

Canadian Nurse Practitioner

Core Competency Framework



May 2010

This document has been developed collaboratively by the Canadian Nurses Association and representatives of the provincial/territorial regulatory organizations, with assistance from Canada's Testing Company, Assessment Strategies Inc.

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PREFACE

The respective executive directors of the registered nursing regulatory bodies in Canada requested the Canadian Nurses Association and Canada's Testing Company, Assessment Strategies Inc., to facilitate the update and revision of the core entry-level competencies for nurse practitioner practice in Canada. Through a series of teleconferences, electronic communications, subgroup work and one face-to-face meeting, the *Canadian Nurse Practitioner Core Competency Framework* (2010) was completed.

The *Canadian Nurse Practitioner Core Competency Framework* (2010) was developed for use by participating jurisdictions. Each regulatory body may adopt this document or publish the entry-level competencies approved in accordance with their context, policies and requirements. Anyone seeking information about the nurse practitioner competencies that are in effect in a particular province or territory is advised to contact the applicable regulatory body.

This framework defines the core competencies required for safe, competent and ethical nurse practitioner practice. The core competencies are transferable across diverse practice settings and client populations. As a result, the framework is fundamental to all nurse practitioner practice in Canada.

The first *Canadian Nurse Practitioner Core Competency Framework*, published in 2005, was developed in collaboration with the Canadian jurisdictions through the support of the Canadian Nurse Practitioner Initiative.¹ This document updates and replaces the 2005 publication.

The framework was revised using a consensus-building approach involving provincial/territorial nursing regulators and expert nurse practitioners across Canada.² The collaborative approach used to revise the document promotes consistency of registration requirements across the country, facilitating compliance with the Agreement on Internal Trade.³

Nurse practitioner practice is dynamic, and the competencies will change over time in response to population health needs, evolving practice and health-care environments. Hence, this document will be reviewed at least once every five years to ensure that it keeps pace with changes in nurse practitioner practice.

¹ A federally funded project, the Canadian Nurse Practitioner Initiative was established in 2004 to facilitate a pan-Canadian framework for the sustained integration of the nurse practitioner role in Canada.

² Except in Quebec.

³ The Agreement on Internal Trade is an intergovernmental trade agreement that was signed by Canadian first ministers in 1995. Its purpose is to reduce and, to the extent possible, eliminate barriers to workforce mobility. See http://www.ait-aci.ca/index_en.htm

ACKNOWLEDGEMENTS

Appreciation and thanks are extended to the regulatory authorities, the Canadian Nurse Practitioner Core Competency Committee (see Appendix A), the Registered Nurses' Association of Ontario, and nurse practitioners across Canada who participated in the development of this document. In particular, the revision of the framework was made possible by the collaborative efforts of the following organizations:

- Association of Registered Nurses of Newfoundland and Labrador (ARNNL)
- Association of Registered Nurses of Prince Edward Island (ARNPEI)
- College of Registered Nurses of Nova Scotia (CRNNS)
- Nurses Association of New Brunswick / Association des infirmières et infirmiers du Nouveau Brunswick (NANB)
- College of Nurses of Ontario (CNO)
- College of Registered Nurses of Manitoba (CRNM)
- Saskatchewan Registered Nurses' Association (SRNA)
- College and Association of Registered Nurses of Alberta (CARNA)
- College of Registered Nurses of British Columbia (CRNBC)
- Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU)
- Yukon Registered Nurses Association (YRNA)

INTRODUCTION

Purpose of the Framework

The *Canadian Nurse Practitioner Core Competency Framework* (2010) can be either adopted as is or modified by regulatory bodies to suit the particular context of each body. Nursing regulatory bodies may use this document alone or in combination with additional provincial/territorial nurse practitioner documents to support regulatory processes such as:

- reviewing and approving/recognizing nurse practitioner education programs;
- developing/approving regulatory examinations for nurse practitioner registration;
- assessing individual nurse practitioners for initial competence when applying for registration; and
- assessing continuing competence and providing for ongoing registration of nurse practitioners.

The competency statements describe the integrated knowledge, skills, judgment and attributes that guide nurse practitioner practice. Safe, competent, ethical nurse practitioner practice requires the integration and performance of many competencies simultaneously. This document may be used by nurse practitioners to support their self-reflection, self-evaluation and continuing competence, as well as to educate others about their role. Nurse practitioner educators may use it for curriculum development. And it is a useful resource for helping others – including government agencies, employers, health providers and the public – to understand what they can expect of nurse practitioners.

Profile of the Nurse Practitioner

Nurse practitioners, as autonomous health professionals with advanced education, provide essential health services grounded in professional, ethical and legal standards. Nurse practitioners integrate their in-depth knowledge of advanced nursing practice and theory, health management, health promotion, disease/injury prevention, and other relevant biomedical and psychosocial theories to provide comprehensive health services. Nurse practitioners work in collaboration with their clients and other health-care providers in the provision of high-quality patient-centred care. They work with diverse client populations in a variety of contexts and practice settings.

