently, and ethically:

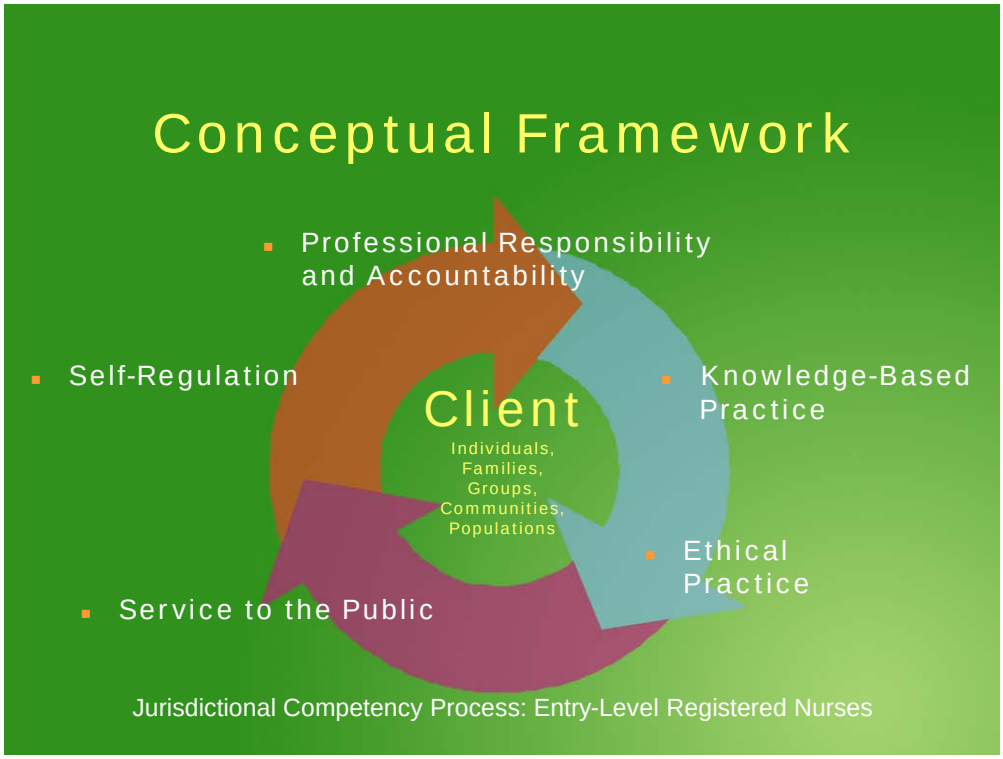
- Provide initial experiences working in a practice setting that support entry-level registered nurses in consolidating their knowledge application and skills.
- Identify and inform entry-level registered nurses of the resources available to support the consolidation and development of their practice. Resources could include registered nurse leaders (e.g., clinical educators, clinical managers, advanced practitioners); policy and protocol documents (online or hard copy); and reference materials (including online reference resources).
- Provide position-specific education and professional development through orientation, in-service education, and mentorship programs.
- Encourage and support experienced registered nurses to mentor entry-level registered nurses (e.g., provide education and recognition for registered nurse mentors).
- Provide opportunities to strengthen **leadership** skills through the integration of experiences, support, and mentoring.
- Consider workload and staff scheduling that address the transitional needs of entry-level registered nurses (e.g., they need sufficient time to discuss and plan care with colleagues and those clients receiving care; they benefit from matching new registered nurses with experienced ones).
- Identify the competencies required in a particular setting, position, or situation of added responsibility and provide opportunities for entry-level registered nurses to demonstrate their competencies before assuming these responsibilities.
- Provide clarity about responsibility and accountability, ongoing constructive feedback, and formal evaluation processes, which are essential for the development of the practice of entry-level registered nurses.
- Promote an environment that encourages entry-level registered nurses to pose questions, engage in reflective practice, and request assistance without being criticized.

