



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

National Competencies

in the context of entry-level Registered Nurse practice

Adopted for
Ontario Registered Nurses
Entry-to-Practice Competencies

From the Jurisdictional Competency Process: Entry-level Registered Nurses
Revised June 2008



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THE STANDARD OF CARE.

OUR MISSION is to protect the public's right to quality nursing services by providing leadership to the nursing profession in self-regulation.

OUR VISION is excellence in nursing practice everywhere in Ontario.

National Competencies in the context of entry-level Registering Nurse practice Pub. No. 41037

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National Competencies in the context of entry-level Registered Nurse practice

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PREFACE

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 and ethical practitioners. Regulatory bodies achieve this mandate through a variety of regulatory activities such as registration and licensure, setting standards governing nursing practice and education, describing the scope of registered nursing practice, and identifying competencies required for entry-level registered nurse practice.

In June 2004, a jurisdictional collaborative project (JCP) was initiated by the Executive Directors of nursing regulatory bodies to revise the entry-level competencies for registered nurses. This project aimed to enhance jurisdictional consistencies in entry-level competencies, be congruent with the requirements of the Agreement on Internal Trade, support the Mutual Recognition Agreement about reciprocity of registration, and provide evidence for educational requirements based on entry-level competencies.

From a regulatory perspective the entry-level competencies serve the primary purpose of nursing education program approval* by describing what is expected of entry-level registered nurses in order to provide safe, competent, 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.

The collaborative work from June 2004 to May 2006 resulted in a document entitled *Competencies in the Context of Entry-level Registered Nurse Practice* (May 2006). The processes used to produce the document are published in *Competencies in the context of entry-level registered nurse practice: a collaborative project in Canada* (Black et al. 2008). The competencies document was developed for use by the participating jurisdictions as appropriate in their context. During 2006-2007 jurisdictions used the document within their own regulatory processes which included but was not limited to, requirements for member consultation and approval by the Board or Council. Each regulatory body then published the entry-level competencies approved in accordance with their context, policies and requirements.

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

One goal for the JCP is to bring into harmony the jurisdictional timelines for revision cycles of entry-level competencies. It is expected that a revision process is needed every five years. The JCP also aims to bring its revision cycle in line with that of Assessment Strategies Incorporated (ASI), the developer and provider of the Canadian Registered Nurse Examination (CRNE). Students who have met the requirements of an approved nursing education program are eligible to write the CRNE, successful completion of which is required for registration to practise.

A jurisdictional revision process that is completed just before the five year comprehensive review of the CRNE begins will enable the jurisdictions to contribute updated information for revision of the CRNE competencies. This will enhance congruence where appropriate between the competencies used in the CRNE and those used by the jurisdictions for entry-level registered nurse education program review purposes.

As a result of initial success and with long term needs in mind, the project has evolved into a process of five year reviews with a monitoring and otherwise inactive phase during the mid-point of five year cycles. Based on JCP experience, each active revision phase is estimated to require 18 to 24 months. In 2008, ASI began its competency development process for the CRNE that will be administered in 2010-2015. In anticipation of this, the JCP resumed collaborative work in September 2007 to determine any short term revisions needed based on feedback and lessons learned from jurisdictional use of the 2006 competencies document. An observer from ASI attended the 2008 discussions. The revisions completed in June 2008 are contained in this document. The next cycle of revisions needs to resume during 2011 for completion by the end of 2012 to inform the 2013 ASI competencies development process for the CRNE that will be administered in 2015-2020.

In accordance with JCP principles, the 2008 document sets out the competencies required for entry-level registered nurse practice for use by Canadian jurisdictions as appropriate in the context of each. The revised competencies continue to reflect baccalaureate nursing education. They are client-centred and futuristic with special attention given to new developments in 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.

There are no changes to the standards-based conceptual framework used to organize the competencies in five categories: professional responsibility and accountability; knowledge-based practice; ethical practice; service to the public; and self-regulation. The same components of the 2006 competencies document are included with minor revisions in each. The first components are a profile of newly graduated registered nurse practice and a set of assumptions on which the competencies are based. The document goes on to describe the application of the competencies expected by regulatory bodies within a basic nursing education program leading to registered nurse licensure and the context of the practice environment of entry-level registered nurses. A glossary of terms with several new definitions and updated references are provided to further understanding and interpretation of the 2008 document. The appendix contains a brochure version of the practice of newly graduated registered nurses developed in the summer of 2006.

* 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 consistently practise safely, competently and ethically:
 - in situations of health and illness
 - with people of all ages and genders
 - in a variety of settings
 - with the following possible recipients of care: individuals, families, groups, communities and populations.
3. The practice environment of entry-level registered nurses can be any setting or circumstance where nursing is practised (e.g., hospitals, communities, homes, clinics, schools, residential facilities and correctional facilities).
4. Entry-level registered nurses enter into practice with competencies that are transferable across diverse practice settings.
5. Entry-level competencies have a strong foundation in nursing theory, concepts and knowledge, health and sciences, humanities, research and ethics.
6. Entry-level registered nurses draw on multiple sources of knowledge required to attain proficiency over time in demonstrating the wide range of competencies in this document. The experience of entry-level registered nurses varies significantly during their education. Some may have limited experiences in certain practice environments and with some clients. Entry-level registered nurses:
 - i. Have the theoretical knowledge required to achieve a wide range of competencies.
 - ii. Have theoretical understanding of diverse practice situations that can be recognized without situational or practice experience.
 - iii. Have a unique experiential knowledge base, which has been shaped by specific practice experiences during the educational program.
 - iv. Refine technical and time management skills and develop proficiency with practice experience.
 - v. Develop greater ability to individualize assessment and care through experience and by reflecting on practice experiences.
 - vi. Use critical inquiry as a guide for practice decision-making and to reflect upon practice experiences.
 - vii. Are guided by theoretical knowledge regardless of the context of the situation and, with experience, are able to recognize more subtle nuances of situations.
 - viii. Through experience, enhance their confidence and ability to manage complex clinical situations.
 - ix. Recognize the limitations of their individual experience and knowledge, and seek guidance from experienced practitioners.
7. Entry-level registered nurses recognize the potential impact of their position of power and privilege on their relationships with clients.

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, other health care team members and employers.

PROFILE OF NEWLY GRADUATED REGISTERED NURSE PRACTICE: WHAT TO REASONABLY EXPECT

The professional practice of nursing is defined in provincial or territorial legislation. This profile provides a conceptual overview of the practice expected of the newly graduated registered nurse and highlights basic competencies that graduates of approved nursing education programs in each province or territory are expected to demonstrate.

All newly graduated registered nurses know the professional standards for registered nurses in their jurisdiction and apply them in their beginning nursing practice. They exercise professional judgment when using agency policies and procedures, or when practising in the absence of agency policies and procedures. They are team members who can be relied upon to accept responsibility and demonstrate accountability for their practice and, in particular, to recognize their limitations, ask questions, exercise professional judgment and determine when consultation is required. They demonstrate knowledge of the contributions of registered nurse practice to the achievement of positive client health outcomes. Entry-level registered nurses protect clients through recognizing and reporting unsafe practices when client or staff safety and well-being is potentially or actually compromised and take action to minimize harm.

Entry-level registered nurses draw on multiple sources of knowledge and a unique experiential knowledge base that has been shaped by specific practice experiences during their educational program. They understand the role of primary health care in health delivery systems and its significance for population health. They provide individualized nursing care for people of all ages and genders in situations related to health promotion, prevention and population health; altered health status including acute and chronic health conditions and rehabilitative care; and hospice, palliative and end-of-life care. Entry-level registered nurses demonstrate support for clients in making informed decisions about their health care and respect those decisions.

