

PLAR Report and Recommendations

**A Prior Learning Assessment and
Recognition (PLAR) model for nursing
baccalaureate equivalency**

**Prepared for the College of Nurses of Ontario by the
Canadian Institute for Recognizing Learning (CIRL)
January 20, 2006**



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

THE STANDARD OF CARE.

ACKNOWLEDGEMENTS

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We would also like to thank the members of the Advisory Committee whose perspectives and creative ideas made an important contribution to the consultation process, the findings in this report, and the development of next steps.

PLAR Report and Recommendations

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Executive Summary

Introduction

On January 1, 2005, under Section 6 (1.1) of Ontario Regulation 275/94 of the *Nursing Act*, the program requirement for registration as a registered nurse (RN) in Ontario became an Ontario baccalaureate degree in nursing, an equivalent degree from another jurisdiction, or an equivalent combination of basic nursing education plus additional education and/or experience¹.

Prior to the passing of the Regulation, it was identified that a process would be needed to determine “equivalency” to an Ontario baccalaureate degree in nursing for those applicants who had completed non-baccalaureate-equivalent RN education and could provide evidence that they had additional education and/or nursing experience. The CNO determined that the development of a prior learning assessment and recognition (PLAR) process would be the best mechanism to make that determination.

In October 2004, the CNO applied to the Ministry of Training, Colleges and Universities for financial support to pursue a PLAR project for this purpose, and in January 2005 was awarded full funding to undertake the project.

In March 2005, the CNO commenced a research and consultation process designed to establish criteria and a model for a valid, reliable PLAR process. Through this process, an additional objective was to solicit and solidify interest by Ontario colleges or universities in becoming the assessing agencies that would pilot test such a PLAR process.

The CNO retained an expert in PLAR to conduct research and provide advice on how PLAR could be integrated into the CNO registration process. An Advisory Committee comprised of educators and employers was established to provide insights into issues and options and throughout 2005, research and consultations were conducted on PLAR and related issues.

Our research indicated that although there are challenges associated with PLAR, it is growing in education and licensing settings in Canada and in other parts of the world. Regulatory bodies, in cooperation with postsecondary educational institutions, are using PLAR pilot projects to develop processes to assess the knowledge and skills of internationally educated applicants.

PLAR processes vary by organization. In many instances, health regulatory bodies are not direct PLAR delivery agents. However, they have tended to adopt and contextualize generally accepted PLAR principles. The College’s contribution to the PLAR process in this instance will be one of establishing a principle-based foundation for PLAR and clear criteria that ensure compliance with Registration Committee requirements but still allow assessing agencies flexibility in determining how assessments are conducted to achieve valid, reliable, and consistent outcomes.

The decision of the CNO to work cooperatively with postsecondary institutions on the establishment of PLAR criteria and process model, presents an opportunity to capitalize on the rich resources of the postsecondary sector in establishing a PLAR service that reflects appropriate adult learning principles and has the capacity to develop new practices as our own learning about learning and assessment evolves.

¹ Section 6 (1.1) iii. also provides a “grandparenting” provision to allow RNs previously registered in other Canadian jurisdictions to register in Ontario without having to meet the 2005 baccalaureate (or equivalent) program requirement.

To assist in the consistent, transparent, and orderly provision of credible PLAR, five deliverables were developed:

1. A definition of PLAR
2. Principles upon which PLAR processes should be based
3. Criteria for applicant PLAR eligibility
4. PLAR process criteria for assessing agencies
5. A PLAR process model

These deliverables are the result of research, a literature review, and consultations conducted throughout 2005 and are presented in this report.

Three challenges required special consideration during the course of this project. The first concerned how the CNO and assessing agencies would know that candidates have baccalaureate level nursing competencies. The second challenge stemmed from the fact that postsecondary education institutions, which will potentially be the PLAR assessing agencies, may have higher language fluency requirements than that required of CNO for nursing registration. The third challenge was the need to ensure that applicants would be familiar with the Ontario nursing work environment.

With respect to the first challenge, it was important for the CNO to be satisfied that information on applicants' prior learning signaled the potential for success in a PLAR process. It was determined that preliminary evidence of any combination of additional education and/or working experience in a human health science field and/or RN nursing experience (equivalent to full-time education and/or work for at least 2 of the past 5 years) will be sufficient to establish eligibility for PLAR for the purpose of the pilot. An evaluation of the impact of these criteria will be conducted at the end of the first year of implementation.

In addition, as a result of a mapping exercise conducted by the educational representatives on the Advisory Committee it was determined that the common competencies achieved through completion of an Ontario university BScN program are the same as those required for RN entry to practice. Consequently, the Advisory Committee agreed that the RN entry to practice competencies should be the basis for the PLAR process.

With respect to the second challenge, the Advisory Committee discussed the fact that educational institutions have differing language fluency requirements for program enrolment and that these may be higher than CNO's language fluency requirement for entry to practice. This is significant, as the desired PLAR process would allow an applicant who cannot demonstrate equivalency through PLAR to have opportunities to pursue additional required education to meet the baccalaureate requirement. Ideally, these should be available through the postsecondary institution doing the PLAR assessment. In some cases, applicants may not be eligible for registration in additional nursing education courses until they improve their language fluency. The Committee agreed that candidates must be clearly advised of this issue by the CNO in its orientation guide and by the assessing agencies.

Regarding the third challenge, the experiences of earlier projects in Ontario and other provinces teach us that internationally educated nurses face social and professional challenges in their efforts to adapt to the environment of the Canadian nursing workplace. Specially designed programs that provide orientation to Ontario nursing workplace practices and standards can ease this process considerably and contribute to later success in employment. The Advisory Committee agreed that to ensure that candidates are fully prepared for the PLAR process, they should first take a Nursing in Ontario-type course from one of a number of public postsecondary institutions offering these courses.

Two new tasks have emerged from this project. First, the PLAR process model calls for the CNO to provide international applicants with a PLAR orientation guide to help them understand where PLAR fits in the registration process. A preliminary draft is under development.

Secondly, assessing agencies need to be identified for engagement in a pilot project. Postsecondary institutions offering collaborative BScN nursing programs should be invited to develop proposals for Ontario government funding to undertake a pilot project to test the criteria and model. Several of the education members of the Advisory Committee expressed interest in cooperating to develop such a pilot. Discussions also included the possibility of sharing information and resources, developing common outcomes or curriculum for the Nursing in Ontario-type course, working together in professional development and assessment tool development, and reaching agreement on the transferability of assessments.

CNO staff members have been informed that in 2006 the Ontario Ministry of Citizenship and Immigration will be issuing a Call for Proposals for which a pilot project on a PLAR process for internationally educated nurses may be eligible. The education members of the Advisory Committee were encouraged to communicate with other institutions offering baccalaureate level nursing education to investigate the possibility of a joint project. CNO staff offered to support projects with in-kind contributions such as meeting space, meeting coordination, and letters of support.

Based on the deliverables developed in this project, it is recommended that the CNO support the development and implementation of a PLAR pilot with postsecondary institutions offering baccalaureate level nursing education.

Report and Recommendations

Introduction

Employers and professional organizations in Canada are becoming increasingly aware of the impact that domestic demographics, new technologies, and immigration are having on professional practice and the labour market. The need to find new ways to recognize the knowledge and skills of our immigrants is a concern of many organizations and regulatory bodies are no exception.

On January 1, 2005, under Section 6 (1.1) of Ontario Regulation 275/94 (see Appendix A), the program requirement for registration as a registered nurse (RN) in Ontario became an Ontario baccalaureate degree in nursing, an equivalent degree from another jurisdiction, or an equivalent combination of basic nursing education plus additional education and/or experience.

Prior to these changes, the College of Nurses of Ontario (CNO) revised its credential assessment model to evaluate the equivalency of international nursing programs, consistent with the current requirements. However, it was identified that a mechanism would be needed to determine “equivalency” to an Ontario baccalaureate degree in nursing for those applicants who had completed non-baccalaureate-equivalent RN education and could provide evidence that they had additional education and/or nursing experience. The CNO determined that a prior learning assessment and recognition (PLAR) process would be the best mechanism to make that determination.

In October 2004, the CNO applied to the Ministry of Training, College and Universities for financial support to pursue a PLAR project for this purpose, and in January 2005 was awarded full funding to undertake the project.

In March 2005, the CNO commenced a research and consultation process designed to establish criteria and a model for a valid, reliable PLAR process that would be acceptable to the Registration Committee for determining equivalency to an Ontario baccalaureate degree in nursing. Through this process, an additional objective was to solicit and solidify interest by Ontario colleges or universities in becoming the assessing agencies that would pilot test such a PLAR process.

This report presents a summary of the results of the CNO research and consultations and includes the establishment of a PLAR definition, PLAR principles, eligibility criteria for PLAR candidates, PLAR process criteria for assessing agencies, and a PLAR process model. The report also provides information regarding the interest shown by postsecondary institutions in pilot testing a PLAR process based on the criteria and model developed.

Project Activities

This project included a review of PLAR principles, policies, and practices of other organizations including health regulatory bodies and postsecondary institutions in Canada and other countries. An extensive review was also undertaken of PLAR literature and theoretical research conducted over the last decade. Interviews were conducted and correspondence exchanged with officials in a range of health-related occupations and baccalaureate nursing programs to obtain up-to-date information on PLAR projects involving internationally educated professionals and implications for licensing/registration.

An expert in PLAR was retained to conduct research and provide advice on how PLAR might be integrated into the CNO registration process. Frequent working sessions were held between the PLAR

consultant and CNO staff. An Advisory Committee comprised of educators and employers was established to provide insights into issues and options. The Advisory Committee met on four occasions throughout 2005 and its individual members provided input to the project's PLAR consultant on an as needed basis.

Research and Consultations

Analysis and synthesis of our research on PLAR reveal at least four themes related to the practice of nursing: PLAR benefits and challenges, PLAR pilot projects and current practices, PLAR policies and procedures, and PLAR users.

PLAR Benefits and Challenges

The benefits of PLAR and challenges to its broadened use are well documented. Although primarily used by postsecondary institutions, PLAR is gaining acceptance by regulatory bodies with the expectation that the benefits experienced in academic settings can be transferred to the context of occupational entry and continuing competence. In this respect, PLAR's chief benefits are its ability to increase access (Australian Qualifications Framework, 2004), its capacity to provide a more complete picture of skills and knowledge than by academic credential assessment alone (College of Optometrists, 2003), its capacity to assure authorities that relevant, legitimate learning takes place outside of academic settings (Aarts et al, 1999; Pearson, 2002) and its impact on participants in terms of self concept and motivation to continue learning (Freers, 1994; Harriger, 1993; Idyll, 1993; Kent 1996; Lamdin, 1992; Raulf, 1992; Snyder, 1990; Thomas, 2001).

In a 2002 survey of 1,000 PLAR participants at several postsecondary institutions across Canada, 74% of respondents reported that PLAR was an important factor in their decisions to return to school, remain in school (72%) and successfully complete their program (78%) (Aarts, et al, 2003). In an earlier American study, Freers (1994) found that 80% of study participants went on to achieve an undergraduate degree or higher level following completion of the PLAR process at college.

Challenges to organizations in using PLAR include lack of awareness, cost (Aarts et al, 2003) and concerns about quality assurance (Harriger, 1991; McGuire, 2004). Barriers experienced by individuals include PLAR's limited availability and its often complicated and time-consuming nature (Aarts et al, 2003).

Observations: Research findings on PLAR benefits and challenges are remarkably consistent across Canada and internationally. Possible remedies include:

- the establishment of clear, credible principles and standards of PLAR practice
- simplification and transparency of processes
- the establishment of valid and reliable methods and tools
- targeted training of PLAR assessors
- the integration of PLAR into mainstream organizational activities (e.g. budgeting, professional development, marketing, program evaluation)
- support for PLAR by organizational and public policy makers

PLAR Pilot Projects and Current Related Practices

In relation to health profession education and entry to practice, PLAR has been piloted or is currently used in several provinces. A number of generic PLAR tools such as the University of Saskatchewan's *Prior Learning Assessment: A Guide for University Faculty and Administrators* (Wong, 1996) have also been developed. Our consultations with regulatory bodies and postsecondary institutions across Canada identified the following projects that have used PLAR to evaluate the skills and knowledge of

health professionals. These projects are often part of bridging programs and provide evidence of the potential benefits PLAR brings to education/licensing/registration processes.

Prior Learning Assessment and Recognition for Nurse Practitioners, British Columbia

The College of Registered Nurses of British Columbia (CRNBC) is developing a PLAR process for nurse practitioner registration applicants who have not graduated from a CRNBC recognized nurse practitioner program. PLAR is currently only available to applicants prepared at the Master's level. It includes a web-based pre-assessment tool for applicants to use with assistance from CRNBC staff. The PLAR process is competency-based. Depending on an individual's educational credentials, assessments may include (yet to be developed): portfolio preparation, and clinical case assessment scenarios including panel presentations/assessments.

Prior Learning and Experience Assessment, College of Midwives of British Columbia

The College of Midwives administers a PLAR process for internationally educated applicants who have midwifery education, clinical experience, and meet the language fluency requirement. Pre-assessment information is provided through a handbook and assessments may take the form of portfolio, written and clinical exams, short orientation to practice, supervised practice, and language testing and exemptions.

Prior Learning Assessment and Recognition, College of Dental Technicians of British Columbia

The College of Dental Technicians has developed a PLAR process and is ready to implement pending legislative approval. The process includes education credential assessment, and assessment of achievement of national "indicative" competencies through work and other life learning experiences. Notarized attestations from current and previous employers are among the evidence accepted. Candidates complete a self-assessment workbook as well as a written eligibility exam. They may also undertake a practical skills assessment. Candidates who successfully complete the PLAR process are eligible to write the provincial registration examinations.