ENTRY-LEVEL REGISTERED NURSE COMPETENCIES

The entry-level competency statements have been organized using a standards-based conceptual framework to highlight the regulatory purposes of entry-level registered nurse competencies. The conceptual framework organizes the competencies in five categories:

- Professional Responsibility and Accountability
- Knowledge-Based Practice
- Ethical Practice
- Service to the Public
- Self-Regulation

Figure 1: Conceptual Framework for Organizing Competencies



The conceptual framework illustrates the registered nursing practice standards used in the jurisdictions that collaborated to develop the entry-level competencies. The standards-based framework is used to organize the competency statements and highlight the regulatory purposes of the entry-level registered nurse competencies. It is important to note the centrality of the client in this conceptual framework, as the client is central to nursing practice. Client is the individual, **family**, group, community, or population, who is the recipient of nursing services and, where the context requires, includes a substitute decision-maker for the recipient of nursing services. In some clinical settings, the client may be referred to as a patient or resident.

The conceptual framework depicts a cycle in which no one category of competencies is more or less important than another.

It is recognized that safe, competent, compassionate, ethical registered nursing practice requires the integration and performance of many competencies at the same time. Hence, the number of competencies and the order in which the categories or competency statements are presented is not an indication of importance; rather, the conceptual framework simply provides a means of presentation.

Additionally, although many competencies may be suitably placed in more than one category, they are stated in one category only for the sake of clarity and convenience. **Please note that anywhere in the document where examples are provided, it is intended to mean "including, but not limited to" the examples stated.**

The following overarching competency statement applies to all categories of competencies:

All registered nurses practise in a manner consistent with:
(a) The regulatory body's professional nursing practice standards for registered nurses;
(b) Nursing code of ethics;
(c) Scope of registered nursing practice applicable in the jurisdiction; and
(d) Federal and provincial/territorial legislation and common law that directs practice.

This statement is placed on its own at the outset because of its essential and overriding importance. This competency statement highlights the multiple professional, ethical, and legal sources of knowledge required for safe, competent, compassionate, ethical registered nursing practice.

PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

> ***Professional Responsibility and Accountability: Demonstrates professional conduct and that the primary duty is to the client to ensure safe, competent, compassionate, ethical care.***

COMPETENCIES: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

1. Represents self by first and last name and professional designation (**protected title**) to clients and the health care team.

2. Is accountable and accepts responsibility for own actions and decisions.

3. Recognizes **individual competence** within legislated **scope of practice** and seeks support and assistance as necessary.

4. Articulates the role and responsibilities of a registered nurse as a member of the nursing and health care team.

5. Demonstrates a **professional presence** and models professional behaviour.

6. Demonstrates leadership in client care by promoting healthy and culturally safe practice environments.

7. Displays initiative, a beginning confidence, self-awareness, and encourages collaborative interactions within the health care team.

8. Demonstrates **critical inquiry** in relation to new knowledge and technologies that change, enhance, or support nursing practice.

9. Exercises professional judgment when using agency policies and procedures, or when practising in the absence of agency policies and procedures.

10. Organizes own workload and develops time-management skills for meeting responsibilities.

11. Demonstrates responsibility in completing assigned work and communicates about work completed and not completed.

12. Uses **conflict resolution** strategies to achieve healthier interpersonal interactions.

13. Questions unclear orders, decisions, or actions inconsistent with client outcomes, best practices, and health safety standards.

14. Protects clients through recognizing and reporting **near misses** and errors (the RN's own and others) and takes action to stop and minimize harm arising from **adverse events**.

15. Takes action on recognized unsafe health care practices and workplace safety risks to clients and staff.

16. Seeks out and critiques nursing and health-related research reports.

17. Integrates quality improvement principles and activities into nursing practice.

KNOWLEDGE-BASED PRACTICE

This category has two sections: Specialized Body of Knowledge and Competent Application of Knowledge.