Entry-level registered nurses have a strong base in nursing knowledge and the social sciences, humanities, research and ethics (e.g., pathophysiology, pharmacology, microbiology, epidemiology, human growth and development, nutrition, genetics and role transitions for people of all ages and genders). They also have a knowledge base from nursing and other disciplines concerning current health care issues. They possess relational knowledge and skill in therapeutic communication, leadership, negotiation and basic conflict resolution strategies in which situations of conflict are transformed into healthier

interpersonal interactions. They recognize, seek immediate assistance, and then help others in a rapidly changing condition of a client that could affect the client's health or safety.

Entry-level registered nurses understand the significance of nursing informatics and other information communication technologies. They use existing health and nursing information systems to manage nursing and health care data. They know how and where to find evidence to support the provision of safe, competent, and ethical nursing care. They demonstrate a basic knowledge about the structure of the health care system and the political processes involved in health and illness care.

During the first six months of employment newly graduated registered nurses are in transition, learning the role as a registered nurse in a particular setting (Duchscher, 2004; Ferguson & Day, 2007). They learn this new role by observing other registered nurses in the specific practice setting and within the social network of their workplace. Time is required to consolidate professional relationships, learn practice norms in that practice setting, and gain depth in their nursing practice knowledge and judgment. As they develop confidence in their new role they assume higher levels of responsibility and manage complex clinical situations. They also recognize more subtle nuances of situations and patterns with more ease as they move to a more complex way of thinking and doing.

Entry-level registered nurses apply knowledge and use critical inquiry to support professional judgment and reasoned decision-making to develop health care plans. Their proficiency and productivity related to workload management and technical skills will increase with support and experience. They report and document client care and its ongoing evaluation in a clear, concise and timely manner.

Entry-level registered nurses adhere to nursing codes of ethics, demonstrating honesty, compassion, integrity, and respect in the care they provide. They establish and maintain therapeutic caring and culturally safe relationships with clients, and health care team members to ensure continuity of care for clients.

Entry-level registered nurses realize the importance of identifying what they know and do not know, what their learning gaps are and know how and where to access available resources. They determine when consultation is required with other health care team members or health related sectors and assist clients to access resources available. Entry-level registered nurses recognize the limitations of their practice and display initiative, a beginning confidence, self-awareness, in taking responsibility for their decisions and the care they provide. They recognize and analyze the factors that affect their own practice and client care and encourage constructive feedback amongst team members.

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. This definition of client includes individuals, families, groups, populations, or entire communities who require nursing expertise (CRNBC, 2005a). 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, 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 of the above categories, 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 competency statements. Therefore it 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, ethical registered nursing practice.

All registered nurses practise in a manner consistent with:

- (a) The regulatory body’s professional nursing practice standards for registered nurses;
- (b) Nursing codes of ethics;
- (c) Scope of registered nursing practice applicable in the jurisdiction; and
- (d) Common law, provincial and federal legislation that direct practice.

PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Professional Responsibility and Accountability: Demonstrates professional conduct; practises in accordance with legislation and the standards as determined by the regulatory body and the practice setting; and demonstrates that the primary duty is to the client to ensure consistently safe, competent, ethical nursing care.

COMPETENCIES: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

- 1. Represents self by name and professional designation (protected title) to clients and health care team members.
- 2. Is accountable and accepts responsibility for own actions and decisions.
- 3. Recognizes limitations of practice and seeks assistance as necessary.
- 4. Articulates the role and responsibilities of a registered nurse as a member of the nursing and health care teams.
- 5. Demonstrates a professional presence and models professional behaviour.
- 6. Demonstrates leadership in client care by promoting healthy and culturally safe work 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 honestly about work completed and not completed.
12. Uses basic conflict resolution strategies in which situations of conflict are transformed into healthier interpersonal interactions.
13. Adheres to the duty to report unsafe practice in the context of professional self-regulation.
14. Protects clients through recognizing and reporting unsafe practices when client or staff safety and well-being are potentially or actually compromised.
15. Questions and challenges unclear or questionable orders, decisions, or actions, made by other health care team members.
16. Recognizes and reports near misses and errors (own and others) and takes action to stop and minimize harm arising from adverse events.
17. Identifies, reports, and takes action on actual and potential safety risks to clients, self or others.
18. Participates in the analysis, development, implementation and evaluation of practice and policy that guide delivery of care.
19. Integrates quality improvement principles and activities into nursing practice.
20. Participates in a variety of professional activities related to the practice of registered nurses.

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: Draws on nursing knowledge and ways of knowing, along with knowledge from the sciences, humanities, research, ethics, spirituality, relational practice and critical inquiry.

COMPETENCIES: SPECIALIZED BODY OF KNOWLEDGE

21. Demonstrates knowledge of the contribution of registered nurse practice to the achievement of positive client health outcomes.
22. Has a knowledge base from nursing and other disciplines concerning current health care issues (e.g., the health care needs of older people, vulnerable and/or marginalized populations, health promotion, pain prevention and management, end-of-life care, problematic substance use, blood borne pathogens and traumatic stress syndrome).
23. Has a knowledge base about human growth, development and role transitions for people of all ages and genders, especially how these impact various states of health and wellness.
24. Has a knowledge base in the health sciences including physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology and nutrition.
25. Has a knowledge base about workplace health and safety including ergonomics, safe work practices, prevention and management of aggressive or violent behaviour.
26. Has a knowledge base concerning the growth and development of groups, communities, and population health perspectives.
27. Has theoretical and practical knowledge of relational practice and understands that relational practice is the foundation for all nursing practice.
28. Has a knowledge base in social sciences, the humanities, and health-related research (e.g., culture, power relations, spirituality, philosophical and ethical reasoning).
29. Demonstrates awareness about emerging community disasters and global health issues.
30. Demonstrates knowledge of population health research and population health issues (e.g., pandemic, emergency/disaster planning, food and water safety).
31. Knows how and where to find evidence to support the provision of safe, competent and ethical nursing care.
32. Knows how and where to find evidence to ensure personal safety and safety of other health care workers.
33. Understands the role of primary health care in health delivery systems and its significance for population health.

34. Understands the significance of nursing informatics and other information and communications technologies (ICTs) used in health care.
35. Engages in nursing or health research by reading and critiquing research reports and identifying research opportunities.
36. Supports involvement in nursing or health research through collaboration with others in conducting research, participating in research, and implementing research findings into practice.

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 and, while the presentation of these competency statements appears linear in nature, the actuality of providing nursing care reflects a critical inquiry process and an iterative process.

Area i) On-going Holistic Assessment: incorporates critical inquiry and relational practice to conduct an organized and comprehensive assessment that emphasizes client input and the determinants of health.

COMPETENCIES: ON-GOING HOLISTIC ASSESSMENT

37. Uses appropriate assessment tools and techniques in consultation with clients and other health care team members.
38. Engages clients in an assessment of the following: physical, emotional, spiritual, cultural, cognitive, developmental, environmental and social needs.
39. 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.
40. Uses anticipatory planning to guide an on-going assessment of client health status and health care needs.
41. Analyzes and interprets data obtained in client assessments to draw conclusions about client health status.
42. Takes action to minimize the potential for personal values, beliefs and positional power to influence or bias client assessment and care.
43. Demonstrates knowledge of the origins of the health disparities of Aboriginal peoples and the contributions of nursing practice to the achievement of positive health outcomes for Aboriginal peoples.
44. Engages clients in identifying their health needs, strengths, capacities and goals (e.g., the use of community development and empowerment principles, networking strategies, understanding of relational power and community capacity assessment).
45. Collaborates with other health care team members to identify actual and potential client health care needs, strengths, capacities and goals.