Prior Learning Assessment and Recognition, College of Massage Therapists of Ontario

Through a partnership between the College of Massage Therapists (CMTO) and Centennial College, an assessment and bridging program for internationally educated professionals is currently under development. The project includes the review and revision of all information and support materials (print and online) for international educated massage therapists.

The pilot assessment program will provide:

- higher-level language assessment based on Canadian Language Benchmarks;
- academic credential assessment provided by Canadian Curriculum Services, and
- prior learning assessment and recognition (PLAR) and student academic advising provided by Centennial College.

The pilot International Massage Therapist Bridging Program (IMTBP) will include:

- modularized training to fill identified equivalency gaps;
- simulated and real world clinical experience in labs and in diverse, supervised community placements;
- occupationally-specific and socio-culturally relevant language curriculum in the classroom, online and in the lab;
- flexible learning pathways in the classroom, and through e-learning and mentoring;
- examination preparation and simulation to help professionals be successful at the CMTO entry-to-practice examinations, and
- career assistance to facilitate a smooth entry into the Ontario labour market.

Recruitment is currently underway, assessment begins April 2006 and the pilot bridging program will run September 2006 to April 2007. The final report for this project is scheduled for completion by Oct 31, 2007.

International Optometric Bridging Program, University of Waterloo School of Optometry

The University of Waterloo School of Optometry (UWSO), in collaboration with the College of Optometrists of Ontario, is currently offering an International Optometric Bridging Program (IOBP) to internationally educated optometrists. The program includes a review of academic credentials and a prior learning assessment that tests the candidates' current optometric knowledge, skill and judgment through a written test and a demonstration of clinical skills. A four-week session orients candidates to the practice of optometry in Ontario, including time spent working in an Ontario practice setting. A one-year bridging program is also available for eligible candidates with bridgeable gaps in their knowledge and/or skills. All candidates are required to complete an exit exam.

The College of Optometrists of Ontario recognizes the IOBP program provided by UWSO. This allows UWSO to tell potential candidates that if they are accepted into the program and successfully complete the exit exam, they will be considered by the College to have an education equivalent to a UWSO graduate and thus meet the educational requirement for registration in Ontario.

Prior Learning Assessment and Recognition, College of Respiratory Therapists of Ontario

The registration regulation governing the College of Respiratory Therapists permits prior learning assessments to be provided to internationally educated applicants after all other registration requirements are met. The process includes credential assessment, interviews, and facility tours followed by a written test, a clinical test (performance in a controlled environment for observation and assessment), and a written assessment report by the Michener Institute. Final decisions regarding equivalency are made by the CRTO.

Prior Learning Assessment and Remediation, Canadian Alliance of Physiotherapy Regulators

The Alliance, which is the national federation of physiotherapy regulators in Canada, conducts credential assessments of internationally educated physiotherapists followed by PLAR in cases where prior learning may have filled in small gaps between their educational qualifications and registration requirements.

Prior Learning Assessment and Recognition, Canadian Society of Medical Laboratory Science

The Society is the national certifying body for medical laboratory technologists (MLTs) and conducts PLAR for internationally trained MLTs. The process includes a dossier review and considering a combination of clients' training and work experience. Applicants must provide evidence of structured clinical education, other relevant education, and documented and verified work experience. The Society's PLAR process is currently under review.

Foreign Trained Nurses Project, Algonquin College and University of Ottawa

Algonquin College provides PLAR for internationally educated nurses who wish to challenge courses in the Personal Support Worker, Practical Nursing, and BScN collaborative program with the University of Ottawa. PLAR consists of portfolio development and assessment in a simulated laboratory where students have the opportunity to demonstrate their clinical judgment using high-fidelity patient simulators. A panel of nurse educators reviews the taped demonstrations and student portfolios.

Prior Learning Assessment Project, Mount Royal College, Alberta

Mount Royal College is completing a PLAR pilot project (January, 2006) in which a system of assessing the competencies of internationally educated nurses was developed based on the entry to practice competencies of the Canadian Registered Nursing Examination (CRNE), 2005-2009. A report on applicant competencies is made by Mount Royal to the College and Association of Registered Nurses of Alberta (CARNA) and, together with other data, CARNA makes a decision regarding the eligibility of candidates for licensure.

The system of assessment includes a preliminary diagnostic test, a series of modified objective structured clinical examinations (OSCE), clinical judgment scenarios, triple jump assessment strategies, and a battery of additional "CRNE - like" exams. A program of studies, called the Bridge to

Canadian Nursing has also been developed to assist candidates with qualifications gaps. This program includes language assessment and higher-level, nursing specific language training and nursing course content to prepare candidates with knowledge and skills needed to practice safely in the Canadian health care system.

LeaRN Readiness Test, Canadian Nurses Association (CNA)

The LeaRN Readiness Test is a tool designed to assist internationally educated nurses assess their own level of readiness to write the Canadian Registered Nurse Exam (CRNE). For a fee, they may take an online multiple choice and short answer exam consistent with the format of the national exam.

Other Initiatives

Regulatory bodies in non-health related occupations such as the Institute of Chartered Accountants of Ontario, the Ontario College of Teachers, and the Professional Engineers of Ontario also use PLAR services. In other countries such as Australia, Great Britain, and the United States, PLAR is used primarily to grant educational program access or academic credit. Although some employers in the United States have used PLAR in their human resource planning, assessing prior learning for professional licensure/registration is at this point in time, an almost uniquely Canadian practice.

Many practitioners consider portfolio development/assessment to be the best tool for identifying prior learning, primarily due to its use of reflection as a method of translating experiences into indicators of learning (Clarke, 1997). The reflective process appears to identify knowledge and skills that may go undetected using other means of assessment. It also contributes to changes in how individuals see themselves as learners. This evolution, which takes place over the course of developing a portfolio, appears to have a positive effect on subsequent learning participation (Clarke & Warr, 1997).

Other effective methods of assessment of prior learning are case studies and problem-based scenarios, as well as hands-on demonstrations, simulations, and structured interviews. In all cases, the selection of methods and tools should be based on considerations of what will maximize a candidate's opportunity to demonstrate their learning.

Observations: Regulatory bodies, in cooperation with postsecondary educational institutions, are using PLAR pilot projects to develop processes to assess the knowledge and skills of internationally educated applicants. A careful review of these processes indicates that they vary by organization, and in many instances, health regulatory bodies are not the direct PLAR delivery agents. However, they have tended to adopt and contextualize generally accepted PLAR principles in order to work with assessing agencies to define how PLAR can be used to determine whether applicants have met the requirements of professional registration.

PLAR Policies and Procedures

As Ontario's professions include more immigrant applicants than other jurisdictions, regulatory bodies have risen to the occasion to address the opportunities and challenges that these changing demographics present. In a recent Ontario survey of regulators by the Ontario Regulators for Access, 87% of respondents reported they have instituted specific policies, practices or guidelines regarding access for internationally educated candidates in their professions (Ontario Regulators for Access, 2003).

Because most PLAR in Canada is conducted by postsecondary education institutions, PLAR policies and procedures are most highly developed in the education sector. Universities such as the University of Victoria, Royal Roads University, University of Saskatchewan, University of Regina, University of Manitoba, University of Guelph, University of Windsor, Athabasca University, and the University of New Brunswick have formal PLAR policies.

As an example, in April 2002, the University of Saskatchewan adopted a formal PLAR policy to allow challenge for credit. Challenge for credit allows the university to grant credits to those students who

can demonstrate that they have mastered the knowledge and skills associated with the satisfactory completion of specific university courses through work experience, independent study, or from non-degree courses. It is up to individual departments to decide how the policy will be implemented. The University of New Brunswick's Faculty of Nursing also has formal PLAR policies for its Bachelor of Nursing/Registered Nursing program. The University of Victoria's academic calendar makes opportunities for PLAR in its School of Nursing explicit in its Academic Regulations (2005-06). Most community colleges in Canada have formal PLAR policies and also tend to have detailed administrative and academic procedures, manuals, and web pages.

The establishment of new PLAR services requires a policy framework. The education sector is an excellent source of information for regulatory bodies not only because of its experience with PLAR but also because many health regulators will not deliver PLAR, but seek out service relationships with assessing agencies such as educational institutions. This dual role will require that assessing agencies establish an appropriate rationale for any differences that may result between their academic PLAR policies and practices and the PLAR policies and practices they use in occupational entry-related assessments.

Educational institutions with well-developed PLAR processes have formal policies and procedures in the following areas:

- Applicant eligibility
- Application process
- Areas subject to and exempt from PLAR
- Assessment results documentation
- Assessor qualifications and training
- Assessor remuneration
- Criteria for assessment tools
- Monitoring and evaluation
- Information services
- Marketing
- PLAR fees
- Rights of appeal
- Roles and responsibilities of candidates
- Steps in the PLAR process
- Supports for candidates during and following assessment

Additional information is available directly from institutions such as Douglas College in British Columbia, Saskatchewan Institute for Applied Science and Technology, Red River College in Manitoba, and Mohawk College in Ontario. These organizations have institution-wide policies and procedural manuals. University PLAR policies may also be institution-wide but are more general than those of colleges, leaving more detailed procedures to individual departments.

Observations: Several of the above-noted policy areas are directly relevant to PLAR for professional licensing/registration. Formal policies and procedures for internationally educated nurses seeking registration promote consistency, equity and a shared understanding of the expectations of all parties to the PLAR process: assessing agencies, applicants for registration and the College of Nurses of Ontario.

The CNO's decision to seek PLAR services from one or more other organizations suggests that the College's contribution to this process should be one of establishing a principle-based foundation for PLAR and clear criteria that ensure compliance with Registration Committee requirements but still allow assessing agencies flexibility in determining how assessments are conducted to achieve consistent outcomes.

PLAR Users

Current research on PLAR users in postsecondary education paints a consistent profile. Candidates tend to be female, Caucasian, and over 35 years of age. They tend to have at least five to ten years of prior learning. They work full-time and attend school on a part-time basis. Their greatest single motivator for undertaking both education and PLAR is employment and/or career advancement. They are highly successful students in subsequent programming - surpassing traditional students in course grades, pass rates, grade point averages, and graduation rates (Aarts et al, 1999).

Adult learners who have undertaken PLAR have dramatically higher rates of persistence than learners who had not experienced PLAR (Billingham & Travaglini, 1981, Pearson, 2001). PLAR users report that it significantly improved their self-confidence and learning motivation (Freers, 1994; Harriger, 1993; Idyll, 1993; Kent 1996; Lamdin, 1992; Raulf, 1992; Snyder, 1990; Thomas, 2001), and played a role in their decisions to continue to study over the longer term (Aarts et al, 1999; Clarke & Warr, 1997).

While the purposes for which adult students and professional registration candidates are undertaking PLAR are different, their ultimate goals are the same: employment in their occupation of choice.

An important commonality between education PLAR candidates and licensing/registration PLAR candidates is their status as adults. Assessments are more likely to identify prior learning as well as generate a positive experience for PLAR candidates, if the criteria governing PLAR processes and the processes themselves recognize that as adults, these candidates require accommodations in assessment methods, tools and procedures.

PLAR candidates consistently report what Cross (1981) has characterized as situational, institutional, and dispositional barriers to PLAR. Situational barriers are circumstances that have a negative impact on the lives of candidates, such as lack of time and money to undertake PLAR, the pressures of home responsibilities, fatigue and the lack of child care, transportation or place to study, and family emotional support.

Institutional barriers are found in the day-to-day operating procedures of a PLAR provider, such as insufficient information for candidates (Kent, 1996), lack of feedback from assessors (Thomas, 2001), inconsistent policies and their application (Harriger, 1993, Thomas, 2001), limited PLAR availability (Freers, 1994, Raulf, 1992), poor assessor attitudes, and concerns about assessor workloads and the integrity of the PLAR process (Harriger, 1993, Raulf, 1992).

Dispositional barriers also called psychological barriers, are experienced by PLAR candidates who lack self-confidence (Topping, 1996), have concerns about age, unfamiliar learning environments, and have perceptions that PLAR is too difficult, time-consuming (Kent, 1996) and undervalued by institutions and employers (Fisher, 1991).

Accommodations that address these barriers are rooted in the theories and principles of adult learning, which encompass both learning and assessment of learning. Malcolm Knowles (1970, 1984) wrote extensively on the characteristics of adult learners and in so doing laid the foundation for much of contemporary adult learning practice including assessment. All of Knowles' characteristics have implications for assessing knowledge and skills. According to Knowles (1984),

- Adults need to be involved in the planning and evaluation of their learning
- Adults are relevancy-oriented and must see a reason for learning something.
- Adults have a far greater volume and different quality of experience and knowledge than young people that may include work-related activities, family responsibilities and previous education. They need to connect new learning to this knowledge/experience base.
- Adults are goal-oriented and do not wish to participate in duplication of learning.
- Adults prefer learning situations that are practical and problem-centred.(OBrien, 2005)

Contemporary adult learning theories concur with much of Knowles' works and continue to build on the experiential learning theories of Rogers (1969, 1994), Mezirow (1978), Kolb (1984), and others. Experiential learning theory has evolved from the original writing of Dewey (1938) and argues that adults learn best when the subject matter is made relevant to the life of the learner (Rogers, 1969). Consistent with these theories are contemporary methods of assessment which reflect a trend away from behavioral methods of teaching and assessment in favour of authentic assessment and performance assessment (Pratt, 1993). Many educators consider these superior to traditional methods of assessment at capturing significant learning outcomes and matching the kinds of tasks that learners will be expected to undertake in the future.