Specialized Body of Knowledge

> ***Specialized Body of Knowledge: Has knowledge from nursing and other sciences, humanities, research, ethics, spirituality, relational practice, and critical inquiry.***

COMPETENCIES: SPECIALIZED BODY OF KNOWLEDGE

18. Has a knowledge base about the contribution of registered nurse practice to the achievement of positive client health outcomes.

19. Has a knowledge base from nursing and other disciplines concerning current and emerging health care issues (e.g., the health care needs of older adults, vulnerable and/or marginalized populations, health promotion, obesity, pain prevention and pain management, end-of-life care, problematic substance use, and mental health).

20. Has a knowledge base about human growth and development, and population health, including the determinants of health.

21. Has a knowledge base in the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology, and nutrition.

22. Has a knowledge base in nursing science, social sciences, humanities, and health-related research (e.g., culture, power relations, spirituality, philosophical, and ethical reasoning).

23. Has a knowledge base about workplace health and safety, including ergonomics, safe work practices, prevention and management of disruptive behaviour, including horizontal violence, aggressive, or violent behaviour.

24. Has theoretical and practical knowledge of **relational practice** and understands that relational practice is the foundation for all nursing practice.

25. Has knowledge about emerging community and **global health** issues, population health issues and research (e.g., pandemic, mass immunizations, emergency/disaster planning, and food and water safety).

26. Knows how to find evidence to support the provision of safe, competent, compassionate, and ethical nursing care, and to ensure the personal safety and safety of other health care workers.

27. Understands the role of **primary health care** and the determinants of health in health delivery systems and its significance for population health.

28. Understands **nursing informatics** and other **information and communication technologies** used in health care.

Competent Application of Knowledge

Competent Application of Knowledge: Demonstrates competence in the provision of nursing care. The competency statements in this section are grouped into four areas about the provision of nursing care: ongoing comprehensive assessment, health care planning, providing nursing care, and evaluation. The provision of nursing care is an iterative process of critical inquiry and is not linear in nature.

Area i) Ongoing Comprehensive Assessment: Incorporates critical inquiry and relational practice to conduct a client-focused assessment that emphasizes client input and the determinants of health.

COMPETENCIES: ONGOING COMPREHENSIVE ASSESSMENT

29. Uses appropriate assessment tools and techniques in consultation with clients and the health care team.

30. Engages clients in an assessment of the following: physical, emotional, spiritual, cultural, cognitive, developmental, environmental, and social needs.

31. Collects information on client status using assessment skills of observation, interview, history taking, interpretation of laboratory data, mental health assessment, and physical

assessment, including inspection, palpation, auscultation, and percussion.

32. Uses information and communication technologies to support information synthesis.

33. Uses anticipatory planning to guide an ongoing assessment of client health status and health care needs (e.g., prenatal/postnatal, adolescents, older adults, and reaction to changes in health status and or/diagnosis).

34. Analyzes and interprets data obtained in client assessments to draw conclusions about client health status.

35. Incorporates knowledge of the origins of the **health disparities and inequities** of Aboriginal Peoples and the contributions of nursing practice to achieve positive health outcomes for Aboriginal Peoples.

36. Incorporates knowledge of the health disparities and inequities of vulnerable populations (e.g., sexual orientation, persons with disabilities, ethnic minorities, poor, homeless, racial minorities, language minorities) and the contributions of nursing practice to achieve positive health outcomes.

37. Collaborates with clients and the health care team to identify actual and potential client health care needs, strengths, capacities, and goals.

38. Completes assessments in a timely manner, and in accordance with **evidence-informed practice**, agency policies, and protocols.

Area ii) Health Care Planning: Within the context of critical inquiry and relational practice, plans nursing care appropriate for clients which integrates knowledge from nursing, health sciences and other related disciplines, as well as knowledge from practice experiences, clients' knowledge and preferences, and factors within the health care setting.