46. Completes assessments in a timely manner.
47. Completes assessments in accordance with agency policies and protocols.
48. Uses existing health and nursing information systems to manage nursing and health care data during client care.

Area ii) Collaborates with Clients to Develop Health care plans: Within the context of critical inquiry, relational and caring approaches, plans nursing care appropriate for clients which draws on 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, including client and staff safety.

COMPETENCIES: COLLABORATES WITH CLIENTS TO DEVELOP HEALTH CARE PLANS

49. Uses critical inquiry to support professional judgment and reasoned decision-making to develop health care plans.
50. Uses principles of primary health care in developing health care plans.
51. Facilitates the appropriate involvement of clients in identifying their preferred health outcomes.
52. Negotiates priorities of care with clients while demonstrating an awareness of the influence of existing positional power relationships.
53. Anticipates potential health problems or issues and their consequences for clients.
54. Anticipates potential staff safety concerns and initiates appropriate action.
55. Explores and develops a range of possible alternatives and approaches for care with clients.
56. Facilitates client ownership of direction and outcomes of care developed in their health care plans.
57. Collaborates with other health care team members to develop health care plans that promote continuity for clients as they receive conventional and complementary health care.
58. Determines when consultation is required with other team members or health related sectors and assists clients to access resources available.
59. Consults with other health care team members as needed to analyze and organize complex health challenges into manageable components for health care planning.

Area iii) Provides Nursing Care with Clients: Within the context of critical inquiry, relational and caring approaches, uses multiple sources of knowledge (knowledge from nursing science, health sciences, other related disciplines, practice knowledge, clients' knowledge and preferences, and factors within the health care setting) to consistently provide individualized nursing care for people of all ages and genders in situations related to:

- health promotion, prevention and population health;
- altered health status including acute and chronic health conditions and rehabilitative care; and
- hospice, palliative and end-of-life care.

COMPETENCIES: PROVIDES NURSING CARE WITH CLIENTS

60. Provides nursing care that is informed by a variety of theories relevant to health and healing (e.g., nursing, family, communication and learning, crisis intervention, systems, cultural, community development and population health theories).
61. Incorporates evidence from research, clinical practice, client preference, client and staff safety and other available resources to make decisions about client care.
62. Offers culturally safe nursing care.
63. Supports clients through developmental and role transitions from birth to death.
64. Manages multiple nursing interventions for clients with co-morbidities, complex, and rapidly changing health status with consultation as needed.
65. Recognizes, seeks immediate assistance, and helps others in a rapidly changing condition of clients that could affect client health or safety (e.g., myocardial infarction, surgical complications, acute neurological event, shock, acute respiratory event, cardiopulmonary arrest, perinatal crisis, premature birth, diabetes crisis, mental health crisis and trauma).
66. Applies principles of population health by collaborating to implement strategies to prevent illness and injury (e.g., communicable diseases, violence, abuse, neglect, addictive behaviours, risks of mental health problems, community disasters and emergencies).
67. Collaborates with clients to achieve mutually agreed upon health outcomes within the context of care.
68. Assists and supports clients to make informed choices and draw on personal strength and resources to modify practices for self-care and health promotion.
69. Assists clients to understand the link between health promotion strategies and health outcomes (e.g., physical activity and exercise, sleep, nutrition, stress management, personal and community hygiene practices, family planning, sexual health and community development).
70. Develops and implements learning plans to meet identified client learning needs.
71. Assists clients to identify and access health and other resources in their communities (e.g., other health disciplines, community health services, support groups, home care, relaxation therapy, meditation and information resources).
72. Provides supportive care to clients with chronic and persistent health challenges (e.g., mental health, problematic substance use, dementia, cardiovascular conditions and diabetes).
73. Applies knowledge consistently when providing care for physiological needs 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).
74. Applies safety principles, evidence-informed practices, infection control measures and appropriate protective devices consistently when providing nursing care to prevent injury to clients, self, other health care workers and the public.
75. Implements strategies related to the safe and appropriate administration and use of medication.

76. Demonstrates environmentally responsible practice (e.g., observing safe waste disposal methods, using energy as efficiently as possible, recycling plastic containers and other recyclable materials).
77. Manages therapeutic interventions safely (e.g., positioning, intravenous therapy, drainage tubes, skin and wound care, and psychosocial interaction).
78. Applies evidence-informed practices of pain prevention and management with clients using pharmacological and non-pharmacological measures.
79. Prepares the client for diagnostic procedures and treatments; provides post-diagnostic care; performs procedures; interprets findings and provides follow-up care as appropriate.
80. Provides nursing care to meet hospice, palliative or end-of-life care needs (e.g., pain and symptom control, spiritual support, advocacy and support for significant others).

Area iv) On-going Evaluation of Client Care: Collaborates with clients and members of the health care team while conducting an on-going organized and comprehensive evaluation to inform future care planning.

COMPETENCIES: ON-GOING EVALUATION OF CLIENT CARE

81. Uses critical inquiry to evaluate client care in a timely manner.
82. Monitors the effectiveness of client care in collaboration and consultation with individuals, families, groups and communities, and other members of the health care team.
83. Modifies and individualizes client care based on the emerging priorities of the health situation, and in collaboration with clients and other members of the health care team.
84. Verifies that clients have an understanding of essential information and skills to be active participants in their own care.
85. Reports and documents client care and its ongoing evaluation in a clear, concise, accurate and timely manner.

ETHICAL PRACTICE

Ethical Practice: Demonstrates competence in professional judgments and practice decisions by applying the principles implied in the code of ethics or ethical framework for registered nurses and by utilizing knowledge from many sources. Engages in critical inquiry to inform clinical decision-making, which includes both a systematic and analytic process along with a reflective and critical process. Establishes therapeutic, caring, and culturally safe relationships with clients and health care team members based on appropriate relational boundaries and respect.

COMPETENCIES: ETHICAL PRACTICE

86. Establishes and maintains a caring environment that supports clients to achieve optimal health outcomes, goals to manage illness or a peaceful death.
87. Identifies effect of own values, beliefs and experiences concerning relationships with clients, and uses this self-awareness to support compassionate and culturally safe client care.
88. Establishes and maintains appropriate professional boundaries with clients and other health care team members, including the distinction between social interaction and therapeutic relationships.
89. Engages in relational practice through a variety of approaches that demonstrates caring behaviours appropriate for clients (e.g., speech, touch, disclosure, confrontation and counselling).
90. Promotes a safe environment for clients, self, health care workers and the public that address the unique needs of clients within the context of care.
91. Demonstrates consideration of the spiritual and religious beliefs and practices of clients.
92. Demonstrates knowledge of the distinction between ethical responsibilities and legal rights and their relevance when providing nursing care.
93. Respects and preserves clients' rights based on a code of ethics or ethical framework (e.g., safe, compassionate, competent and ethical care; informed decision making; dignity; privacy and confidentiality; and being accountable).
94. 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).
95. Uses an ethical reasoning and decision-making process to address situations of ethical distress and dilemmas.
96. Accepts and provides care for all clients being respectful of diverse health status, diagnosis, experiences, beliefs, and health practices.
97. Demonstrates support for clients in making informed decisions about their health care, and respects those decisions.
98. Advocates for clients or their representatives especially when they are unable to advocate for themselves.