Situated learning theory suggests that learning is a function of the activity, context, and culture in which it is situated (Lave & Wenger, 1990). This contrasts with many classroom-based learning activities designed to impart knowledge, which is abstract and out of context. Social interaction is a critical component of situated learning wherein learners become involved in a "community of practice" which embodies certain beliefs and behaviors to be acquired. Situated learning theory is built on the principles that knowledge needs to be presented in an authentic context, and learning cannot take place without social interaction and collaboration.

Several elements of situated learning theory are applicable to nursing education in Ontario, particularly its emphasis on clinical practice. Similarly, situated learning theory suggests that the transfer of learning across contexts can be challenging (Harris, 2000). The Ontario CARE for Nurses bridging project was designed in recognition of the fact that the nursing cultures of internationally educated nurses are different from that those of Canada (Shea, 2003). Mcguire made a similar finding following a study at Mount Royal College in Alberta (Mcguire, 2004). Further, the high registration rates of nurses who successfully completed the Ontario CARE program and anecdotal reports from nurse participants, appear to support the contention that additional learning and context orientation is required when learning acquired in one nursing environment is transferred to another.

The assessment of classroom learning and the assessment of prior experiential learning are both criterion referenced that is, they assess achievement of skills and knowledge against pre-established standards. In PLAR, these standards can be expressed best as outcomes or competencies.

Observations: Principles and theories related to adult learning are germane to the assessment of prior learning. They can influence the design, development, delivery, and evaluation of PLAR services. A conscious selection of elements of these theories and principles can combine access and fairness with rigour. They can ensure that PLAR services accommodate the nature of adult learning and circumstances of the organizations they serve, thereby maximizing opportunities for demonstrating skills and knowledge.

The decision of the CNO to work cooperatively with postsecondary institutions on the establishment of PLAR criteria and process model also presents an opportunity to capitalize on the rich resources of the postsecondary sector in establishing a PLAR service that reflects appropriate adult learning theories and principles and has the capacity to develop new practices as our own learning about learning and assessment evolves.

Advisory Committee

An Advisory Committee was established early in the project and was comprised of: representatives from postsecondary institutions that deliver nursing education, community-based organizations working with immigrants, and employers in the field of nursing. A list of Advisory Committee participants is provided in Appendix B. The Committee's terms of reference are presented in Appendix C. The Committee met four times during 2005 and its members provided individual input on an as-needed basis. The corporate memory of the committee's members and their insights into issues

facing educational institutions, employers, and internationally educated nurses have made a significant contribution to the preparation of this report.

Findings and Deliverables

The research, literature review, and consultations conducted during this project combined with policy analysis on the implications of the new entry to practice program requirements (2005) support the development of new partnerships between postsecondary institutions to ensure the delivery of appropriate PLAR services. To assist in the consistent, transparent, and orderly provision of credible PLAR, the following five deliverables were developed:

1. A definition of PLAR
2. Principles upon which PLAR processes should be based
3. Criteria for applicant PLAR eligibility
4. PLAR process criteria for assessing agencies
5. A PLAR process model

1. Definition of PLAR

The concept of assessing and recognizing prior learning began in the 1940's when American universities began to explore ways to credit the experiential learning of military personnel returning from World War II. Since the 1980's, support for the concept has grown in countries around the world. It is known by several different names, and is applied in a variety of ways but it has been based on the single foundational belief that learning acquired outside the classroom has value and should be recognized. In the introduction of PLAR to Ontario in the 1990's (initially in our community college system), learning was drawn mostly from the United States where PLA is primarily used to grant academic credit to domestic adult learners. Its application to assessing unidentified knowledge and skills of immigrants for registration/licensing purposes was not initially contemplated. As a result, PLAR in Canada, its literature, research, and implementation standards and strategies have largely focused on the assessment of learning acquired through independent study, work activities, and other life experiences for the purpose of granting academic credit. The granting of academically acquired learning has been addressed through mechanisms of credential assessment, credit transfer, articulation, and accreditation.

The interest of Ontario's regulatory bodies and public policy makers in using PLAR to demonstrate knowledge and skills for the purpose granting of registration/licenses, stems from beliefs similar to those of the academic community that it is unfair to ask people to relearn things they already know and that the principles of access and equity must be applied in equal measure with ensuring quality, credibility and accountability.

However, limiting PLAR to the assessment of non-academic learning is not sufficient when it comes to assessing the knowledge and skills of immigrants. Ontario relies heavily and increasingly on immigration for its labour supply and its highly educated immigrant population comes from a wide range of traditional and non-traditional source countries. We have developed some knowledge and expertise on how to evaluate the credentials of graduates from some of these countries but there is much that is not captured in the process.

Recent pilot research by occupational bodies suggests that credential assessment provides an incomplete picture of the skills and knowledge of internationally educated professionals. The introduction of prior learning assessment strategies that identify, verify, and recognize applicants' academically acquired knowledge and skills that cannot be recognized through traditional means is necessary if full recognition is to be realized. PLAR should not be used as a substitute for traditional processes but rather as a complement to them.

This requires the expansion of the traditional definition of PLAR while still maintaining its most fundamental components. The Advisory Committee reviewed and accepted the following definition

for the purpose of assessing the knowledge and skills of internationally educated nurses against the requirements of entry to practice. This definition is also provided as a separate document in Appendix D.

PLAR is based on a belief/value system that supports opportunities for individuals to have all relevant learning recognized and counted towards a qualification. It is consistent with other strategies that support diverse and inclusive pathways to lifelong learning.

Prior Learning Assessment and Recognition (PLAR) is a process that identifies, verifies, and recognizes learning (knowledge, skills, and judgment) that cannot be fully recognized through the traditional mechanisms of credential assessment, credit transfer, articulation, and accreditation. Prior learning may be acquired through academic study, professional practice and/or other formal and informal learning activities. To be recognized, prior learning must be appropriate to the context in which it is accepted and have an adequate balance between theory and practical application.

2. Principles for PLAR Processes

Principles are concepts that can guide policy and practice. The following principles will inform CNO criteria used to determine applicant eligibility for PLAR. The principles will also inform the development of the CNO's criteria for an acceptable and valid PLAR process to be developed by agencies wishing to assess baccalaureate level competencies. These principles are also listed in Appendix E.

Accessibility

PLAR is essentially a tool for facilitating access – access to education, employment, and in the case of the CNO, access to the professional practice of nursing. The purpose of PLAR in this context is to provide alternative mechanisms to identify, verify, and recognize prior learning for the purpose of facilitating access to registration as a registered Nurse (RN) in Ontario. Processes that offer essential components of assessment through only a single mode, (e.g. on-line) would present an access barrier.

Accountability

The College of Nurses is legally accountable to the public and to government for the operation of its registration responsibilities. This accountability requires that both the CNO and assessing agencies have formal policies and practices that frame their PLAR activities and ensure evaluation of the PLAR process and its outcomes.

Consistency

PLAR may be conducted by a number of postsecondary institutions as assessing agencies. Although the methods and tools used to assess prior learning may vary across institutions, they should be consistent in their results.

Criterion-referencing

Prior learning assessment and recognition is criterion-referenced. That is, required knowledge, skills, and judgment are identified and measured against pre-set standards. In nursing, these standards are derived from two sources: the profession's entry-to-practice competencies, and a set of outcomes that together with those competencies, are the equivalent of an approved Ontario baccalaureate degree.

Efficiency

The pressures created by the uncertainty of resources, how many of internationally-educated applicants will be eligible for PLAR and the high cost of assessing clinical skills require that the PLAR process be efficient in order to be affordable for both applicants and assessment deliverers.

Equity

PLAR ensures that equally qualified applicants are eligible for CNO registration without discrimination based on the source of their learning. To be equitable, the PLAR process should hold applicants to the same standard of competency or qualification as applicants who have not undertaken PLAR. PLAR should not involve assessment processes that are more rigorous than assessment of learning through traditional means.

Fairness

In order to maximize candidates' opportunities to demonstrate their knowledge, skills, and attitudes, the PLAR process should reflect sensitivity to relevant adult learning theory. This principle is also the foundation for other principles such as access, equity, transparency, and right of appeal.

Legality

The CNO is responsible for ensuring compliance with the Regulated Health Professions Act (RHPA), the Nursing Act and related regulations. The PLAR component of the registration process must fit within the legal framework that guides the College's operation. PLAR processes must also comply with legal requirements of the PLAR delivery agency.

Quality

Public safety depends on the quality of nursing care. The quality of the PLAR process is directly linked to the quality of practicing nurses' skills and knowledge. PLAR should ensure relevance, currency, and sufficiency of candidates' prior learning. The qualifications of prior learning assessors should reflect an expertise in PLAR and the area that is the subject matter of assessment.

Right of Appeal

Under the RHPA, the CNO provides candidates with a right to appeal unsuccessful applications for registration. Educational institutions also have academic appeal procedures. PLAR decisions should also be subject to appeal.

Transparency

In democratic societies, the public has a right to be informed about processes and decisions that have an impact on their lives. Details on the PLAR process, its purpose, criteria, and steps and the factors and basis upon which PLAR decisions are made, should be made available to applicants.

Validity and Reliability

Measurement experts agree that assessment tool validity is tied to the purposes for which an assessment is used. Thus, a test might be valid for one purpose but inappropriate for other purposes. For example, mathematics test might be appropriate for assessing students' mastery of addition and subtraction facts but inappropriate for identifying students who are gifted in mathematics. Evidence of validity needs to be gathered for each purpose for which an assessment is used. (Dietel, R., Herman, J. & Knuth, R., 1991)

The CNO Registration Committee must be satisfied that the PLAR process used by assessing agencies have been evaluated for their validity and reliability.

3. Criteria for Applicant PLAR Eligibility

In establishing criteria that would govern applicant eligibility for PLAR, particular attention has been paid to staging the various elements of the PLAR process. The College has concluded that positioning PLAR as a near-final stage in the registration application process will minimize the possibility of being deemed ineligible for other reasons following assessment.

It would be unfair for an individual to complete what are likely to be challenging PLAR procedures only to learn that he/she had not met other requirements for CNO registration. McGuire (2004) shares this perspective,

Only those candidates whose associations will ultimately be deemed eligible for licensure should be put through a PLAR process. The PLAR process is time-consuming, takes an enormous amount of energy and resources of both the candidate and the institution conducting the PLAR and it is unconscionable to give individuals false hope if they cannot eventually be licensed.

While it is hoped that the CNO's PLAR process will be as straightforward and expeditious as possible, it is also important to ensure that candidates are not asked to undertake unnecessary steps.

The following criteria for determining applicant eligibility for PLAR will promote a fair process that does not jeopardize public safety. Appendix F provides a summary of these criteria. Applicants will:

- i. Review information materials provided regarding CNO registration, PLAR eligibility criteria and process. The CNO will provide an orientation guide to help potential applicants review their own status in relation to criteria for eligibility for PLAR.

Rationale: Applicants are entitled to clear information about the PLAR process and the CNO's expectations.

- ii. Have completed a minimum of an approved generalist nursing diploma (similar to the RN diploma requirement pre-2005) from a postsecondary institution.

Rationale: This consistent with the requirement outlined in the section 6. (1.1) v. of the registration Regulation regarding completion of a nursing program.

- iii. Meet the CNO evidence of safe practice requirement.

Rationale: If an applicant has not practiced safely within the past five years, he/she is "out of practice" and has not met a non-exemptible registration requirement.

- iv. Meet the CNO language fluency requirement

Rationale: Applicants who do not meet the fluency requirement are not eligible for registration. Also applicants who do not meet the fluency requirement will be, due to language difficulties, unlikely to successfully demonstrate the competencies required for determining Ontario Nursing baccalaureate equivalency.

- v. Meet the requirement regarding registration or eligibility for registration in their original jurisdiction.

Rationale: This requires that applicants provide evidence that they have met entry requirements in the jurisdiction where they completed their education and also provide evidence that they are/were registered in good standing. The CNO may waive this requirement if there is no registration body in a candidate's original jurisdiction.

- vi. Present satisfactory evidence of additional education in a human health sciences field and/or RN nursing experience (equivalent to two years full-time education and/or work experience within the past five years).

Rationale: This is consistent with the requirement outlined in Section 6. (1.1) of the registration Regulation regarding completion of a nursing program. The two-year requirement is equal to the length of time it normally takes to complete a full-time post - RN diploma BScN program at an Ontario university. The five-year time period is consistent with the evidence of safe practice requirement. The stipulation that the additional education be in a health human science field

and/or the additional education or RN work experience ensures relevancy of the additional learning to baccalaureate-level nursing competencies.

In addition, the following two requirements may be fulfilled while the applicant is undertaking the PLAR process:

- vii. Legal authorization to work in Canada; and
- viii. Evidence of good character and suitability to practice.

4. PLAR Process Criteria for Assessing Agencies

A useful way for the CNO to ensure that its priorities will be met by assessing agencies is to establish criteria for PLAR processes. These criteria will help the College's Registration Committee determine that applicants seeking to meet the program requirement through demonstration of equivalency to an Ontario BScN have undergone valid, reliable assessment of their competencies.

All assessing agencies will be required to meet these criteria, which have been developed for the three stages of PLAR: pre-assessment, assessment, and post-assessment. They are presented in Appendix G along with the PLAR principles most closely associated with them and examples of indicators that assessing agencies could submit to demonstrate how the Registration Committee's requirements are being met.

Special Challenges

Three special challenges required consideration during the course of this project. The first concerned how the CNO and assessing agencies would know that candidates have baccalaureate level nursing competencies. The second challenge stemmed from the fact that the CNO and assessing agencies might have different language fluency requirements. The third challenge was the need to ensure that applicants would be familiar with the Ontario nursing work environment.