COMPETENCIES: HEALTH CARE PLANNING

39. Uses critical inquiry to support professional judgment and reasoned decision-making to develop health care plans.

40. Uses principles of primary health care in developing health care plans.

41. Facilitates the appropriate involvement of clients in identifying their preferred health outcomes.

42. Negotiates priorities of care and desired outcomes with clients, demonstrating **cultural safety**, and considering the influence of positional power relationships.

43. Initiates appropriate planning for clients' anticipated health problems or issues and their consequences (e.g., childbearing, childrearing, adolescent health, and senior well-being).

44. Explores and develops a range of possible alternatives and approaches for care with clients.

45. Facilitates client ownership of direction and outcomes of care developed in their health care plans.

46. Collaborates with the health care team to develop health care plans that promote continuity for clients as they receive conventional, **complementary and alternative health care**.

47. Determines, with the health care team or health-related sectors, when consultation is required to assist clients in accessing available resources.

48. Consults with the health care team as needed to analyze and organize complex health challenges into manageable components for health care planning.

Area iii) Providing Nursing Care: Provides client-centred care in situations related to:

- **health promotion, prevention, and population health;**
- **maternal/child health;**
- **altered health status, including acute and chronic physical and mental health conditions and rehabilitative care; and**
- **palliative care and end-of-life care.**

COMPETENCIES: PROVIDING NURSING CARE

49. Provides nursing care across the lifespan that is informed by a variety of theories relevant to health and healing (e.g., nursing; family; communication and learning; crisis intervention; loss, grief, and bereavement; systems; culture; community development; and population health theories).

50. Prioritize and provide timely nursing care and consult as necessary for any client with co-morbidities, and a complex and rapidly changing health status.

51. Provides nursing care to clients with chronic and persistent health challenges (e.g., mental health, problematic substance use, dementia, cardiovascular conditions, strokes, asthma, arthritis, and diabetes).

52. Incorporates evidence from research, clinical practice, client perspective, client and staff safety, and other available resources to make decisions about client care.

53. Supports clients through developmental stages and role transitions across the lifespan (e.g., pregnancy, infant nutrition, well-baby care, child development stages, family planning and relations).

54. Recognize, seek immediate assistance, and help others in a rapidly changing client condition affecting health or **patient safety** (e.g., myocardial infarction, surgical complications, acute neurological event, acute respiratory event, cardiopulmonary arrest, perinatal crisis, diabetes crisis, mental health crisis, premature birth, shock, and trauma).

55. Applies principles of population health to implement strategies to promote health as well as prevent illness and injury (e.g., promoting hand washing, immunization, helmet safety, and safe sex).

56. Assists clients to understand how lifestyle factors impact health (e.g., physical activity and exercise, sleep, nutrition, stress management, personal and community hygiene practices, family planning, and high risk behaviours).

57. Implements learning plans to meet identified client learning needs.

58. Assists clients to identify and access health and other resources in their communities (e.g., other health disciplines, community health services, rehabilitation services, support groups, home care, relaxation therapy, meditation, and information resources).

59. Applies knowledge when providing nursing care to prevent development of complications (e.g., optimal ventilation and respiration, circulation, fluid and electrolyte balance, nutrition, urinary elimination, bowel elimination, body alignment, mobility, tissue integrity, comfort, and sensory stimulation).

60. Applies bio-hazard and safety principles, evidence-informed practices, infection prevention and control practices, and appropriate protective devices when providing nursing care to prevent injury to clients, self, other health care workers, and the public.

61. Implements strategies related to the safe and appropriate administration and use of medication.

62. Recognizes and takes initiative to support **environmentally-responsible practice** (e.g., observing safe waste disposal methods, using energy as efficiently as possible, and recycling plastic containers and other recyclable materials).

63. Performs therapeutic interventions safely (e.g., positioning, skin and wound care, management of intravenous therapy and drainage tubes, and psychosocial interaction).

64. Implements evidence-informed practices of pain prevention and pain management with clients using pharmacological and non-pharmacological measures.