99. Demonstrates an understanding of ethical and legal considerations related to maintaining client confidentiality in all forms of communication.
100. Uses relational knowledge and ethical principles when working with health care team members 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 practise nursing in collaboration with clients and other members of the health care team to provide and improve health care services in the best interests of the public.

COMPETENCIES: SERVICE TO THE PUBLIC

101. Enacts the principle that the primary purpose of the registered nurse is to practise in the best interests of the public and to protect the public from harm.
102. Demonstrates basic 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) clinical practice or program level.
103. Demonstrates awareness of the impact of organizational culture on the provision of health care and acts to enhance the quality of a professional and safe practice environment.
104. Demonstrates leadership in the coordination of health care by:
 - (a) assigning and monitoring appropriate workloads for selected health care team members;
 - (b) delegating and monitoring the performance of delegated nursing activities by selected health care team members;
 - (c) maintaining professional boundaries and accountabilities for decisions concerning selected team members; and
 - (d) directing and coordinating selected team members in emergency situations.
105. Participates and contributes to nursing and health care team development by:
 - (a) promoting collaborative practice through application of principles of decision-making, problem solving and conflict management with all members of the health care team;
 - (b) building partnerships with health care team members based on respect for the unique and shared competencies of each member;
 - (c) recognizing that their values, assumptions and positional power affects team interactions, and uses this self-awareness to facilitate team interactions;
 - (d) contributing nursing perspectives on issues being addressed by other health care team members;

- (e) knowing and supporting the full scope of practice of various team members;
 - (f) using appropriate channels of communication;
 - (g) providing and encouraging constructive feedback amongst team members; and
 - (h) demonstrating respect for diversity and viewing difference as an opportunity to learn.
106. Collaborates with health care team members to respond to changes in the health care system by:
- (a) recognizing and analysing changes that affect own practice and client care;
 - (b) developing strategies to manage changes affecting one's practice and client care;
 - (c) implementing changes developed by others when appropriate; and
 - (d) evaluating effectiveness of strategies implemented to change nursing practice.
107. Uses established communication protocols within and across health care agencies, and with other service sectors.
108. Identifies potentially abusive situations and takes action to protect self and colleagues from injury (e.g., aggressive clients, bullying and nurse-to-nurse violence).
109. Manages physical resources to provide effective and efficient care (e.g., equipment, supplies, medication and linen).
110. Uses safety measures and health care resources to ensure a safe work environment (e.g., patient lifting devices, safe disposal of sharps and staffing levels).
111. Supports professional efforts in nursing to achieve a healthier society (e.g., lobbying, conducting health fairs and promoting principles of the Canada Health Act).
112. Supports healthy public policy and social justice.
113. Understands that policies can influence attitudes, beliefs, and the practices of health care providers, who must be advocates for equitable access to health care resources.
114. Demonstrates an awareness of emergency preparedness planning and resources and works collaboratively with others to develop and implement plans to facilitate protection of the public.

SELF-REGULATION

Self-Regulation: Demonstrates an understanding of professional self-regulation by developing and enhancing own competence, ensuring consistently safe practice, and ensuring and maintaining own fitness to practice.

COMPETENCIES: PROFESSIONAL SELF-REGULATION

115. Demonstrates an understanding of the mandates of regulatory bodies, professional associations and unions.
116. Demonstrates knowledge of nursing as a self-regulating and autonomous profession mandated by provincial/territorial legislation to protect the public.

117. Distinguishes between the legislated scope of practice and the registered nurses' individual scope of practice based on own level of competence.
118. Demonstrates self-regulation by assessing one's level of competence for safe, ethical practice in a particular context, and practises safely within the parameters of their own level of competence and legislated scope of practice.
119. Understands the significance of the concept of fitness to practice in the context of individual self-regulation and public protection.
120. Identifies and implements activities that maintain one's fitness to practice.
121. Develops support networks with registered nurse colleagues, other health care team members, and community supports.
122. Demonstrates an understanding of the concept of continuing competence, its role in self-regulation at the individual and professional levels and its significance for public protection.
123. Demonstrates continuing competence by:
 - (a) committing to life-long learning;
 - (b) assessing one's practice to identify individual learning needs;
 - (c) obtaining feedback from peers and other sources to augment one's assessment and develop a learning plan;
 - (d) seeking and using new knowledge that may enhance, support or influence competency in practice;
 - (e) 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; and
 - (f) meeting regulatory requirements for continuing competence.

APPLICATION OF THE COMPETENCIES EXPECTED DURING NURSING EDUCATION

Nursing education programs must ensure that practice/clinical hours reflect national and jurisdictional practices and/or standards and are adequate to allow graduates to achieve curriculum/program objectives and entry-level competencies for registered nurses. Approved nursing education programs are required to provide learning opportunities for students to apply the entry-level competencies in direct practice experiences with clients of all ages and genders in a variety of settings. The settings need to include practice opportunities to provide nursing care in health promotion; the prevention of injury and illness; curative, supportive, rehabilitative and palliative care, including end-of-life care. Nursing education programs are expected to provide evidence of the nature and length of practice learning experiences available to all students during program approval reviews.

Implications

To fulfill the requirements, nursing education programs and health care settings work in partnership to ensure that nursing students have access to quality practice learning experiences that enable them to achieve entry-level competencies. It is acknowledged that nursing education programs are challenged to provide sufficient and appropriate practice learning experiences. This difficulty arises due to circumstances that are largely beyond the

control of educational institutions providing nursing education such as restructuring of the health care system or delivery of health care. Therefore, while the primary responsibility for preparation rests with the education institutions, the ability to provide quality education experiences necessitates collaboration with managers, preceptors, employers, regulators, government and other key stakeholders. Nursing education programs are expected to describe for program reviews the partnerships established with key stakeholder groups to assist with selecting, planning and evaluating theoretical and practice learning experiences.

The provision of practice learning experiences can be challenging depending on the client population and setting. Over the past few years, student practice experiences in perinatal nursing, the nursing care of children in acute care settings, and practice experiences in mental health/illness have been the most difficult to obtain, but the difficulties are not restricted to these examples. Students benefit from multiple learning opportunities in a laboratory setting where they can begin to apply the entry-level competencies. Such laboratory experiences often include but are not limited to, simulators and simulated clients; videotaped replay of various technical nursing skills, and relationship, assessment and interviewing skills; and a variety of other learning resource materials. Models, CDs, seminars, tutorials, reflective practice conferences, peer feedback and problem-based studies are some of the various learning activities that can play a vital role in helping students achieve the competencies at the application level. It has been shown that while laboratory experiences such as providing care to simulated clients increases student confidence and performance it does not take the place of providing care to an actual client (Harder, 2008; Kirkham, Harwood, Terblanche, Hofwegen & Sawatzky, 2008). **Laboratory and simulated experiences cannot replace practice learning experiences with direct client nursing care.** Nursing education programs are expected to monitor and document the learning experiences each student completes for the purposes of program reviews.