Determining if Candidates have Baccalaureate-level Nursing Competencies

In the early stages of the project it became evident that parameters around additional education and/or experience combined with an applicant's nursing education would need to be articulated in order to determine BScN equivalency. Our research and consultations along with the advice provided by the Advisory Committee led to the conclusion that before we could make this determination, two factors required consideration.

First, the CNO would need to be satisfied that information on applicants' prior learning signaled the potential for success in a PLAR process. The Advisory Committee determined that preliminary evidence of any combination of additional education and/or working experience in a human health science field and/or RN nursing experience (equivalent to full-time education and/or work for at least 2 of the past 5 years) will be sufficient to establish eligibility for PLAR for the purpose of the pilot. An evaluation of the impact of these criteria will be conducted at the end of the first year of implementation.

Secondly, the question arose regarding defining what should be evaluated to determine nursing baccalaureate equivalency. It was agreed that the project should compare the 2005 RN entry to practice competencies approved by the CNO in 1999 (see Attachment A) to the outcomes required for an Ontario baccalaureate degree in Nursing. The purpose of this review was to ascertain whether there were additional competencies, acquired through a BScN in Ontario that would need to be assessed through the PLAR process.

With the cooperation of the educators on the Advisory Committee, a mapping exercise was undertaken to match the 2005 CNO RN entry to practice competencies against the common program outcomes of current BScN programs.

The results indicate that the common competencies achieved through completion of an Ontario university BScN program are the same as those required for RN entry to practice. Consequently, the Advisory Committee members were in agreement that the RN entry to practice competencies alone should be the basis for the PLAR process.

Language Fluency Requirement

During the consultations, the Advisory Committee discussed the fact that the educational institutions have differing language fluency requirements for program enrolment and that these are usually higher than the CNO's language fluency requirement for entry to practice. The Committee agreed that candidates must be clearly advised of these possibilities by the CNO in its orientation guide and by the assessing agencies.

Familiarity with the Ontario Nursing Work Environment

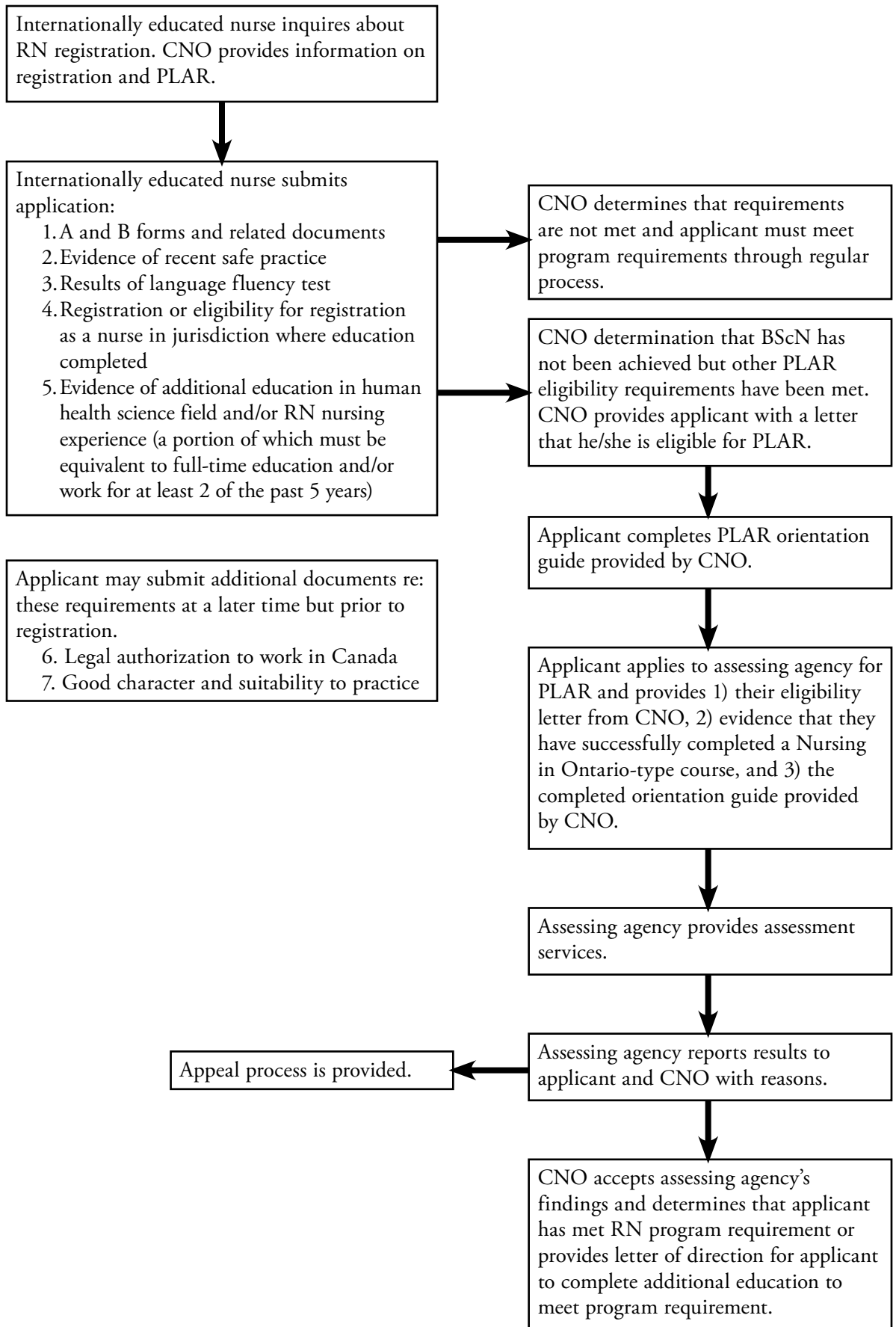
The experiences of earlier projects in Ontario and other provinces teach us that internationally educated nurses face social and professional challenges in their efforts to adapt to the environment of the Canadian nursing workplace. Specially designed programs that provide orientation to Ontario nursing standards and practices can ease this process considerably and contribute to later success in employment. The Advisory Committee agreed that to promote candidate success, the PLAR process should include completion of a Nursing in Ontario-type course, offered at a number of public postsecondary institutions offering these courses.

5. PLAR Process

It was determined that a consistent approach to PLAR that does not prescribe the details of assessment, requires the development of a PLAR process model for adoption by all assessing agencies. The following model was designed with the support of the Advisory Committee. This model is also presented in Appendix H. It includes several distinct features. Some of these are:

- The model reflects the principles and criteria developed during earlier stages of the project.
- It begins by requiring that potential candidates be fully informed about entry to practice requirements and PLAR in advance of assessment. Preliminary information is provided by the CNO and detailed information is provided by assessing agencies.
- Five of the seven regulation's entry to practice requirements must be satisfied before the CNO authorizes candidate eligibility for prior learning assessment.
- Two entry to practice requirements (i.e. legal authorization to work in Canada, and evidence of good character and suitability to practice) are not required prior to the PLAR process but must be met prior to registration.
- Candidates must meet the CNO's language requirements for registration; they must meet the assessing agency's language requirements for PLAR.
- Candidates must successfully complete a Nursing in Ontario-type course prior to the PLAR process. These are offered by a number of institutions that also have available bridging education for internationally educated nurses and/or BScN programs.
- Following assessment, the CNO provides a letter of direction to unsuccessful candidates to complete additional education to meet entry to practice requirements.
- Assessing agencies provide candidates with feedback on their assessments and information to unsuccessful candidates advising them where they might obtain relevant additional education.

Proposed PLAR Process Model



Conclusions

This project has developed a solid foundation for a PLAR pilot project for internationally educated nurses through a consultative process with educators, community organizations, and employers. The consultation facilitated the development of a PLAR definition, principles for PLAR processes, eligibility criteria for PLAR candidates, PLAR process criteria for assessing agencies, and a PLAR process model. [CNO Registration Committee officially approved the criteria and model in January 2006 – to be added only after RC meeting.] Educational institutions have expressed interest in participating in a project. The Ontario Ministry of Citizenship and Immigration has expressed a willingness to entertain a funding proposal.

Next Steps

Two tasks have emerged from this project. First, the PLAR process model calls for the CNO to provide international applicants with a short PLAR orientation guide to help them understand where PLAR fits in the registration process. A preliminary draft is under development.

Secondly, it was determined that postsecondary institutions offering collaborative BScN nursing programs should be encouraged to submit proposals to the Ontario government to undertake a pilot project to test the criteria and model. Several of the education members of the Advisory Committee expressed interest in cooperating to develop such a pilot. Discussions also included the possibility of sharing information and resources, developing common outcomes or curriculum for the Nursing in Ontario-type course, working together in professional development and assessment tool development, and reaching agreement on the transferability of assessments.

CNO staff members have been informed that in 2006 the Ontario Ministry of Citizenship and Immigration will be issuing a Call for Proposals for which a pilot project on a PLAR process for internationally educated nurses may be eligible. CNO has encouraged the education members of the Advisory Committee to communicate with other institutions offering baccalaureate level nursing education to investigate the possibility of a joint project. CNO offered to support projects with in-kind contributions such as meeting space, meeting coordination and letters of support.

Based on the outcomes of this project, it is recommended that the CNO also provide advisory services as needed to facilitate educational institutions developing and implementing a PLAR pilot, consistent with the approved criteria and model described in this report.

APPENDIX A

Nursing Act, 1991, Ontario Regulation 275/94,

Amended to O. Reg.433/01

Program Requirement for Registered Nurse Applicants

Section 6. (1.1)

Subject to subsections (1.3) and (1.3.1), after December 31, 2004, the following are non-exemptible registration requirements for a general certificate of registration as a registered nurse:

1. The applicant,
 - i. must have received a baccalaureate degree in nursing granted by a university in Ontario whose program was, at the time the applicant graduated, approved by a body or bodies designated by the Council or by the Council itself,
 - ii. must have received a baccalaureate degree in nursing granted by a university in another province or territory in Canada that, at the time the applicant graduated, was, in the opinion of the Registration Committee, equivalent to the degree described in subparagraph i,
 - iii. must have graduated prior to January 1, 2005 from a nursing program in another province or territory in Canada that was, at the time the applicant graduated, accepted by the regulatory body for nursing in that province or territory and been registered with that regulatory body or another regulatory body for nursing in a province or territory in Canada in an equivalent class prior to January 1, 2005,
 - iv. must have graduated from a nursing program outside Canada that the Registration Committee determines was, at the time the applicant graduated, equivalent to a nursing program in Ontario that is currently approved in accordance with subparagraph i, or
 - v. must have graduated from a nursing program other than one referred to in subparagraph i, ii, iii or iv and must also satisfy the Registration Committee that he or she has obtained additional nursing education or experience that, together with the education provided by the nursing program from which he or she graduated, is equivalent to the education provided by a nursing program in Ontario that is currently approved in accordance with subparagraph i.

Appendix B

Advisory Committee Participants

Community, Education, Employer Members

Barbara Foulds

Chair, Nursing Studies
School of Health and Community Studies
Algonquin College

Betty Cragg

Professor, School of Nursing
University of Ottawa

Chantale Leclerc

Chief Nursing Officer
Sisters of Charity of Ottawa (SCO) Health
Services

Cindy McNairn

RNAO International Nursing Interest Group
Registered Nurses Association of Ontario

Colleen McKey

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School of nursing
McMaster University

Dawn Sheppard

Project Manager
CARE for Nurses

Diane Diniz

Chair, Collaborative Nursing Baccalaureate
Program
Faculty of Community Services and Health
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Gail Yardy

Co-ordinator of Community Outreach, Inner
City Health
St. Michael's Hospital

Killeen Tucker-Scott

Director, School of Nursing
Ryerson University

Marlene Tosh

Chair, CE Contracts (Health)
School of Health and Community Studies
Algonquin College

Martha Ireland

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Ryerson University

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Ryerson University

Riek van den Berg

Corporate Coordinator, Nursing Education
Coordonnatrice, Formation en soins infirmiers
The Ottawa Hospital/L'Hôpital d'Ottawa

Rivie Seaberg

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Sciences
George Brown College

Ruth Wojtiuk

Faculty, School of Nursing
Ryerson University

Sandra Murphy

Chair (Acting)
Health Studies, Nursing Program
Centennial College

Sue Coffey

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Co-ordinator, BScN for Internationally Educated
Nurses
York University

College of Nurses of Ontario Members

Paulette Blais (Lead)

Entry to Practice Implementation Co-ordinator

Kathie Conlin-Saindon (Advisory)

Education Consultant

Ann Frances Allen (Advisory)

Manager of Policy
Consultant

Joy Van Kleef

PLAR Consultan
Canadian Institute for Recognizing Learning

Appendix C

Advisory Committee Terms of Reference

The PLAR Advisory Committee of the College of Nurses of Ontario (CNO) is established to advise and support CNO in the work required to address the issue of assessing education and work experience equivalency of the internationally prepared nurse applying for registration in Ontario. Funding for the project has been awarded by the provincial government through an initiative of the Ministry of Training Colleges and Universities (MTCU). A consultant has been contracted to provide expertise in the field of PLAR and to direct the Advisory Committee in its process.

Purpose of the Committee

The purpose of the advisory committee is to provide input and recommendations in the development of a process to enable CNO to address the legislative requirements of meeting education and experience/employment equivalency.

Membership

Membership of the Committee is comprised of stakeholders who are representative of educators, employers, and interest groups who have expertise and interest in the development of a PLAR process for these applicants.