65. Prepares the client for diagnostic procedures and treatments; provides post-diagnostic care; performs procedures; interprets findings, and provides follow-up care as appropriate.

66. Provides nursing care to meet **palliative care** or end-of-life care needs (e.g., pain and symptom management, psychosocial and spiritual support, and support for significant others).

Area iv) Evaluation: Monitors the effectiveness of client care to inform future care planning.

COMPETENCIES: EVALUATION

67. Uses critical inquiry to monitor and evaluate client care in a timely manner.

68. Collaborates with others to support involvement in research and the use of research findings in practice.

69. Modifies and individualizes client care based on the emerging priorities of the health situation in collaboration with clients.

70. Verifies that clients have an understanding of essential information and skills to be active participants in their own care.

71. Reports and documents client care in a clear, concise, accurate, and timely manner.

ETHICAL PRACTICE

Ethical Practice: Demonstrates competence in professional judgment and practice decisions guided by the values and ethical responsibilities in the code of ethics for registered nurses. Engages in critical inquiry to inform clinical decision-making, and establishes therapeutic, caring, and culturally safe relationships with clients and the health care team.

72. Demonstrates honesty, integrity, and respect in all professional interactions.

73. Takes action to minimize the potential influence of personal values, beliefs, and positional power on client assessment and care.

74. Establishes and maintains appropriate **professional boundaries** with clients and the health care team, including the distinction between social interaction and **therapeutic relationships**.

75. Engages in relational practice through a variety of approaches that demonstrate caring behaviours appropriate for clients.

76. Promotes a safe environment for clients, self, health care workers, and the public that addresses the unique needs of clients within the context of care.

77. Demonstrates consideration of the spiritual and religious beliefs and practices of clients.

78. Demonstrates knowledge of the distinction between ethical responsibilities and legal obligations and their relevance when providing nursing care.

79. Respects and preserves clients' rights based on a code of ethics and an ethical framework.

80. Demonstrates an understanding of informed consent as it applies in multiple contexts (e.g., consent for care, refusal of treatment, release of health information, and consent for participation in research).

81. Uses an ethical reasoning and decision-making process to address ethical dilemmas and situations of ethical distress.

82. Accepts and provides care for all clients, regardless of gender, age, health status, lifestyle, beliefs, and health practices.

83. Demonstrates support for clients in making informed decisions about their health care, and respects those decisions.

84. Advocates for safe, competent, compassionate, and ethical care for clients or their representatives, especially when they are unable to advocate for themselves.

85. Demonstrates ethical responsibilities and legal obligations related to maintaining client privacy, confidentiality and security in all forms of communication, including social media.

86. Engages in relational practice and uses ethical principles with the health care team to maximize collaborative client care.

SERVICE TO THE PUBLIC

Service to the Public: Demonstrates an understanding of the concept of public protection and the duty to provide nursing care in the best interest of the public.

COMPETENCIES: SERVICE TO THE PUBLIC

87. Enacts the principle that the primary purpose of the registered nurse is to practise in the best interest of the public and to protect the public from harm.

88. Demonstrates knowledge about the structure of the health care system at the:
    (a) national/international level;
    (b) provincial/territorial level;
    (c) regional/municipal level;
    (d) agency level; and
    (e) practice setting or program level.

89. Recognizes the impact of organizational culture on the provision of health care and acts to enhance the quality of a professional and safe practice environment.

90. Demonstrates leadership in the coordination of health care by:
    (a) assigning client care;
    (b) delegating and evaluating the performance of selected health care team members in carrying out delegated nursing activities; and

(c) facilitating continuity of client care.

91. Participates and contributes to nursing and health care team development by:
    (a) recognizing that one's values, assumptions, and positional power affects team interactions, and uses this self-awareness to facilitate team interactions;
    (b) building partnerships based on respect for the unique and shared competencies of each team member;
    (c) promoting **interprofessional collaboration** through application of principles of decision-making, problem solving, and conflict resolution;
    (d) contributing nursing perspectives on issues being addressed by the health care team;
    (e) knowing and supporting the full scope of practice of team members; and
    (f) providing and encouraging constructive feedback.