Jurisdictional nursing education program review processes give due consideration to evidence concerning all sorts of learning activities, in addition to direct practice learning experiences with people of all ages and genders in diverse settings. Student learning experiences in agencies or with groups that do not deliver health care as their primary mandate play an important role. Learning experiences with children in schools, daycares, community centers and other locations offer valuable learning opportunities for the achievement of some entry-level competencies. Similarly, learning experiences with older persons may be obtained in a variety of settings including public and community living as well as institutional and residential settings. **Such experiences cannot replace experiences with clients in acute care and other traditional health care settings.** Innovative arrangements developed by nursing education programs to provide practice learning experiences for students are encouraged provided the learning outcomes are evaluated so that evidence of their effectiveness can be provided during program approval reviews.

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. An identified responsibility of employers is to create and maintain practice environments that support competent registered nurses in providing safe, ethical and quality health care (CNA/CFNU, 2006; CRNBC, 2007a; CRNNS, 2007; Lowe, 2008). While the practice environment is an essential component in supporting the practice of all registered nurses, it is a critical component that influences the consolidation of entry-level registered nurse practice and the further development of competence to provide consistently safe, competent and ethical nursing care in situations of increased complexity.

It is unrealistic to expect entry-level registered nurses to function at the level of practice of an experienced registered nurse. Newly employed graduated registered nurses require a reasonable period of time to adjust to work life as an employee (Duchscher, 2004; Duchscher & Cowin, 2006; Ferguson & Day, 2007). Supportive practice environments that encourage newly graduated nurses to feel welcome, safe, valued and nurtured, ease their transition into practice, and help reduce stress, increase competence and support safe quality care. Newly graduated registered nurses, like experienced registered nurses, need to feel valued and respected if we hope to retain them in the workplace.

Creating a quality practice environment is the shared responsibility of governments, employers, nurses, nursing organizations and postsecondary educational institutions. The following quality practice environment indicators are vital to support entry-level registered nurses to practise safely, competently and ethically. While practice settings might be challenged to provide every indicator, for each indicator that is not available in the practice environment, a potential barrier exists for the consolidation of entry-level registered nurse practice. The indicators have been derived from several sources (CNA/CFNU, 2006; CRNNS, 2007; CRNBC, 2005b; CRNBC, 2007a):

- Provide initial experiences working in the same practice environment, with similar client populations, to support entry-level registered nurses to consolidate their knowledge application and skills.
- Consider workload and staff scheduling that addresses 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).
- Promote an environment that encourages registered nurses to pose questions, engage in reflective practice and ask for assistance without being criticized.

- Identify and inform entry-level registered nurses of the resources available to support their practice consolidation and development. 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.
- Identify the competencies required in a particular setting, position, or situation of added responsibility and provide opportunities for the entry-level registered nurses to demonstrate the competencies before being placed in such a position.
- Develop beginning leadership competencies with experiences, support and mentoring; to prepare for a move into a charge or supervisory role.
- Provide ongoing constructive feedback and formal evaluation processes, which are essential for the development of the practice of entry-level registered nurses and support clarity about accountability and responsibility for their practice (e. g., performance appraisals).
- Encourage and support experienced registered nurses to mentor beginning registered nurses (e.g., provide education and recognition for registered nurse mentors).

GLOSSARY OF TERMS

ACCOUNTABILITY: The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties (Ellis & Hartley, 2005).

ADVERSE EVENT: An unintended injury or complication that results in disability at the time of discharge, death or prolonged hospital stay, and that is caused by health care management rather than by the patient's underlying disease process (Baker et al., 2004; CRNBC, 2005c).

APPROVAL OF NURSING EDUCATION PROGRAM: 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.

BOUNDARY: Professional boundaries are the defining lines which separate the therapeutic behavior of a registered nurse from any behaviour which, well-intentioned or not, could reduce the benefit of nursing care to clients, families and communities (CRNNS, 2002; SRNA, 2007).

CLIENT: Individuals, families, group, population or entire communities who require nursing expertise. In some clinical settings, the client may be referred to as a patient or resident (CRNBC, 2005a).

COMMUNITY: An organized group of persons bound together by ties of social, ethnic, cultural, occupational origin or geographic location (Canadian Public Health Association, as cited in CNA, 2004a).

COMPETENCE: The quality or ability of a registered nurse to integrate and apply the knowledge, skills, judgments, and personal attributes required to practise safely and ethically in a designated role and setting. Personal attributes include but are not limited to attitudes, values and beliefs (CARNA, 2006; NANB, 2005).

COMPETENCIES: Statements about the knowledge, abilities, skills, attitudes and judgments required to perform safely within the scope of an individual's nursing practice or in a designated role or setting (CRNBC, 2006b).

COMPETENT: Having or demonstrating the necessary knowledge, skills and judgments required to practise safely and ethically in a designated role and setting.

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE (CAHC): Diagnosis, treatment and/or prevention that complement mainstream medicine by contributing to a common whole, by satisfying a demand not met by conventional approaches, or by

diversifying the conceptual framework of medicine. Some common CAHC practices include: chiropractic services, massage therapy and traditional Chinese medicine. While Complementary and Alternative Medicine (CAM) is the term most often used internationally, CAHC recognizes the diversity of practice areas, including medicine, and is the term most commonly used by Health Canada in a policy context (CRNBC, 2006a; Health Canada, 2003).

CONFLICT RESOLUTION: The various ways in which people or institutions deal with social conflict; it is based on the belief that conflict is valued and valuable and moves through predictable phases in which relationships and social organizations are transformed and that conflict has the potential to change parties' perceptions of self and others. Transformative effects of conflict should be channelled toward producing positive systematic change and growth. Conflict transformation begins before there is conflict in a group by practising critical reflection and practising ways of valuing diverse perspectives, interests and talents (Chinn, 2004; Lederach, 1995).

COUNSELLING: An interaction in which the registered nurse offers clients time, attention and respect, with the intention of helping clients explore, discover and clarify ways of living more successfully and towards greater well being. The registered nurses' role is to facilitate the client's work in ways, which respect the client's values, personal resources and capacity for self-determination (Adapted from Freshwater, 2003; Tschudin, 1995).

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: Includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Culturally competent care reflects an understanding of the client's perspective, expectations, behaviours, and decisions related to their health, as reflective of their values and beliefs, and adapting nursing practice to meet the needs of the client (CNA, 2004b; CRNNS, 2004).

CULTURAL SAFETY: Cultural safety addresses power relationships between the service provider and the people who use the service. A manner that affirms, respects and fosters the cultural expression of clients. This usually requires registered nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practise in a way that affirms the culture of clients and registered nurses. Unsafe cultural practice is any action which demeans, diminishes or disempowers the cultural identity and well being of people (IPAC-AFMC, 2008; Smye & Browne, 2002).

DETERMINANTS OF HEALTH: At every stage of life, health is determined by complex interactions among social and economic factors, the physical environment, and individual behaviour. These factors are referred to as determinants of health. They do not exist in isolation from each other. These determinants, in combination, influence health status. The key determinants are income and social status, social support networks, education, employment or working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture (CNA, 2004a).

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 (CRNBC, 2006b).

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 (CNA/CMA, 2005).

EVIDENCE-INFORMED PRACTICE: Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (CRNBC, 2005d; 2005e; CHSRF, 2005).

FITNESS TO PRACTICE: All the qualities and capabilities of an individual relevant to his or her capacity to practise as a registered nurse, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practise nursing (CRNBC, 2006b).

GENERALIST: A registered nurse prepared to practise safely and effectively along the continuum of care in situations of health and illness across the person's life cycle (CNA, 2004a).

GLOBAL HEALTH: The optimal well-being of all humans from the individual and the collective perspective and is considered a fundamental right, which should be accessible to all (CNA, 2003).