Role of the Committee

The role of the Committee is to provide expert advice and support to the staff of CNO in the preparation of policy and procedures for the Registration Committee to consider in their deliberations of the issues of assessing education and work experience equivalency of the internationally prepared nurse applying for registration in Ontario.

Terms of Reference

The terms of reference delineate the limits within which the Committee will operate and include:

1. advising on the development of criteria for Registration Committee considering applications under the legislation language
2. providing expertise and knowledge in identifying viable options for applicants
3. recommending criteria for a process for applicants to undertake i.e. PLAR
4. advising the CNO of the availability of such processes
5. advising CNO of the applicability of such criteria in the workplace

The committee is expected to meet two or three times before the end of the project in December 2005, unless additional meetings become necessary to complete the work. Meetings will be held at CNO and range from four to six hours. Additional resource people may be invited to participate in the discussions on a needs basis.

Criteria for Membership

Members will be selected using the following criteria:

1. representatives of the educational sector with experience and interest in PLAR
2. representatives of the workplace environment with experience and interest in the internationally educated applicant
3. representatives of interest groups with experience and interest in the internationally educated applicant
4. members who will respect the limitations and the confidentiality of the work of the Committee

The Committee provides advice to CNO staff facilitating the process. The Consultant will be responsible for; preparing the criteria for a valid acceptable PLAR process; provide an inventory of

current nursing education initiatives that could be drawn upon in the development of a PLAR model; and develop a model of the PLAR process.

Travel expenses and a stipend for the day are provided for one participant from each institution invited to be on the Advisory Committee.

Appendix D

Definition of PLAR

PLAR is based on a belief/value system that supports opportunities for individuals to have all relevant learning recognized and counted towards a qualification. It is consistent with other strategies that support diverse and inclusive pathways to lifelong learning.

Prior Learning Assessment and Recognition (PLAR) is a process that identifies, verifies, and recognizes learning (knowledge, skills, and judgment) that cannot be fully recognized through the traditional mechanisms of credential assessment, credit transfer, articulation, and accreditation. Prior learning may be acquired through academic study, professional practice and/or other formal and informal learning activities. To be recognized, prior learning must be appropriate to the context in which it is accepted and have an adequate balance between theory and practical application.

Appendix E

Principles for PLAR Processes

Principles are concepts that can guide policy and practice. The following principles will inform CNO criteria used to determine applicant eligibility to pursue PLAR to demonstrate that they meet the baccalaureate program requirement of RN registration. The principles will also inform the development of the CNO's criteria for an acceptable and valid PLAR process to be developed by agencies wishing to assess baccalaureate level competencies.

Accessibility

PLAR is essentially a tool for facilitating access – access to education, employment, and in the case of the CNO, access to the professional practice of nursing. The purpose of PLAR in this context is to provide alternative mechanisms to identify, verify, and recognize prior learning for the purpose of facilitating access to registration as a registered Nurse (RN) in Ontario. Processes that offer essential components of assessment through only a single mode, (e.g. on-line) would present an access barrier.

Accountability

The College of Nurses is legally accountable to the public and to government for the operation of its registration responsibilities. This accountability requires that both the CNO and assessing agencies have formal policies and practices that frame their PLAR activities and ensure evaluation of the PLAR process and its outcomes.

Consistency

PLAR may be conducted by a number of postsecondary institutions as assessing agencies. Although the methods and tools used to assess prior learning may vary across institutions, they should be consistent in their results.

Criterion-referencing

Prior learning assessment and recognition is criterion-referenced. That is, required knowledge, skills, and judgment are identified and measured against pre-set standards. In nursing, these standards are derived from two sources: the profession's entry-to-practice competencies, and a set of outcomes that together with those competencies, are the equivalent of an approved Ontario baccalaureate degree.

Efficiency

The pressures created by the uncertainty of resources, how many of internationally-educated applicants will be eligible for PLAR and the high cost of assessing clinical skills require that the PLAR process be efficient in order to be affordable for both applicants and assessment deliverers.

Equity

PLAR ensures that equally qualified applicants are eligible for CNO registration without discrimination based on the source of their learning. To be equitable, the PLAR process should hold applicants to the same standard of competency or qualification as applicants who have not undertaken PLAR. PLAR should not involve assessment processes that are more rigorous than assessment of learning through traditional means.

Fairness

In order to maximize candidates' opportunities to demonstrate their knowledge, skills, and attitudes, the PLAR process should reflect sensitivity to relevant adult learning theory. This principle is also the foundation for other principles such as access, equity, transparency, and right of appeal.

Legality

The CNO is responsible for ensuring compliance with the Regulated Health Professions Act (RHPA), the Nursing Act and related regulations. The PLAR component of the registration process must fit

within the legal framework that guides the College's operation. PLAR processes must also comply with legal requirements of the PLAR delivery agency.

Quality

Public safety depends on the quality of nursing care. The quality of the PLAR process is directly linked to the quality of practicing nurses' skills and knowledge. PLAR should ensure relevance, currency, and sufficiency of candidates' prior learning. The qualifications of prior learning assessors should reflect an expertise in PLAR and the area that is the subject matter of assessment.

Right of Appeal

Under the RHPA, the CNO provides candidates with a right to appeal unsuccessful applications for registration. Educational institutions also have academic appeal procedures. PLAR decisions should also be subject to appeal.

Transparency

In democratic societies, the public has a right to be informed about processes and decisions that have an impact on their lives. Details on the PLAR process, its purpose, criteria, and steps and the factors and basis upon which PLAR decisions are made, should be made available to applicants.

Validity and Reliability

Measurement experts agree that assessment tool validity is tied to the purposes for which an assessment is used. Thus, a test might be valid for one purpose but inappropriate for other purposes. For example, mathematics test might be appropriate for assessing students' mastery of addition and subtraction facts but inappropriate for identifying students who are gifted in mathematics. Evidence of validity needs to be gathered for each purpose for which an assessment is used. (Dietel, R., Herman, J. & Knuth, R., 1991)

The CNO Registration Committee must be satisfied that the PLAR process used by assessing agencies have been evaluated for their validity and reliability.

Appendix F

Criteria for Applicant PLAR Eligibility

Applicants will:

- i. Review information materials provided regarding CNO registration, PLAR eligibility criteria and process. The CNO will provide an orientation guide to help potential applicants review their own status in relation to criteria for eligibility for PLAR.
- ii. Have completed a minimum of an approved generalist nursing diploma (similar to the RN diploma requirement pre-2005) from a postsecondary institution.
- iii. Meet the CNO evidence of safe practice requirement.
- iv. Meet the CNO language fluency requirement
- v. Meet the requirement regarding registration or eligibility for registration in their original jurisdiction.
- vi. Present satisfactory evidence of additional education in a human health sciences field and / or RN nursing experience (equivalent to two years full-time education and/or work experience within the past five years).

In addition, the following two requirements may be fulfilled while the applicant is undertaking the PLAR process:

- vii. Legal authorization to work in Canada; and
- viii. Evidence of good character and suitability to practice.

Appendix G

Criteria for PLAR Process

Governing Principles	Criteria	Indicators on How Criteria are Met (To be completed by assessing agency)
Pre-assessment		
Accountability, quality, reliability and validity	The PLAR process complies with the principles and criteria established by the CNO Registration Committee.	E.g., Assessing agency's self-evaluation indicates that criteria are met.
Efficiency	Individuals interested in nursing registration are directed to apply to the CNO for information and credential assessment prior to being considered for PLAR for the purposes of registration.	E.g., Assessing agency's policies and procedures state referral requirement.
Accessibility, consistency, equity	Internationally educated PLAR candidates successfully complete the Nursing in Ontario or similar course made available on an in-class, on-line, or correspondence basis before applying for PLAR.	E.g., Assessing agency's policies and procedures require completion before applications for PLAR will be accepted. All applicant files contain records of successful completion.
Accessibility, consistency, efficiency, transparency	Clear and full information on PLAR and its benefits, challenges, availability, criteria, procedures, guidelines, timelines, appeal procedures, available supports, and contacts is provided to PLAR candidates using a variety of modes.	E.g., Information is made available on assessing agency's website and in hard copy.
Fairness, transparency	Applicants are advised that language fluency requirements for registration may not be the same as for pursuing PLAR assessment and/or university nursing education in Canada.	E.g., Information is made available on assessing agency's website and in hand-out materials given to all applicants. Agency PLAR advisor ensures that every applicant is informed.
Accessibility, equity, fairness, transparency	Information on PLAR is prepared in plain language, and is sensitive to the cultural backgrounds of candidates.	E.g., Materials are reviewed using plain language software. Materials are reviewed by Student Services for cultural sensitivity.
Accessibility, efficiency, fairness	Applicants are provided with opportunities to obtain a clear understanding of the process and their likelihood of success.	E.g., Assessing agency provides evidence that opportunities have been provided for applicants to obtain a clear understanding of the process and their likelihood of success.
Accountability, consistency, efficiency, legality, quality, transparency	Written PLAR policies, procedures and practices are: <ul style="list-style-type: none"> • in place and supported by organizational leadership • made available to PLAR candidates • incorporated into agency's quality assurance mechanisms • evaluated on a regularly scheduled basis • are provided to CNO Registration Committee • consistent with PLAR principles adopted by CNO and legislative requirements • PLAR duties are formally part of assessor responsibilities. 	E.g., Assessing agency provides CNO with a copy of its PLAR policy and procedure manual, introduced with a statement from institutional leadership, and including an evaluation framework to confirm that these criteria have been met. Assessing agency provides candidates with a copy of its PLAR policies and procedures on request. Assessing agency's policies and procedures support the selection and training of PLAR assessors.