92. Collaborates with the health care team to respond to changes in the health care system by:
    (a) recognizing and analysing changes that affect one's practice and client care;
    (b) developing strategies to manage changes affecting one's practice and client care;
    (c) implementing changes when appropriate; and
    (d) evaluating effectiveness of strategies implemented to change nursing practice.

93. Uses established communication policies and protocols within and across health care agencies, and with other service sectors.

94. Uses resources in a fiscally-responsible manner to provide safe, effective, and efficient care.

95. Supports healthy public policy and principles of **social justice**.

SELF-REGULATION

Self-Regulation: Understands the requirements of self-regulation in the interest of public protection.

COMPETENCIES: SELF-REGULATION

96. Distinguishes among the mandates of regulatory bodies, professional associations, and unions.

97. Demonstrates understanding of the registered nurse profession as a self-regulating and autonomous profession mandated by provincial/territorial legislation to protect the public.

98. Distinguishes between the legislated scope of practice and the registered nurse's individual competence.

99. Understands the significance of professional activities related to the practice of registered nurses (e.g., attending annual general meetings, participating in surveys related to review of practice standards, and membership on regulatory committees, boards, or councils).

100. Adheres to the duty to report unsafe practice in the context of professional self-regulation.

101. Understands the significance of **fitness to practice** in the context of nursing practice, self-regulation, and public protection.

102. Identifies and implements activities that maintain one's fitness to practice.

103. Understands the significance of continuing competence requirements within professional self-regulation.

104. Demonstrates continuing competence and preparedness to meet regulatory requirements by:
   (a) assessing one's practice and individual competence to identify learning needs;
   (b) developing a learning plan using a variety of sources (e.g., self-evaluation and peer feedback);
   (c) seeking and using new knowledge that may enhance, support, or influence competence in practice; and
   (d) implementing and evaluating the effectiveness of one's learning plan and developing future learning plans to maintain and enhance one's competence as a registered nurse.

GLOSSARY OF TERMS

ACCOUNTABILITY: The obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated (CRNNS, 2012).

ADVERSE EVENTS: Events that result in unintended harm to the patient, and are related to the care and/or services provided to the patient rather than to the patient's underlying medical condition (Canadian Patient Safety Institute, 2008, Revised 2009).

CLIENT: The individual, family, group, community or population who is the recipient of nursing services and, where the context requires, includes a substitute decision-maker for the recipient of nursing services. In some clinical settings, the client may be referred to as a patient or resident (CRNBC, 2012a; RN Act, as cited in CRNNS, 2012).

COMPASSIONATE: The ability to convey in speech and body language the hope and intent to relieve the suffering of another. Compassion, which must coexist with competence, is a "relational process that involves noticing another person's pain, experiencing an emotional reaction to his or her pain, and acting in some way to help ease or alleviate the pain." Compassionate care is described as skilled, competent, value-based care that respects individual dignity (Canadian Nurses Association, 2008; Straughair, 2012).

COMPETENCIES: The integrated knowledge, skills, abilities and judgment required to practice nursing safely and ethically.

COMPETENT: The application of knowledge, skills, abilities, and judgment required to practice nursing safely and ethically.

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE: Modalities or interventions used to address clients' health needs across the continuum of health care. Complementary practices are used alongside the conventional health care system while alternative practices are used in place of conventional health care practices (CRNBC, 2012b).

CONFLICT RESOLUTION: The various ways in which individuals or institutions address conflict (e.g., interpersonal, work) in order to move toward positive change and growth. Effective conflict resolution requires critical reflection, diplomacy, and respect for diverse perspectives, interests, skills, and abilities (CRNNS, 2012).

CRITICAL INQUIRY: This term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005).