HEALTH CARE PLAN: An integrated interdisciplinary strategy designed to meet a client's identified health care needs. The health care plan is formulated based on the information gathered in an integrated interdisciplinary assessment, and indicates how each of the identified needs will be met. Interdisciplinary team members work with clients in resolving health issues arising from the assessment (Adapted from Smith, Smith, Newhook, & Hobson, 2006, p. 94).

HEALTH CARE TEAM: Clients, families, health care professionals, paraprofessionals, students, volunteers and others who may be involved in providing care (CRNBC, 2005a).

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT): Encompasses all those digital and analogue technologies that facilitate the capturing, processing, storage and exchange of information via electronic communication. Information and Communications Technologies are computer hardware, software and peripherals, the Internet and its applications like e-mail, e-commerce and e-conferencing, Intranets, satellite broadcasting networks, wireless communication devices, including mobile phones, PDAs and voice mail, DVDs, CD-Roms, digital and analogue radio, television, video, telephones and fax machines (Health Canada eHealth Resources, 2008).

LEADERSHIP: Process of influencing people to accomplish common goals. The attributes of leadership include self-awareness, commitment to individual growth, ethical values and beliefs, presence, reflection and foresight, advocacy, integrity, intellectual energy, being involved, being open to new ideas, having confidence in one's own capabilities and a willingness to make an effort to guide and motivate others. Leadership is not limited to formal leadership roles (CRNNS, 2004).

NEAR MISS: A situation in which a patient had a narrow escape from a serious complication. It may also be called a "near hit" or "close call" (CRNBC, 2005c).

NURSING INFORMATICS: Integrates nursing science, computer science, and information science to manage and communicate data, information, and knowledge in nursing practice. Nursing informatics facilitates the integration of data, information, and knowledge to support clients, nurses, and other providers in their decision-making in all roles and settings" (CNA, 2006a; Staggers & Thompson, 2002).

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

POPULATION: All people sharing a common health issue, problem or characteristic. These people may or may not come together as a group (CNA, 2004a).

PRIMARY HEALTH CARE: Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process (CNA, 2005; WHO, 1978).

PROFESSIONAL PRESENCE: As a reflective practitioner, the registered nurse demonstrates confidence, integrity, optimism, passion, and empathy, in accordance with professional standards, guidelines and codes of ethics. This includes the registered nurses' verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of name and title (Adapted from Lachman, 2001; SRNA, 2007).

PROTECTED TITLE: A professional title, protected by legislation, that can be used only by individuals who have met the requirements for registration within their jurisdiction, and, once registered, continue to meet the requirements for registration renewal (CRNBC, 2007b).

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 (RSA): Those foundational skills and abilities that enable students, with or without accommodation, to achieve the entry-level competencies and provide safe, competent, ethical nursing care in the best interest of the public. The RSAs are organized into seven categories: cognitive, communication, behavioural, interpersonal, physical, sensory perception and environment (CRNBC, 2007c).

SAFETY: The reduction and mitigation of unsafe acts within the health care system, and refers to both staff and patient safety. Staff safety includes but is not limited to, prevention of musculoskeletal injury, prevention and management of aggressive behaviour, and infection control. Patient safety is the state of continuously working toward the avoidance, management and treatment of unsafe acts. Patient and staff safety can only occur within a supportive and non-blaming environment that looks at systems' issues rather than blame individuals. The health and well-being of all clients and staff is a priority in a culture of safety environment (CRNBC, 2005c; CRNBC, 2007a; National Steering Committee for Patient Safety, 2003; Nicklin, et al. 2004).

SCOPE OF PRACTICE: Activities, that registered nurses are educated and authorized to perform as set out in jurisdictional legislation.

SOCIAL JUSTICE: The fair distribution of society's benefits, responsibilities and their consequences. It focuses on the relative position of one social group in relationship to others in society as well as on the root causes of those disparities and what can be done to eliminate them (CNA, 2006b; 2008; SRNA, 2007).

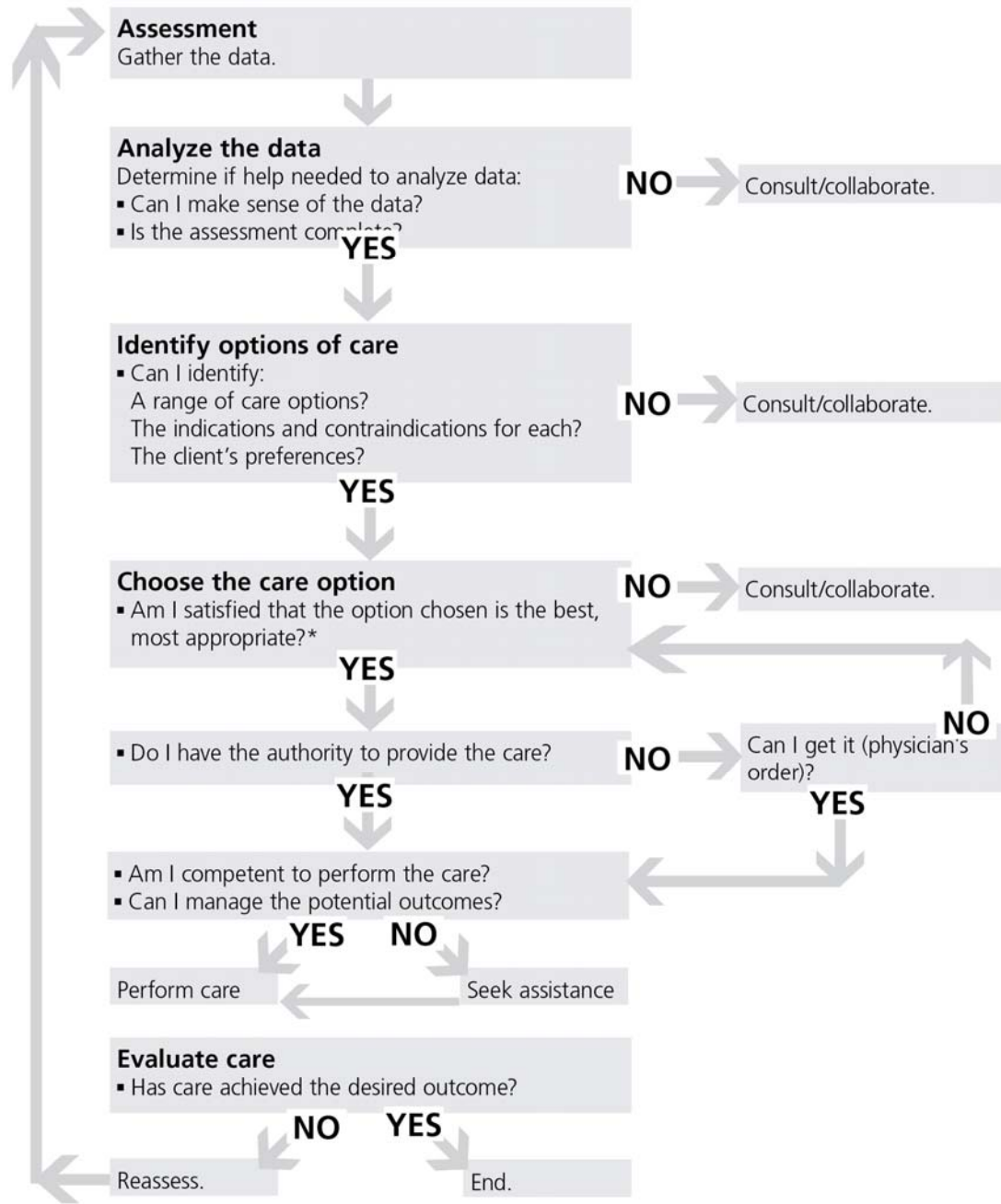
SPIRITUALITY: Values, beliefs, practices and concerns about meaning and purpose in life.