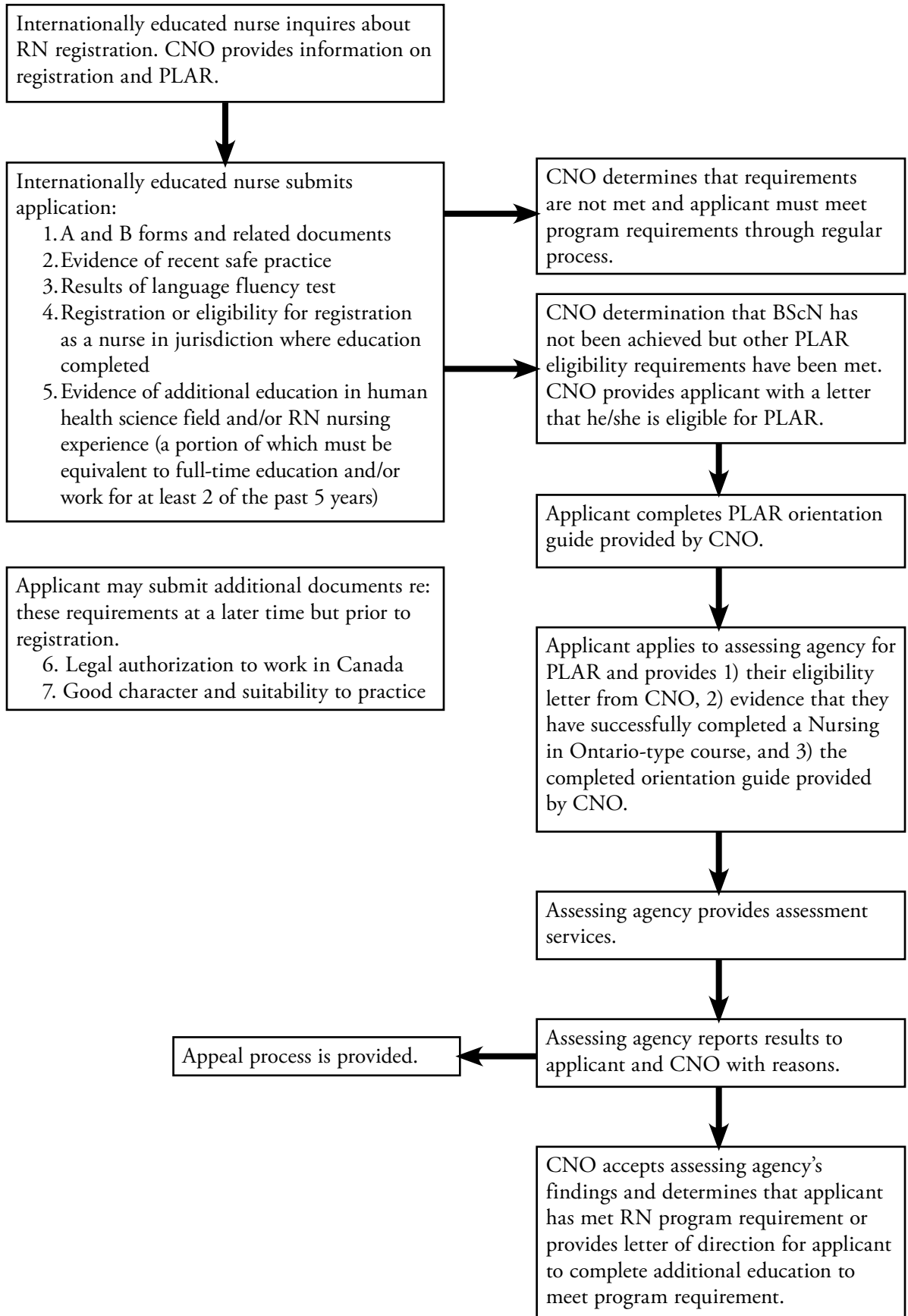
chart continued on page 32

Criteria for Plar Process *chart continued from page 31*

Governing Principles	Criteria	Indicators on How Criteria are Met (To be completed by assessing agency)
Assessment		
Quality	Assessors have expertise in the subject area, and knowledge of PLAR.	E.g., Assessing agency has a policy and procedure that only faculty teaching the area of competency conduct assessments. Assessors receive professional development in PLAR or are assisted by another faculty member who is knowledgeable about PLAR
Accountability	PLAR practices comply with PLAR policies and procedures.	E.g., Assessing agency monitors its PLAR activities.
Consistency, criteria-referencing, equity, legality, quality, validity and reliability	Assessments are designed/used to determine whether candidates have the baccalaureate level competencies necessary to meet the CNO's entry to practice requirements (i.e. no more, no less).	E.g., Assessments are designed or selected on the basis of their appropriateness to assess CNO RN entry-to-practice competencies.
Criteria-referencing, equity, fairness, quality, validity and reliability	Assessment methods and tools: <ul style="list-style-type: none"> • are developed/selected by assessing agency for their effectiveness in assessing prior learning. • focus on competencies and performance indicators. • provide a range of ways for candidates to demonstrate that they have met the required outcomes. • are at appropriate language and literacy levels. • monitored and evaluated for reliability and validity 	E.g., Assessing agency provides a description to CNO of how these criteria have been met. Methods and tools reflect the English language and literacy requirements for entry to baccalaureate level studies as shown by such indicators as inter-rater reliability testing and reviews of failure rates.
Fairness, transparency	Candidates' perspectives are taken into account in the selection of assessment methods and tools.	E.g., Assessing agency's procedures include consideration of suggestions from candidates on how they can best demonstrate their learning.
Fairness, transparency	Candidate advising is provided throughout the PLAR process by staff who are knowledgeable about PLAR.	E.g., Assessing agency builds candidate consultation into the PLAR process.
Post-Assessment		
Accountability, right of appeal, transparency	Decisions are communicated in writing.	E.g. Assessing agency has written policies and procedures that require these actions.
Accountability, right of appeal, transparency	Decisions indicate clearly whether candidates have the baccalaureate level competencies necessary to meet the CNO's entry to practice requirements.	E.g. Assessing agency has written policies and procedures that require these actions.
Accountability, fairness, quality, right of appeal, transparency	In unsuccessful cases, decisions include feedback on strengths and weaknesses of the evidence of prior learning. Information is provided on what would need to happen to improve performance	E.g. Assessing agency has written policies and procedures that require these actions.
Accessibility, efficiency, fairness	Available opportunities are conveyed to unsuccessful candidates for engagement in appropriate learning pathways as a result of their PLAR experience.	E.g. Assessing agency has written policies and procedures that require these actions.
Accountability, quality, right of appeal, transparency	Appeal processes are conducted by parties who were not party to the original decision.	E.g. Assessing agency has written policies and procedures that require these actions.

Appendix H

Proposed PLAR Process Model



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Entry to Practice Competencies for Ontario Registered Nurses as of January 1, 2005

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A Guide to Practice Decision-Making for Entry-Level Registered Nurses

Purpose of this document:

This document contains the competencies Entry-Level RNs in Ontario are expected to possess as an outcome of their nursing education in order to provide the public with safe, effective and ethical care. The competencies serve as a guide to curriculum development and review, and inform the public and employers of what they may expect from Entry-Level RNs.

Practice decision-making is context specific and changes according to client and practice setting circumstances. Accordingly, this guide identifies expectations of Entry-Level RNs and quality practice settings, and is intended to assist Entry-Level RNs with practice decision-making.

This guide also provides assistance to experienced nurses moving to new settings or roles, recognizing that although in a new setting or role, experienced nurses will bring established nursing practice competencies with them.

Definition: The Entry-Level RN

A Registered Nurse who has graduated from the basic nursing program and is at the point of initial registration with the College of Nurses of Ontario.

CNO Assumptions about Practice and the Entry-Level RN

1. Entry-level RNs possess the knowledge required to demonstrate the wide range of competencies listed in this document; however their experience in practising the competencies during their education will vary significantly and in some cases will be limited.
2. The foundation of professional practice is autonomy in decision-making and respect for clinical judgement.
3. Practice decisions are client specific, and must take into account the environment, the client's circumstances and the Entry-Level RN's knowledge and judgement.
4. Only expert nurses practise at or near the limits of practice (as noted in CNO's *Decision Guide: Determining the Appropriate Category of Care Provider*); therefore it is unrealistic to expect Entry-Level RNs to assume responsibilities at the limits of practice for the Registered Nurse.
5. The Entry-Level RN may be less efficient than experienced RNs (for example, they may require more time to provide a specific care intervention).
6. The Entry-Level RN will seek out the knowledge/information required to provide client care from the practice setting resources (e.g. Nurse Educator, colleague, etc.) or from external sources (e.g. research literature, CNO Practice Consultants, etc.).
7. The Entry-Level RN will identify learning needs and a plan to address them.
8. As regulated health professionals, RNs maintain commitments to each other including sharing their expertise and knowledge with one another, (e.g. through orientation programs and/or preceptoring) and referring to each other when they do not have the necessary competence to provide a specific part of the nursing care themselves (CNO's *Ethical Framework for Nurses in Ontario*).
9. Employers actively identify and respond to the needs of Entry-Level RNs for effective orientation to the practice setting and on-the-job resources for consultation and advice as the need arises.

A. Expectations of the Entry-Level RN

The Entry-Level RN is accountable for:

- Knowing and meeting the CNO standards of practice.
- Understanding the scope of practice/controlled acts model as documented in the *Nursing Act* (1991) and the *Regulated Health Professions Act* (1991)¹.
- All client care he/she provides, and for decisions about assigning care to other care providers.
- Decisions regarding personal competency to provide care given the context and client circumstances, including decisions not to provide care when the condition of personal competency is not met.
- Actively identifying and asking questions of self, colleagues (including multidisciplinary) and clients.
- Applying a consistent framework to practice decision-making.
- The conscious and deliberate application of theory to practice via the use of critical thinking and problem solving skills.

Critical Thinking and Decision-Making

Decision-making involves asking, and considering the answers to a number of questions. The skill and willingness to question has been called an “attitude of inquiry”², and is a component of critical thinking. Critical thinking is integral to decision-making and includes the activities of organizing assessment information, recognizing patterns and compiling evidence to support the conclusions drawn.

A Practice Decision-making Framework for the Entry-Level RN

The following questions provide a decision-making framework for the Entry-Level RN. The framework is applied after the client assessment is completed.

1. Do I need assistance to analyze the assessment data?
2. Based on the assessment data, what are the possible options of care, and the indications and contraindications for each?
3. Am I satisfied that the proposed care is appropriate for the client given the particular circumstances and the range of alternative options available?
4. Do I have the authority to provide the proposed care?
5. Am I competent to provide the proposed care?
6. Has the nursing care provided achieved the desired outcome(s)? (evaluation)

Description of Framework

1. *Do I need assistance to analyze the assessment data?*

Seeking assistance may contribute to the identification of gaps in knowledge and information, including whether or not the assessment is complete. For example, the entry-level RN assesses and records the amount of wound drainage from a post-operative client. Knowing the volume of drainage is an important piece of the post-op assessment, but without the knowledge of how much drainage is usual for clients having that type of surgery

¹ The practice of nursing is the promotion of health and the assessment of, the provision of care for, and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function. *The Nursing Act*, 1991.

² Case, B. (1994). Walking around the elephant: A critical-thinking strategy for decision-making. *The Journal of Continuing Education in Nursing*, 25 (3), 101-109.

(as well as colour, consistency, etc.) the assessment is incomplete. Therefore the entry-level RN may ask an experienced colleague for assistance to analyze the assessment data.

2. *Based on the assessment data, what are the possible options of care and the indications and contraindications for each?*

The assessment data may lead to the identification of numerous options of care. Each care option is considered in terms of the client's needs and status, and what outcome the care aims to achieve. Identifying the indications and contraindications for each possible care option individualizes the care and helps to identify the care option likely to be the most effective for the client. Collaboration with the client is an important component of this step in decision-making.

3. *Am I satisfied that the proposed care is appropriate for the client given the particular circumstances and the range of alternative options available?*

Knowing the full range of care options available in a specific practice setting for a particular client situation may present a challenge to the entry-level RN. Collaborating with a colleague may be beneficial in validating and confirming that the choice of care option is appropriate.

4. *Do I have the authority to provide the proposed care? (e.g. is the care a controlled act procedure authorized to nursing?)*

Authority to provide nursing care is derived from the scope of practice for Registered Nurses outlined in both legislation and the standards of practice published by CNO.

Many of the care activities RNs provide arise from nursing's philosophy, theory and

beliefs and are entirely within the decision-making realm of nursing. Such activities do not require an order from another regulated health professional. Examples of these activities are promoting clients' rights and responsibilities; advocating for clients; conducting health assessments, and monitoring client status.

Other care activities provided by Entry-Level RNs have been designated by the RHPA as controlled acts. Of the 13 controlled acts listed in the RHPA, RNs are authorized to perform three. The initiation regulation under the RHPA permits RNs to "initiate", or "order" some of the controlled act procedures authorized to nursing (i.e. perform the procedure without an order from the physician or other authorized health practitioner providing the RN doing the initiating has the competence to do so safely)³. Otherwise, the performance of a controlled act requires an order from a physician, dentist, chiropractor or midwife.

Even when care activities are not designated as controlled acts under the legislation, practice settings may have policies which require the RN to obtain an order to provide the care (e.g. discontinuing intravenous fluids).

5. *Am I competent to provide the care? (That is, do I have the knowledge, skill and judgement required?)*

To answer this question, a self-assessment is helpful, and might include the following sub-questions:

- a) What is the intended outcome(s) of the care for the client?
- b) Do I know the anatomy and physiology relevant to the care?
- c) What are the benefits and known risks to the client?
- d) What is the predictability of the outcome(s)?

³ For detailed information about scope of practice/controlled acts see CNO documents such as: A Guide to Decide (1995); *The Regulated Health Professions Act: An Overview for Nursing* (1997) or "Competencies for Initiation of Controlled Act Procedures".

- e) Does my scope of practice permit me to manage the possible outcomes?
- f) Am I competent to manage all possible outcomes?
- g) What resources (personnel, materials) are available to assist me if needed?

Depending on the outcome of the above self-assessment, the Entry-Level RN will now decide how to provide the care. Options include:

- providing the proposed care independently/ autonomously
- consulting with a health team colleague about the proposed (or alternate) care
- asking a health team colleague to be present and offer advice while providing the care
- asking another RN to provide the care while the Entry-Level RN observes, or if no colleagues are available, informing the employer of inability to provide care* (*In this case the Entry-Level RN is then responsible for identifying a plan for attaining competence in the care).

As each of the three above options reflects a different level of independence, or practice autonomy, a brief discussion about practice autonomy is indicated.

Professional Practice and Autonomy

Autonomy has been called the “hallmark of a profession”⁴. It has been defined as “an individual’s ability to independently carry out the responsibilities of the position without close supervision”⁵. As noted earlier in this document, RNs have the authority to provide care that falls within their scope of practice. That authority is independent of other health care professionals and therefore gives RNs the right to work autonomously.

Autonomy means “the freedom to act on what you know”⁶. Autonomy also means being free to seek whatever input into clinical decision-making the RN feels is appropriate. Autonomy is linked to competence because competence involves not only knowing, but “knowing that you know”. It is therefore tied to the professional responsibility to identify what one knows or doesn’t know.

Entry-Level RNs may frequently choose to seek consultation, or provide care under the direction of an available colleague. As the complexity of care increases there may be a need for more consultation/collaboration. Complexity is a combination of five factors (complexity of care needs; predictability of outcome; the cognitive requirements necessary to provide the care, technical requirements, and the potential for a negative outcome (See the CNO Document: *A Decision Guide: Determining the Appropriate Category of Care Provider*).

Having decided on an option for providing the care the last step in the decision-making framework is considered.

6. *Has the nursing care achieved the desired outcome? (evaluation)*

Evaluation of client care involves a re-assessment of the client’s status and a determination of whether or not the desired outcomes of the care were achieved. If the outcomes were not achieved, or only partially achieved, the steps in the decision-making framework are repeated.

⁴ Edwards, D. (1988). Increasing staff nurse autonomy: A key to nurse retention. *Journal of Pediatric Nursing*, 3(4), 265-268.

⁵ Blanchfield, K.C. and Biordi, D.L. (1996). Power in practice: A study of nursing authority and autonomy. *Nursing Administration Quarterly*, 20 (3), 42-49.

⁶ Kramer, M. & Schmalenberg, C. (1993). Learning from success: Autonomy and empowerment. *Nursing Management*, 24 (5), 58-64.

B. Expectations of Quality Practice Settings

Employers share responsibility with the Entry-Level RN for the quality of care that clients receive. Employers have a responsibility to create practice environments with strong organizational attributes that support competent nurses to provide a quality outcome for the client⁷.

Specific Expectations of Quality Practice Settings Include:

- Provision of position-specific education and professional development through such elements as an orientation and preceptorship program.
- Promoting an environment which encourages Entry-Level RNs to pose questions, engage in reflective practice and ask for consultation/assistance without being criticized.
- Staff scheduling that accommodates the needs of the Entry-Level RN, e.g. matching a Entry-Level RN with an experienced RN.
- Identifying the competencies required in a particular setting for positions of added responsibility (e.g. “in charge”) and providing an opportunity for the Entry-Level RN to meet them before being placed in such a position.
- Identifying and informing the Entry-Level RN of the resources available to provide expert advice/consultation.

Applying the Practice Decision-Making Framework

The following clinical scenario may be used to illustrate the application of the decision-making framework. A diagram of the steps of the decision-making framework follows the scenario.