CULTURE: A dynamic lived process inclusive of beliefs, practices, and values, and comprising multiple variables which are inseparable from historical, economic, political, gender, religious, psychological, and biological conditions (Aboriginal Nurses Association of Canada, Canadian

Association of Schools of Nursing, & Canadian Nurses Association, 2009).

CULTURAL SAFETY: Cultural safety addresses power differences inherent in health service delivery and affirms, respects, and fosters the cultural expression of clients. This requires nurses to reflect critically on issues of racialization, institutionalized discrimination, culturalism, and health and health care inequities and practise in a way that affirms the culture of clients and nurses (Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing, & Canadian Nurses Association, 2009; Browne et al., 2009; Indigenous Physicians Association of Canada and Association of Faculties of Medicine of Canada, 2008).

DETERMINANTS OF HEALTH: Health of individuals is determined by a person's social and economic factors, the physical environment, and the person's individual characteristics and behaviour. The determinants are income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture (Public Health Agency of Canada, 2012a).

ENTRY-LEVEL REGISTERED NURSE: The registered nurse at the point of initial registration is a generalist and a graduate from an approved nursing education program.

ENVIRONMENTALLY-RESPONSIBLE PRACTICE: Minimizing the impact on the environment as a priority for individuals and organizations within the health care system in day-to-day practice and all levels of decision-making (Canadian Nurses Association and Canadian Medical Association, 2009).

EVIDENCE-INFORMED PRACTICE: The ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other available resources to make nursing decisions with clients (Canadian Nurses Association, 2010).

FAMILY: A set of relationships that each client identifies as family or as a network of individuals who influence each other's lives regardless of whether actual biological or legal ties exist. Each person has an individual definition of whom or what constitutes a family (Potter, Perry, Ross Kerr, & Wood, 2010).

FITNESS TO PRACTICE: The capacity of a registered nurse to practice safely, competently, compassionately, and ethically (i.e., freedom from any medical, physical, mental or emotional condition, disorder, or addiction that either renders a registered nurse unable to practice nursing, or endangers the health or safety of clients) (Adapted from Canadian Nurses Association, 2008).

GENERALISTS: Registered nurses prepared to practice safely, competently, compassionately, and ethically, and in situations of health and illness, with people of all genders, across the lifespan, in a variety of settings, with individuals, families, groups, communities, and populations.

GLOBAL HEALTH: The optimal well-being of all humans from the individual and the collective perspective and is considered a fundamental human right, which should be accessible to all (Canadian Nurses Association, 2009).

HEALTH CARE TEAM: A number of health care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with individuals, families, groups, populations, or communities (Canadian Nurses Association, 2008).

HEALTH DISPARITIES: Differences in health outcomes among segments of the population, based on the determinants of health (Adapted from Truman, et al., 2011).

HEALTH INEQUITIES: Lack of equitable access and opportunity for all people to meet their health needs and potential (Adapted from Canadian Nurses Association, 2008).

HUMANITIES: The study of history, literature, languages, philosophy, and art concerned with human thought and culture that shape our understanding of human experiences and the world (Adapted from Colorado State University, 2012).

INDIVIDUAL COMPETENCE: The ability of a registered nurse to integrate and apply the knowledge, skills, judgments, and personal attributes to practice safely and ethically in a designated role or setting. Personal attributes include, but are not limited to: attitudes, values, and beliefs (NANB, 2012).

INFORMATION AND COMMUNICATION TECHNOLOGIES: Encompasses all digital and analogue technologies that facilitate the capturing, processing, storage, and exchange of information via electronic communication (Canadian Association of Schools of Nursing, Canada Health Infoway, 2012).

INTERPROFESSIONAL COLLABORATION: A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues (Orchard, Curran, & Kabene, as cited in the Canadian Interprofessional Health Collaborative, 2010).

LEADERSHIP: A process of influencing and inspiring others toward a common goal, whether formally (through a set role) or informally.