Nurse practitioners have the competence to provide comprehensive health assessment, to diagnose health/illness conditions, and to treat and manage acute and chronic illness within a holistic model of care. Nurse practitioners order and interpret screening and diagnostic tests, perform procedures and prescribe medications, while integrating the principles of resource allocation and cost-effectiveness, in accordance with federal, provincial and territorial legislation and policy.

Nurse practitioners are accountable for their own practice and communicate with clients about health assessment findings and diagnoses, further required testing and referral to other health-care professionals; they are also responsible for client follow-up. Nurse practitioners counsel clients on symptom management, health maintenance, pharmacotherapy, alternative therapies, rehabilitation strategies and other health programs.

Nurse practitioners have the knowledge to assess population health trends and patterns and to design services that promote healthy living. They provide leadership in the development, implementation and evaluation of strategies to promote health and prevent illness and injury, and they work with interprofessional teams, other health-care providers and sectors and community members. Nurse practitioners collaborate in the development of policy to influence health services and healthy public policy.

Overview of Competencies

Nurse practitioner competencies reflect advanced nursing practice by building and expanding upon the competencies required of a registered nurse. This document expands on the competencies defined in *Advanced Nursing Practice: A National Framework*⁴ as these competencies apply to nurse practitioners. The core competencies in this framework are organized into four categories:

- Professional Role, Responsibility and Accountability;
- Health Assessment and Diagnosis;
- Therapeutic Management; and
- Health Promotion and Prevention of Illness and Injury.

The competencies were developed according to certain assumptions and terms; thus, interpretation of the competencies requires an understanding of the assumptions and the key terms found in the glossary of terms.

⁴ Canadian Nurses Association, 2008.

ASSUMPTIONS

Familiarity with the assumptions used to develop the core competencies is essential to the understanding of how these competencies may be applied to the nurse practitioner practice in all roles and settings, not only those specific to a particular client population or practice environment.

In developing the core competencies listed in this document, the following assumptions were made:

1. The practice of nurse practitioners is grounded in the values, knowledge and theories of professional nursing practice.
2. Nurse practitioner core competencies build and expand upon the competencies required of a registered nurse.
3. Nurse practitioner core competencies require additional nursing education, usually achieved at the graduate level, with a substantial clinical component.
4. Nurse practitioner core competencies are the foundation for all areas of nurse practitioner practice, and are applicable across diverse practice settings and client populations.
5. Nurse practitioner core competencies are an essential element of nurse practitioner competence assessment.
6. Nurse practitioner practice is grounded in the five World Health Organization (WHO) principles of primary health care: accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration.
7. Nurse practitioners provide services relating to health promotion, illness and injury prevention, rehabilitative care, curative and supportive care, and palliative/end-of-life care.
8. The identified core competencies incorporate the competencies identified for advanced nursing practice and specifically address the activities that are included in the legislated scope of practice of nurse practitioners (e.g., health assessment, diagnosis of acute and chronic illnesses and their therapeutic management).
9. Nurse practitioners work in collaboration with other health-care providers to provide safe, high-quality health-care services.
10. Newly graduated nurse practitioners gain proficiency in the breadth and depth of their practice over time, with support from employers, mentors and health-care team members.

COMPETENCIES

1. Professional Role, Responsibility and Accountability

This nurse practitioner competency category encompasses the core competencies for the following four categories of advanced nursing practice: clinical practice; collaboration, consultation and referral; research; and leadership.⁵ Nurse practitioner practice is characterized by the simultaneous interaction and blending of competencies at a level of complexity that reflects the nurse practitioner's highly developed critical thinking skills, clinical nursing experience, and advanced education that incorporates a substantial clinical component.

The competencies listed below are fundamental to advanced nursing practice and are integrated into the practice of nurse practitioners. Therefore, the competencies listed in this category also apply to each of the three other competency categories in this framework: Health Assessment and Diagnosis, Therapeutic Management, and Health Promotion and Prevention of Illness and Injury.

Clinical Practice

The nurse practitioner:

- 1.1** Practises in accordance with federal and provincial/territorial legislation, professional and ethical standards, and policy relevant to nurse practitioner practice.
- 1.2** Understands the changes in scope of practice from that of a registered nurse and the ways that these changes affect responsibilities and accountabilities when assuming the reserved title and scope of practice of a nurse practitioner.
- 1.3** Incorporates knowledge of diversity, cultural safety and determinants of health in the assessment, diagnosis and therapeutic management of clients and in the evaluation of outcomes.
- 1.4** Incorporates knowledge of developmental and life stages, pathophysiology, psychopathology, epidemiology, environmental exposure, infectious diseases, behavioural sciences, demographics and family processes when performing health assessments, making diagnoses and providing overall therapeutic management.

⁵ CNA, *Advanced nursing practice: A national framework*. Author: 2008.