You are working the night shift only one month after being hired as an RN on a busy medical/surgical floor. One of your clients is an 80 year old man two days post-operative

from a heart valve replacement. You assess his vital signs and observe that he is short of breath, with laboured respirations, he has had no urine output since your shift began, and he appears more confused than when you cared for him previously. You have some prn orders from the physician, including applying oxygen and inserting a foley catheter if necessary.

Assessment: Vital signs, chest auscultation, output, mental status, edema

Analyze the data. Assistance needed? Yes—having difficulty making sense of the data. Change in vital signs are minimal, change in mental status subtle, chest sounds are difficult to hear, you have had minimal experience with similar client situations. Assessment not complete as don't know intake prior to your shift. You plan to seek assistance from a colleague.

Identify options of care: You tell your colleague that options include: a) sitting client in high fowler's position (which you already did); b) re-starting oxygen; c) inserting a foley catheter; d) Notifying the physician. You jointly agree on the indications and contraindications for each option.

Choose the care option: You decide re-starting the oxygen is a priority, and plan to review the plan with the client and seek his input. (You decide not to insert a foley catheter because there is no clinical rationale to do so at this time).

Do I have the authority to provide the care: Yes, have a physician's order for the oxygen.

Am I competent to perform the care? (Can I manage the potential outcomes of care?) Yes, familiar with physiological

⁷ College of Nurses of Ontario (1998). *Building Quality Practice Settings, Practice Setting Consultation Program: An Information Guide.*

considerations re. oxygen, familiar with equipment and set-up. No immediate negative systemic outcomes expected related to oxygen.

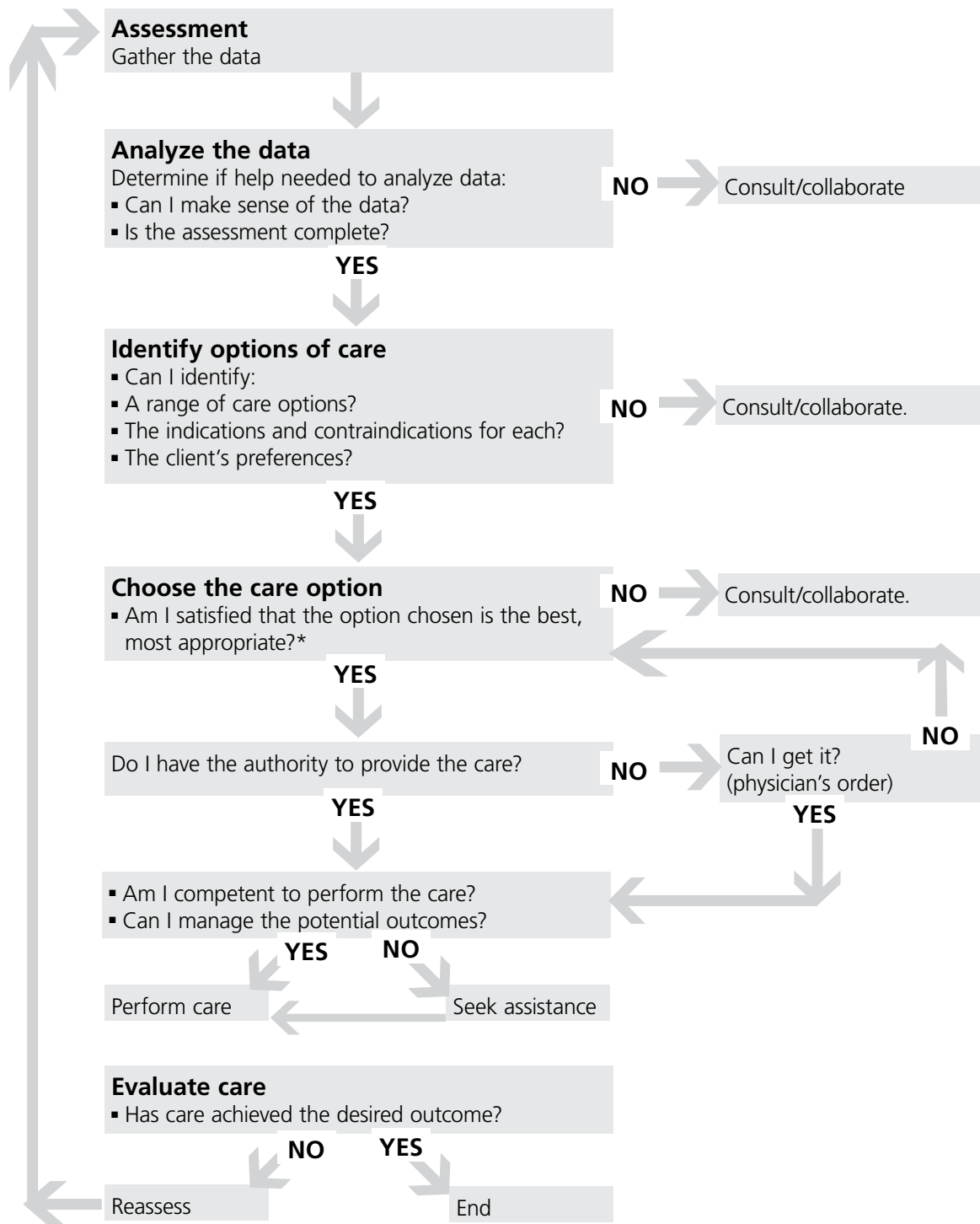
Perform the care: You start the oxygen.

Evaluate the care: You evaluate the client's response to the oxygen administration. If condition has improved (respirations less laboured, lung sounds improved, etc.) you continue the care, frequently assessing the client's status. If condition is unchanged, or has deteriorated you begin the steps of decision-making once again.

Summary

This section has identified CNO's expectations of Entry-Level RNs and practice settings with regard to practice decision-making. The framework and elements to support autonomous practice decision-making have been described. Practice experience will further contribute to skill and confidence in making practice decisions that promote quality client outcomes.

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.

Registered Nurse Entry to Practice Competencies

Glossary of Terms

Client: The focus of the nurse's care; with whom the nurse is engaged in a professional therapeutic relationship. The client can be an individual, family, group, population or community.

Collaborate: To work together with one or more members of the health care team who each make a unique contribution to achieving a common goal. Each individual contributes from within the limits of her or his scope of practice.

Community: A group of people living in one place, neighbourhood or district, or sharing common characteristics/interests which bind them together, or having common health needs. The term community (when used to describe a client) does not mean providing care to an individual in the community. Nursing practice aimed at the community as a client involves assisting communities to identify, articulate and successfully manage their health concerns. It is concerned primarily with care that is continuing, rather than episodic. The focus is on the collective or common good, instead of an individual's health.

Competence: The ability of a nurse to integrate the professional attributes required to perform in a given role, situation, or practice setting. Professional attributes include, but are not limited to, knowledge, skill, judgement, values and beliefs.

Competency Statements: Descriptions of the expected performance behaviour that reflects the professional attributes required in a given nursing role, situation or practice setting.

Critical Thinking: Reasoning in which we analyze the use of language, formulate problems, clarify and explain assumptions, weigh evidence, evaluate conclusions, discriminate between good and bad arguments, and seek to justify those facts and values that result in credible beliefs and actions.⁸

Family: People united by a common ancestry (biological families), acquisition (marriage or contract) or choice, and their friends.

Group: A set of individuals who have come together for a shared purpose.

Habilitate: To provide the means by which the client will be able to make her/himself fit or improve own health status.

Individuals: Single human beings throughout the lifespan, including neonates (birth to 28 days), infants (29 days to 1 year), children (1 year to 12 years), adolescents (13 to 18 years), adults (19-65 years) and elderly adults (65 years and older).

Initiate: To make the *decision* to carry out a procedure, or cause someone else to *carry out* a procedure (which is a controlled act) in the absence of a specific order or protocol written by another person. Initiate differs from "perform" in that perform means to carry out a procedure, while "initiating" refers to the *ordering* of a procedure. Performing occurs after the decision to carry out the procedure has been made.

Participates: To take part in. Participation is not an independent act; the nurse works in partnership with others when she/he is a participant. When participating in an activity, the nurse contributes, but is not the sole provider of the service being delivered.

⁸ Bandman, E. & Bandman, B. (1995) Critical Thinking in Nursing (2nd ed.) Appleton & Lange, Connecticut.

Partnership: Refers to situations in which the nurse works with the client and other members of the health care team to achieve specific health outcomes for the client. Partnership implies consensus building in the determination of these outcomes.

Performs: See initiate.

Population: *All* persons sharing a common health issue, problem or characteristic (e.g. all pregnant women; all people with TB; all people with bi-polar disorders). These people may or may not come together as a group.

Predictable Outcomes: Client health outcomes that can reasonably be expected to follow an anticipated path.

Research: Systematic inquiry that uses orderly scientific methods to answer questions or solve problems.⁹ Conducting research involves formation of a researchable question, design of the research project, implementation of the project, and analysis and presentation of results. A nurse who assists in a research project by collecting information/data may be “participating” in research, but is not her/himself “conducting” research.

Stable: Situations in which the client’s health status can be predicted or anticipated. Interventions have predictable outcomes and/or a known level and range of negative outcomes.

Scope of Practice: The scope of practice for nursing in Ontario is set out in the *Nursing Act*. It is: “The practice of nursing is the promotion of health and the assessment of, the provision of care for, and the treatment of health conditions by supportive, preventive, therapeutic, palliative, and rehabilitative means in order to attain or maintain optimal function”.¹⁰

Unpredictable Outcomes: Client health outcomes that cannot reasonably be expected to follow an anticipated path.

Unregulated Care Provider (UCP): A family member, household member or paid individual who assists with or provides personal care, and may deliver some basic elements of nursing care such as personal hygiene, dressing, feeding and assisting with medications. UCPS are not regulated health professionals under the *Regulated Health Professions Act*. They are accountable to their employer for their actions. They are also known as personal support workers (PSWs), health care aids (HCAs) or personal care providers (PCPs).

Unstable: Situations in which the client’s health status is fluctuating, with atypical responses. The care is complex, requiring frequent assessments, interventions and modifications. Interventions may have unpredictable outcomes and/or risks.

⁹ Polit, D., and Hungler, B.P. (1991). *Nursing research principles and methods*. (4th ed.). J.B. Lippincott, Philadelphia.

¹⁰ The legislation also identifies three controlled acts for nursing which are those activities which could pose a risk of harm to individuals if done by an unqualified person.

Entry to Practice Competencies for Registered Nurses in Ontario as of January 1, 2005

Professional Standard #1: Professional Service to the Public

Standard Statement: Each nurse provides, facilitates and promotes the best possible professional service. The nurse responds to the needs of consumers in a way that fosters trust, respect, collaboration and innovation.

Competencies Related to Standard 1:	
<p>P-1 Forms partnerships with clients to achieve mutually agreed health outcomes with</p> <ul style="list-style-type: none"> a) individuals: <ul style="list-style-type: none"> i) neonates (stable and unstable) ii) infants (stable and unstable) iii) children (stable and unstable) iv) adolescents (stable and unstable) v) adults (stable and unstable) vi) elderly adults (stable and unstable) b) families (stable and unstable) c) groups (stable and unstable) d) populations (stable and unstable) e) communities (stable and unstable) 	<p>nursing practice by:</p> <ul style="list-style-type: none"> a) monitoring and discussing trends and possible changes; b) detailing and analyzing trends and possible changes; c) developing strategies for changes in practice; d) implementing strategies to change nursing practice.
<p>P-2 Promotes clients' rights and responsibilities:</p> <ul style="list-style-type: none"> a) individuals; b) families; c) groups; d) populations; e) communities. 	<p>P-5 Supports professional efforts in nursing to achieve a healthier society (lobbying, health fairs, promoting principles of the Canada Health Act).</p>
<p>P-3 Advocates for clients or the client's designated representative, especially when the client is unable to advocate for self:</p> <ul style="list-style-type: none"> a) individuals; b) families; c) groups; d) populations; e) communities. 	<p>P-6 Attends to health service needs availability by:</p> <ul style="list-style-type: none"> a) identifying assets and gaps in health services; b) planning and developing health services; c) implementing health services; devaluating recently instituted health services; e) developing innovative approaches to service delivery.
<p>P-4 Attends to trends in society, health and nursing which may result in changes to</p>	<p>P-7 Collaborates with clients to perform a holistic assessment of the following needs:</p> <ul style="list-style-type: none"> a) physical; b) emotional; c) psychological; d) cognitive; e) social; f) spiritual; g) developmental; h) cultural; i) information and education.

P-8	Collaborates with clients to identify their health problems and issues: a) Stable; b) Unstable.	P-16	Selects methods of communication which are appropriate to client circumstances and needs.
P-9	Develops plans to ensure continuity of care for clients as they move through the health care system.	P-17	Provides general health-related information to clients: a) individuals; b) families; c) groups; d) populations; e) communities.
P-10	Negotiates with the client to determine when consultation is required with other health team members or other health related sectors.	P-18	Manages physical resources in order to provide effective and efficient care (equipment, supplies, medication, linen).
P-11	Makes formal referrals to other health team members and other health related sectors for clients who require consultation.	P-19	Co-ordinates health team members to ensure continuity of health services for clients.
P-12	Includes the family in clients' care delivery (with client's consent).	P-20	Directs and co-ordinates actions of others in emergency situations.
P-13	Assists clients to establish and maintain satisfying and healthy relationships within the family and community: a) Stable; b) Unstable.	P-21	Develops partnerships with nursing and health team members based on respect for the unique competencies of each team.
P-14	Supports clients to draw on own assets and resources for self-care and health promotion.	P-22	Commits to the principle that the primary purpose of the professional nurse is to serve the public.
P-15	Encourages clients to seek out support groups for mutual aid and support.		