NEAR MISSES (also called close calls): Events with the potential for harm that did not result in harm because they did not reach the patient due to timely intervention or good fortune. The term “good catch” is a common colloquialism to indicate the just-in-time detection of a potential adverse event (Canadian Patient Safety Institute, 2008, Revised 2009).

NURSING EDUCATION PROGRAM APPROVAL: The mandatory and legal assessment and approval or recognition of a registered nurse education program by the provincial or territorial regulatory body. The program review is for the purpose of establishing the eligibility of program graduates to proceed in the registration process with the provincial or territorial regulatory body.

NURSING INFORMATICS: A science and practice which integrates nursing, its information and knowledge, and their management, with information and communication technologies to promote the health of people, families, and communities worldwide (Canadian Association of Schools of Nursing, Canada Health Infoway, 2012).

PALLIATIVE CARE: An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of pain and other problems (e.g., physical, psychosocial and spiritual) (World Health Organization, 2012).

PATIENT SAFETY: The pursuit of the reduction and mitigation of unsafe acts within the health care system, as well as the use of best practices shown to lead to optimal patient outcomes (Canadian Patient Safety Institute, 2008, Revised 2009).

POPULATION HEALTH: An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health (Public Health Agency of Canada, 2012b).

PRIMARY HEALTH CARE: An approach to health and a spectrum of services beyond the traditional health care system. It is the first level of contact of individuals, the family, and community with the health system, and includes all services that play a part in health, such as income, housing, education, and environment (Health Canada, 2006).

PROFESSIONAL BOUNDARIES: The defining lines which separate the therapeutic behaviour of a registered nurse from any behaviour which, well intentioned or not, could reduce the benefit of nursing care to clients. Professional boundaries set limits to the nurse-client relationship, which establishes a safe therapeutic connection between the professional and the person who seeks care (CARNA 2011; CRNNS 2012).

PROFESSIONAL PRESENCE: The professional behaviour of registered nurses, how they carry themselves and their verbal and non-verbal behaviours; respect, transparency, authenticity, honesty, empathy, integrity, and confidence are some of the characteristics that demonstrate professional presence. In addition, it is demonstrated by the way nurses use language, particularly how they refer to their own professional status and that of others by using first and last name and title in their communications (Adapted from Ponte, et al., 2007).

PROTECTED TITLE: Protected titles are enshrined in legislation and are used only by individuals who have met the requirements for registration/licensure within their jurisdiction. Protected titles are used by health professionals to indicate their professional designation to clients and the public (Adapted from The Council for Healthcare Regulatory Excellence, 2010).

RELATIONAL PRACTICE: An inquiry that is guided by conscious participation with clients using a number of relational skills including listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection, and a sensitivity to emotional contexts. Relational practice encompasses therapeutic nurse-client relationships and relationships among health care providers (Doane & Varcoe, 2007).

REQUISITE SKILLS AND ABILITIES: Those foundational skills and abilities that enable students, with or without accommodation, to achieve the entry-level competencies and provide safe, competent, compassionate, ethical nursing care in the best interest of the public (CRNBC, 2007).

SAFETY: Freedom from the occurrence or risk of injury, danger, or loss (Canadian Patient Safety Institute, 2008, Revised 2009).

SCOPE OF PRACTICE: Roles and functions which members of a profession are legislated, educated, and authorized to perform, and for which they are held accountable (Adapted from CRNNS, 2012).

SOCIAL JUSTICE: Ideas and actions towards creating a society or institution that is based on the principles of equality and solidarity. Proponents of social justice understand and value individual and collective human rights, recognize the dignity of every individual and group, identify the root causes of disparities and what can be done to eliminate them (Adapted from Alberta Health Services, 2011).

THERAPEUTIC RELATIONSHIPS: Planned, goal-directed, interpersonal processes occurring between nurses and clients that are established for the advancement of client values, interests, and ultimately, for promotion of client health and well-being.

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