THERAPEUTIC RELATIONSHIP: A relationship that is professional and therapeutic, and ensures the client's needs are first and foremost. The relationship is based on trust, respect, and intimacy, and requires the appropriate use of the power inherent in the care provider's role. The professional relationship between registered nurses and their clients is based on a recognition that clients (or their alternative decision-makers) are in the best position to make decisions about their own lives when they are active and informed participants in the decision making process (College of Nurses of Ontario, 2006; CRNBC, 2006c).

Summary

This section has identified the College's expectations of entry-level RNs and practice settings with regard to practice decision-making. The framework and elements to support decision-making have been described. Practice experience will further contribute to the development of skills and confidence in making nursing practice decisions that promote quality client care.

Decision Tree: A Guide to Practice Decision Making for the Entry-Level Registered Nurse



* The nurse's advocacy efforts may be required in situations where efforts to obtain a physician's order for the care option identified by the nurse as "the best and most appropriate" have been unsuccessful.

APPENDIX: BROCHURE: PROFILE OF A NEWLY GRADUATED REGISTERED NURSE

Profile of a Newly Graduated Registered Nurse

Newly graduated registered nurses (RNs) are at the point of initial registration or licensure, following graduation from an approved nursing education program. These entry-level RNs provide individualized nursing care for people of all ages and genders in situations related to health promotion, prevention and population health; altered health status including acute and chronic health conditions and rehabilitative care; and hospice, palliative and end-of-life care. They are employed in diverse practice environments (e.g., hospital, community, home, clinic, school, residential facilities) which range from large urban to remote rural settings. Newly graduated RNs adhere to the principle that the primary purpose of the RN is to practise in the best interest of the public and to protect the public from harm by providing safe, competent and ethical care.

This brochure provides an overview of:

- the **practice** expected of newly graduated RNs;
- the **competencies** that graduates of approved nursing education programs are expected to demonstrate; and
- the **supports needed in the practice environment**.

What to Reasonably Expect of Newly Graduated RNs

Educational preparation enables new graduates to draw on multiple sources of knowledge and a unique experiential knowledge base that has been shaped by specific practice experiences during their educational program. They have the theoretical and practical knowledge base to provide nursing care. Their proficiency and productivity related to workload management and their technical skills will increase with support and experience.

It is unrealistic to expect newly graduated RNs to function at the level of practice of an experienced RN.

Newly graduated RNs:

- adhere to nursing codes of ethics, standards of practice and demonstrates a professional presence and models professional behavior
- accept responsibility and demonstrate accountability for their practice by recognizing their limitations, asking questions, exercising professional judgment and determines when consultation is required
- establish and maintain therapeutic and culturally safe relationships with clients and members of the nursing and interprofessional care teams, based on

appropriate relational boundaries and respect

- have a strong base in nursing knowledge and apply their knowledge and skills in the provision of safe, competent and ethical care
- apply knowledge from other sciences and humanities relevant to nursing practice (e.g., pathophysiology, pharmacology, microbiology, human growth and development, nutrition, genetics, immunology)
- apply knowledge and uses critical inquiry their practice. Their decision-making includes ongoing holistic assessment, collaborative planning, provision and evaluation of nursing care with clients and others
- facilitate and coordinate continuity of care to ensure that the client is a part of the decision-making team and that appropriate information and care plans are clearly communicated to both formal and informal caregivers
- use existing health and nursing information systems to manage nursing and health care data
- report and document client care and its ongoing evaluation in a clear, concise and timely manner
- report potential or actual unsafe situations for clients or health care professionals and act as advocates to promote clients rights

Application of Entry-level Competencies in Nursing Education Programs

Approved nursing education programs are required to provide a breadth of nursing knowledge and varied practice learning opportunities to enable students to achieve the entry-level competencies. Students apply these competencies in direct practice experiences with clients of all ages and genders in a variety of settings.

Direct practice experiences are supplemented and maximized by a variety of other learning activities in which students can begin to apply the entry-level competencies. While the primary responsibility for preparation rests with the educational institutions, the ability to provide quality educational experiences necessitates collaboration with managers, preceptors, employers, regulators, government, and other key stakeholders. Learning activities that play a vital role in helping students achieve the entry-level competencies at the application level include but are not limited to models, CDs, seminars, tutorials, reflective practice conferences, peer feedback and problem-based studies.

Supports Needed in the Practice Environment

The practice environment is an essential component in supporting the practice of all RNs and is critical for the consolidation of newly graduated RN practice.

Employers need to support newly graduated RNs to practise safely, competently and ethically. This is achieved by:

- providing initial work experiences in the same practice environment and with similar client populations
- ensuring workload and staff scheduling decisions consider the needs of newly graduated RNs (e.g., providing sufficient time to discuss and plan care with colleagues and clients receiving care)
- encouraging RNs to pose questions, engage in reflective practice and ask for assistance without being criticized
- identifying and informing newly graduated RNs of the resources available to support their practice
- providing position-specific education and professional development through orientation, in-service education and mentorship programs
- identifying the competencies required in a particular setting, position or situation of added responsibility (e.g., "in charge"), and providing opportunities to meet the competencies before being placed in such a situation

- providing ongoing constructive feedback and formal evaluation processes
- encouraging and supporting experienced RNs to mentor beginning RNs

It is important for newly graduated RNs to gain confidence, experience, knowledge and skills in a workplace that values and supports their contribution to the health care team.

Additional publications and resources can be found in the College of Nurses of Ontario website: www.cno.org.

REFERENCES

- Baker, G.R., Norton, P.G., Flintoft, V., Blais, R., Brown, A., Cox, J. et al. (2004). The Canadian adverse events study: The incidence of adverse events among hospital patients in Canada. *CMAJ: Canadian Medical Association Journal*, 170(11), 1678-86.
- Black, J., Allen, D., Redford, L., Muzio, L., Rushowick, B., Balaski, B. et al. (2008). Competencies in the context of entry-level registered nurse practice: A collaborative project in Canada. *International Nursing Review*, 55(2), 171-178.
- Brunt, B.A. (2005). Critical thinking in nursing: An integrated review. *The Journal of Continuing Education in Nursing*, 36(2), 60-67.
- Canadian Health Service Research Foundation (2005). How CHSRF defines evidence. *Links*, 8(3), 1-8. Retrieved electronically December 9, 2005 from http://www.chsrf.ca/other_documents/newsletter/pdf/v8n3_e.pdf
- Canadian Nurses Association (2003). *Position Statement: Global health and equity*. Ottawa: Author.
- Canadian Nurses Association (2004a). *Blueprint for the Canadian Registered Nurse Examination: June 2005-May 2009*. Ottawa: Author.
- Canadian Nurses Association (2004b). *Position Statement: Promoting culturally competent care*. Ottawa: Author.
- Canadian Nurses Association (2005). *Primary health care: A summary of issues. CNA Backgrounder*. Ottawa: Author.
- Canadian Nurses Association (2006a). *Position Statement. Nursing Information and knowledge management*. Ottawa: Author.
- Canadian Nurses Association (2006b). *Social justice...a means to an end, an end in itself*. Ottawa: Author.
- Canadian Nurses Association (2008). *Code of ethics for registered nurses*. Ottawa: Author.
- Canadian Nurses Association and Canadian Federation of Nurses Unions (2006). *Joint Position Statement: Practice environments: Maximizing client, nurse and systems outcomes*. Ottawa: Authors.