Professional Standard #2: Knowledge

Standard Statement: Each nurse possesses and continually acquires knowledge relevant to the professional service she or he provides.

Competencies Related to Standard 2:	
K-1	Demonstrates openness to new ideas which may change, enhance or support nursing practice.
K-2	Reads and critiques research in nursing, health sciences and related disciplines (research articles and reports).
K-3	Integrates research findings from nursing, health sciences & related disciplines into own nursing practice.
K-4	Comprehends the impact of an agency's organizational culture on nursing practice.
K-5	Presents nursing knowledge regarding the client in inter-disciplinary team interactions.
K-6	Identifies important internal (attitudes, beliefs, values and perceptions) and external (family, social, environmental, and political) influences on health.
K-7	Explains pathophysiological concepts in relation to: a) normal and abnormal anatomy and physiology; b) manifestations (client responses); c) diagnostic procedures; d) laboratory tests.
K-8	Discusses the conceptual and theoretical basis for nursing interventions which reflects knowledge of the following: a) change; b) caring; c) coping; d) holistic care; e) valuing; f) teaching/learning; g) technical skill acquisition and application; h) interpersonal skill acquisition and application.
K-9	Understands the overall organization of health care at the: a) care setting level; b) agency level; c) regional/municipal level; d) provincial/territorial level; e) national level.
K-10	Demonstrates knowledge of professional self-regulation including a) the role and services of CNO, and b) the role and services of other professional nursing organizations (e.g. RNAO, RPNAO, ONA).

Professional Standard #3: Application of Knowledge

Standard Statement: Each nurse continually strives to improve the application of professional knowledge.

Competencies Related to Standard 3:	
A-1	Applies critical thinking skills in all practice activities.
A-2	Contributes to health or nursing research by participating in: a) identifying researchable questions; b) reading and critiquing research reports; c) conducting research; d) collecting or assembling research data; e) interpreting and integrating research findings into practice; f) writing and revising research reports; g) disseminating research findings.
A-3	Uses his/her unit's usual assessment tools to guide data collection for assessing clients.
A-4	Customizes standardized assessment tools to individualize them to the client's particular needs.
A-5	Employs additional assessment tools and techniques for finer detail and discrimination.
A-6	Consults with the literature, colleagues and other sources in selecting appropriate assessment tools and techniques.
A-7	Performs comprehensive and holistic nursing assessments of the following clients: a) individuals: i) neonates (stable and unstable) ii) infants (stable and unstable) iii) children (stable and unstable) iv) adolescents (stable and unstable) v) adults (stable and unstable) vi) elderly adults (stable and unstable) b) families (stable and unstable)
A-8	Uses various techniques of data collection with clients: a) observation; b) interviewing; c) inspection; d) auscultation; e) palpation.
A-9	Refines and extends client assessment information by: a) collecting data from a variety of sources (e.g. client, family, other health team members, and documentation); b) using initial assessment findings to focus on additional and more detailed assessments; c) identifying and incorporating the determinants of health (e.g. income, social status, education, employment, work conditions); d) analyzing and interpreting data from client assessments.
A-10	Anticipates potential health problems or issues and their resultant consequences for clients (stable and unstable).
A-11	Makes clinical judgements regarding clients: a) individuals: i) neonates (stable and unstable) ii) infants (stable and unstable) iii) children (stable and unstable) iv) adolescents (stable and unstable) v) adults (stable and unstable) vi) elderly adults (stable and unstable) b) families (stable and unstable) c) groups (stable and unstable) d) populations (stable and unstable) e) communities (stable and unstable)

A-12	<p>Collaborates with clients to develop a plan of care by:</p> <ul style="list-style-type: none"> a) identifying expected outcomes (stable and unstable); b) questioning and offering suggestions regarding approaches to care (stable and unstable); c) reducing complex health problems into systematically manageable components (stable and unstable); d) establishing priorities of nursing care (stable and unstable); e) seeking information from relevant nursing research, experts and the literature (stable and unstable). 	A-16	<p>Deviates from care plan according to professional judgement.</p>
A-13	<p>Uses evidence-based knowledge from nursing, health sciences and related disciplines to select and individualize nursing interventions.</p>	A-17	<p>Performs a range of nursing interventions:</p> <ul style="list-style-type: none"> a) Simple (e.g. assisting ambulation or hygiene, basic dressing changes, teaching relaxation); b) Complex (e.g. facilitating group processes, debriefing critical incidents); c) developing creative, innovative interventions that go beyond the established plan of care.
A-14	<p>Selects and implements nursing interventions which reflect a variety of theories (e.g. family theories, nursing theories, communication theories, system theories):</p> <ul style="list-style-type: none"> a) individuals; b) families; c) groups; d) populations; e) communities. 	A-18	<p>Manages multiple nursing interventions simultaneously (stable and unstable).</p>
A-15	<p>Performs nursing interventions as indicated by mutually established care plans:</p> <ul style="list-style-type: none"> a) individuals: <ul style="list-style-type: none"> i) neonates (stable and unstable) ii) infants (stable and unstable) iii) children (stable and unstable) iv) adolescents (stable and unstable) v) adults (stable and unstable) vi) elderly adults (stable and unstable) b) families (stable and unstable) c) groups (stable and unstable) d) populations (stable and unstable) e) communities (stable and unstable) 	A-19	<p>Assists clients to select choices which will support positive changes in their affect, cognition, and behaviour (stable and unstable).</p>
		A-20	<p>Performs nursing interventions (actions, treatments, techniques) which:</p> <ul style="list-style-type: none"> a) promote health; b) prevent disease and injury; c) maintain and restore health; d) promote habilitation; e) provide palliation.
		A-21	<p>Uses appropriate technology to perform safe, effective and efficient nursing interventions.</p>
		A-22	<p>Applies safety principles and protective devices consistently in client interactions.</p>
		A-23	<p>Responds appropriately to rapidly changing situations which affect client health or safety.</p>
		A-24	<p>Establishes and maintains a caring environment which supports clients to achieve health outcomes:</p> <ul style="list-style-type: none"> a) individuals; b) families; c) groups; d) populations; e) communities.

<p>A-25 Employs a range and variety of communication skills appropriate to various clients:</p> <ul style="list-style-type: none"> a) applies basic communication skills (e.g. listening, responding, restating, conflict resolution); b) applies more complex communication skills (e.g. disclosure, confrontation, immediacy, contracting, counselling, crisis intervention). 	<p>A-30 Evaluates the effectiveness of nursing interventions, including learning plans, by comparing actual outcomes to anticipated outcomes (stable and unstable).</p> <p>A-31 Verifies evaluation findings with the client and other members of the health team (stable and unstable).</p> <p>A-32 Modifies and individualizes the learning plan, in collaboration with the client and according to evaluation findings (stable and unstable).</p>
<p>A-26 Individualizes health-related information to meet client's specialized needs:</p> <ul style="list-style-type: none"> a) individuals: <ul style="list-style-type: none"> i) neonates ii) infants iii) children iv) adolescents v) adults vi) elderly adults b) families c) groups d) populations e) communities 	<p>A-33 Uses effective time management skills to organize workload (prioritizes, sets time frames, evaluates own work patterns).</p> <p>A-34 Uses basic computer skills to: a) document client care; b) obtain/forward information within the agency; c) obtain/forward information outside the agency.</p> <p>A-35 Uses computerized and other health and nursing information systems to: a) plan client care; b) co-ordinate client care; c) assess workloads and plan staffing.</p>
<p>A-27 Selects appropriate media and learning strategies to meet client learning needs:</p> <ul style="list-style-type: none"> a) individuals; b) families; c) groups; d) populations; e) communities. 	<p>A-36 Assigns nursing workloads to others.</p> <p>A-37 Delegates nursing workloads to others.</p>
<p>A-28 Addresses clients' learning needs:</p> <ul style="list-style-type: none"> a) assesses the learning needs of clients; b) develops learning plans with clients; c) implements simple learning plans for clients; d) implements complex learning plans for clients; e) verifies whether clients have grasped essential information and skills. 	<p>A-38 Provides direction to Unregulated Care Providers (UCPs), evaluates clients' responses to care provided by UCPs and contributes to the performance evaluation of UCPs.</p>
<p>A-29 Monitors status of clients in relation to anticipated outcomes (stable and unstable).</p>	<p>A-39 Promotes team problem-solving, decision-making and inter-disciplinary collaboration by: a) assessing shortfalls in nursing practice jointly; b) planning collaborative interventions; c) implementing new interdisciplinary strategies;</p>

	d) evaluating impacts on clients and team members; e) developing new and innovative working relationships.		social and community agencies, professional associations and all levels of government).
A-40	Uses conflict resolution skills to facilitate interdisciplinary health team interactions.	A-47	Plans/develops health programs based upon community assessment data in order to meet the health needs of the community.
A-41	Uses established communication protocols: a) within the practitioner's health care agency; b) across agencies within the health system.	A-48	Utilizes techniques to reduce communicable disease risk factors in the community (e.g. surveillance, immunization, early case identification, contact tracing, episodic care, health education and case management).
A-42	Explains the relevance of internal (attitudes, beliefs, values and perceptions) and external (family, social, environmental, and political) influences on health, nursing practice and the role of the nurse.	A-49	Applies social marketing techniques and skills to promote community health programs and healthy living.
A-43	Critically appraises research evidence and applies relevant findings to the care of clients.	A-50	Promotes awareness of the role of the community health/public health nurse.
A-44	Provides rationale for the clinical management of client problems integrating knowledge of selected pathophysiological concepts.	A-51	Incorporates relevant research findings in health promotion activities (e.g. epidemiological, population demographics).
A-45	Utilizes principles of primary health care to provide care to individuals and families in the community.	A-52	Involves key stakeholders in health promotion activities.
A-46	Utilizes knowledge and expertise in health promotion, disease prevention and epidemiology to provide information to a range of stakeholders (e.g. clients, lay helpers, professionals,	A-53	Incorporates appropriate cultural practices in health promotion activities.
		A-54	Promotes healthy lifestyle choices (e.g. healthy sexuality, dietary patterns, tobacco prevention).
		A-55	Encourages the client's use of safety measures to prevent injury (e.g. seat belts, play safety programs, helmets, smoke alarms, street proofing).

Professional Standard #4: Ethics

Standard Statement: Each nurse understands, upholds and promotes the ethical standards of the profession.

Competencies Related to Standard 4:	
E-1	Identifies effect of own values and assumptions on interactions with clients.
E-2	Demonstrates behaviours which contribute to effective partnerships with clients (respect, empathy, honesty).
E-3	Provides care that demonstrates sensitivity to client diversity (culture, race, age, sexual orientation, gender, beliefs, values).
E-4	Supports clients while coming to decisions about their health care, then supports those decisions.
E-5	Reports situations which are potentially unsafe for clients.
E-6	For clients experiencing difficulty protecting self, provides support and protection.
E-7	Maintains a distinction between social interaction and professional communication.
E-8	Shares appropriate information about client's care while respecting confidentiality.
E-9	Recognizes and reports situations which are potentially unsafe for health team members (abusive clients, faulty equipment, under-staffing).

Professional Standard #5: Continued Competence

Standard Statement: Each nurse maintains competence while striving to improve the quality of her or his dimension of practice.

Competencies Related to Standard 5:	
C-1	Assesses on a continuing basis, own competencies related to: a) knowledge; b) skills; c) attitudes; d) judgement.
C-2	Seeks opportunities for professional growth which enhance competence (reading journals, attending-in-services, taking courses).
C-3	Attends to changes in the health system by: a) recognizing changes affecting own practice and client care; b) analyzing changes that affect own practice and client care; c) implementing changes developed by others; d) developing strategies to manage changes that affect own practice and client care.
C-4	Develops a network of collegial support

Professional Standard #6: Professional Behaviour—Accountability/Responsibility

Standard Statement: Each nurse is accountable to the public and responsible for ensuring that her/his practice and conduct meet legislative requirements and the standards of the profession.

Competencies Related to Standard 6:	
B-1	Practices in a manner consistent with: a) professional standards of the regulatory body; b) values and obligations to take action; c) scope of practice within nursing; d) provincial and federal legislation.
B-2	Practices within legislated scope of practice.
B-3	Accepts accountability for own actions and decisions.
B-4	Challenges questionable actions, orders, decisions made by other health team members.
B-5	Takes action on questionable orders, decisions or actions made by other health team members.
B-6	Uses Standards of Practice to highlight own learning needs by: a) identifying gaps in knowledge and skills; b) evaluating own nursing practice; c) taking action to update own competencies.
B-7	Recognizes limitations of own competence and seeks assistance when necessary.
B-8	“Role models” professional behaviour with nursing students and others.
B-9	Participates in analyzing, developing, implementing and evaluating nursing practice and policy in the workplace: a) at the care setting level; b) at the agency level.
B-10	Promotes the continuing development of the discipline of nursing (e.g. joining/participating in professional associations, committee participation, writing for nursing journals).
B-11	Maintains clear, concise, accurate and timely records of client’s care.
B-12	Exercises accountability for decisions which are delegated to others.
B-13	Participates in quality assurance and improvement activities to enhance client care and nursing practice.
B-14	Collaborates as a member of an interdisciplinary health team.
B-15	Supports other team members to practice to their full scope of practice.
B-16	Identifies how own values and assumptions affect the interactions between nursing and the interdisciplinary health team members.
B-17	Recognizes the impact of change on other health team members.
B-18	Provides constructive feedback to colleagues about client care.
B-19	Collaborates with other health related sectors to achieve client health outcomes.

CNO welcomes feedback regarding this document. Please call the College of Nurses of Ontario at 416 928-0900 or toll free in Ontario at 1-800-387-5526 with comments or questions.

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