- Canadian Nurses Association and Canadian Medical Association (2005). Joint CNA/CMA position statement on environmentally responsible activity in the health sector. Ottawa: Authors.
- Canadian Patient Safety Institute (2008). The safety competencies: Enhancing patient safety across the health professions Draft Framework. Ottawa: Author.
- Chinn, P.L. (2004). Peace and power: Creative leadership for building community (6th ed.). Boston: Jones and Bartlett.
- College of Nurses of Ontario (2006). Practice Standard: Therapeutic nurse - client relationship. Toronto: Author (Pub. No. 41033).
- College and Association of Registered Nurses of Alberta (2006). Entry-to-practice competencies for the registered nurses profession. Retrieved electronically on June 30 2008 from <http://www.nurses.ab.ca/Carna-Admin/Uploads/Entry-to-Practice%20Competencies.pdf>
- College of Registered Nurses of British Columbia (2005a). Professional standards for registered nurses and nurse practitioners. Vancouver: Author (Pub. No. 128).
- College of Registered Nurses of British Columbia (2005b). Guidelines for quality practice environments for nurses in British Columbia. Vancouver: Author (Pub. No. 409).
- College of Registered Nurses of British Columbia (2005c). Position Statement: Patient safety. Vancouver: Author (Pub. No. 420).
- College of Registered Nurses of British Columbia (2005d). Scope of practice for registered nurses: Standards, limits, and conditions. Vancouver: Author (Pub. No. 433).
- College of Registered Nurses of British Columbia (2005e). Position Statement: Nursing and research. Vancouver: Author (Pub. No. 94).
- College of Registered Nurses of British Columbia (2006a). Practice Standard: Complementary and alternative health care. Vancouver: Author (Pub. No. 437).
- College of Registered Nurses of British Columbia (2006b). Competencies in the context of entry-level registered nurse practice in British Columbia. Vancouver: Author (Pub. No. 375-1). Retrieved electronically June 20 2008 from <http://www.crnbc.ca/downloads/375.pdf>

- College of Registered Nurses of British Columbia (2006c). Nurse- Client relationships. Vancouver, BC: Author (Pub. No. 406).
- College of Registered Nurses of British Columbia (2007a). Fact Sheet: Quality practice environments. Vancouver: Author (Pub. No. 412).
- College of Registered Nurses of British Columbia (2007b). Practice Standard: Appropriate use of titles by nurses. Vancouver: Author (Pub No. 343).
- College of Registered Nurses of British Columbia (2007c). Becoming a registered nurse in British Columbia: Requisite skills and abilities. Vancouver: Author (Pub. No. 464).
- College of Registered Nurses of Nova Scotia (2002). Guidelines for nurse-client relationships. Halifax: Author.
- College of Registered Nurses of Nova Scotia (2004). Entry-level competencies for registered nurses in Nova Scotia. Halifax: Author. Retrieved electronically June 30 2008 from <http://www.crnns.ca/documents/EntryLevelCompetencies2004.pdf>
- College of Registered Nurses of Nova Scotia (2007). Position Statement: Quality nursing practice environments. Halifax: Author.
- Doane, G. H., & Varcoe, C. (2007). Relational practice and nursing obligations. *Advances in Nursing Science*, 30(3), 192-205.
- Duchscher, J.E.B. (2004). Transition to professional nursing practice: Emerging issues and initiatives. In M.H. Oermann & K.T. Heinrich, *Annual Review of Nursing Education*, 2, 238-303.
- Duchscher, J.E.B. & Cowin, L.S. (2006). The new graduates' professional inheritance. *Nursing Outlook*, 54(3), 152-158.
- Ellis, J.R., & Hartley, C.L. (2005). *Managing and coordinating nursing care* (4th ed.). Philadelphia: Lippincott.
- Ferguson, L. M., & Day, R. A. (2007). Challenges for new nurses in evidence-based practice. *Journal of Nursing Management*, 15, 107-113.
- Freshwater, D. (2003). *Counselling skills for nurses, midwives and health visitors*. Philadelphia: Open University Press.
- Harder, N. (2008, March). Use of Simulation in Teaching and Learning in Health Sciences: A Systematic Review. Paper presented at the University of Manitoba, Winnipeg, MN.
- Health Canada. (2003). *Complementary and alternative care: The other mainstream?*

Health Policy Research Bulletin, (1)7. Retrieved electronically January 5 2008 from http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2003-7-complement/intro_e.html

IPAC-AFMC (2008). First Nations, Inuit, Métis Health CORE COMPETENCIES: A Curriculum Framework for Undergraduate Medical Education. Indigenous Physicians Association of Canada and Association of Faculties of Medicine of Canada. Ottawa: Authors.

Kirkham, S.R., Harwood, C.H., Terblanche, L., Van Hofwegen, L., & Sawatzky, R. (2008). The Use of clinical placements in nursing education: A national survey. Trinity Western University, Nursing Department, Langley, British Columbia.

Lachman, V. (2001). Professional presence: How do we get it? *Nursing Management*, 32(10), 41-42.

Lederach, J.P. (1995). *Preparing for peace: Conflict transformation across cultures*. Syracuse University Press: Syracuse, NY.

Lowe, G.S. (2008). The role of healthcare work environments in shaping a safety culture. *Healthcare Quarterly*, 11(2), 43-51.

National Steering Committee for Patient Safety (2003). *The Canadian Patient Safety Dictionary*. Ottawa: Royal College of Physicians and Surgeons of Canada.

Nicklin, W., Mass, H., Affonso, D.D., O'Conner, P., Ferguson-Pare, M., Jeffs, L. et al. (2004). Patient safety culture and leadership within Canada's academic health science centers: Toward the development of a collaborative position paper. *Nursing Leadership*, 17(1), 22-34.

Nurses Association of New Brunswick (2005). *Standards of practice for registered nurses*. Fredericton: Author. Retrieved electronically on July 3 2008 from http://www.nanb.nb.ca/pdf_e/Publications/General_Publications/StandardsofRegisteredNursesE.pdf

- Saskatchewan Registered Nurses' Association (2007). Standards and foundation competencies for the practice of registered nurses. Regina: Author. ISBN 1-895704-18-9. Retrieved electronically on July 2 2008 from http://www.srna.org/nurse_resources/standards_competencies.pdf
- Smith, D.L., Smith, J.E., Newhook, C. & Hobson, B. (2006). Continuity of care, service integration, and case management. In J. M. Hibberd, & D.L. Smith (Eds.), *Nursing leadership and management in Canada* (3rd ed.) (pp. 81-112). Toronto: Elsevier Mosby.
- Smye, V., & Browne, A. (2002). 'Cultural safety' and the analysis of health policy affecting aboriginal people. *Nurse Researcher*, 9(3), 42-56.
- Staggers, N., & Thompson, C.B. (2002). The evolution of definitions for nursing informatics: A critical analysis and revised definition. *Journal of the American Medical Informatics Association (JAMIA)*, 9(3), 255-261.
- Tschudin, V (1995). *Counselling skills for nurses* (4th ed.). London: W.B. Saunders.
- World Health Organization (1978). *Report of the international conferences on primary health care, Alma-Ata, USSR*. Geneva: Author.



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