- 1.5** Incorporates knowledge of the clinical manifestations of normal health events, acute illness/injuries, chronic diseases, comorbidities and emergency health needs, including the effects of multiple etiologies in the assessment, diagnosis and therapeutic management of clients and in the evaluation of outcomes.
- 1.6** Integrates the principles of resource allocation and cost-effectiveness into clinical decision-making.
- 1.7** Provides client diagnostic information and education that are relevant, theory-based and evidence-informed, using appropriate teaching/learning strategies.
- 1.8** Promotes safe client care by mitigating harm and addressing immediate risks for clients and others affected by adverse events and near misses.
- 1.9** Discloses the facts of adverse events to clients, and reports adverse events to appropriate authorities, in keeping with relevant legislation and organizational policies.
- 1.10** Documents clinical data, assessment findings, diagnoses, plans of care, therapeutic interventions, client responses and clinical rationale in a timely and accurate manner.
- 1.11** Adheres to federal and provincial/territorial legislation, policies and standards related to privacy, documentation and information management (this applies to verbal, written or electronic records).
- 1.12** Engages in ongoing professional development and accepts personal responsibility for maintaining nurse practitioner competence.

Collaboration, Consultation and Referral

The nurse practitioner:

- 1.13** Consults with and/or refers clients to other health-care providers at any point in the care continuum when the client's condition is not within the nurse practitioner scope of practice or the individual nurse practitioner's competence.
- 1.14** Acts as a consultant to and/or refers and accepts referrals from health-care providers, community agencies and allied non-health-care professionals.
- 1.15** Advocates for clients in relation to therapeutic intervention, health-care access, the health-care system and policy decisions that affect health and quality of life.
- 1.16** Collaborates with members of the health-care team to provide and promote interprofessional client-centred care at the individual, organizational and systems levels.
- 1.17** Collaborates with members of the health-care team to promote and guide continuous quality improvement initiatives at the individual, organizational and systems levels.
- 1.18** Applies advanced knowledge and skills in communication, negotiation, coalition building, change management and conflict-resolution, including the ability to analyze, manage and negotiate conflict.

Research

The nurse practitioner:

- 1.19** Engages in evidence-informed practice by critically appraising and applying relevant research, best practice guidelines and theory when providing health-care services.
- 1.20** Develops, utilizes and evaluates processes within the practice setting to ensure that clients receive coordinated health services that identify client outcomes and contribute to knowledge development.
- 1.21** Identifies and implements research-based innovations for improving client care at the individual, organizational and systems levels.
- 1.22** Identifies, collects data on, and evaluates the outcomes of, nurse practitioner practice for clients and the health-care system.
- 1.23** Collaborates with other members of the health-care team or the community to identify research opportunities and to conduct and/or support research.
- 1.24** Acts as a change agent through knowledge translation and dissemination of new knowledge that may include formal presentations, publication, informal discussions and the development of best practice guidelines and policies.

Leadership

The nurse practitioner:

- 1.25** Provides leadership in the management of clinical care and is a resource person, educator and role model.
- 1.26** Acts as a preceptor, mentor and coach to nursing colleagues, other members of the health-care team and students.
- 1.27** Articulates and promotes the role of the nurse practitioner to clients, other health-care providers, social and public service sectors, the public, legislators and policy-makers.
- 1.28** Provides leadership in the development and integration of the nurse practitioner role within the health-care system.
- 1.29** Advocates for and participates in creating an organizational environment that supports safe client care, collaborative practice and professional growth.
- 1.30** Guides, initiates and provides leadership in the development and implementation of standards, practice guidelines, quality assurance, and education and research initiatives.
- 1.31** Guides, initiates and provides leadership in policy-related activities to influence practice, health services and public policy.

2. Health Assessment and Diagnosis

The nurse practitioner integrates a broad knowledge base with critical appraisal to obtain the required information for determining diagnoses and client needs. Throughout the process, the nurse practitioner works collaboratively with clients to identify and mitigate health risks, promote understanding of health issues and support healthy behaviours.

The nurse practitioner:

- 2.1** Performs a focused health assessment and/or an advanced comprehensive health assessment, using and adapting assessment tools and techniques based on client needs and relevance to client stage of life.
- 2.2** Performs a complete or focused health history appropriate to the client's situation, including physical, psychosocial, emotional, ethnic, cultural and spiritual dimensions of health.
- 2.3** Performs a complete or focused physical examination, and identifies and interprets normal and abnormal findings as appropriate to client presentation.
- 2.4** Synthesizes health assessment information using critical inquiry and clinical reasoning to diagnose health risks and states of health/illness.
- 2.5** Formulates differential diagnoses through the integration of client information and evidence-informed practice.
- 2.6** Anticipates and diagnoses emergent, urgent and life-threatening situations.
- 2.7** Orders and/or performs screening and diagnostic investigations, interprets results using evidence-informed clinical reasoning and critical inquiry, and assumes responsibility for follow-up.
- 2.8** Diagnoses diseases, disorders, injuries and conditions, and identifies health needs, while considering the client's response to the health/illness experience.
- 2.9** Communicates with clients about health assessment findings and/or diagnosis, including outcomes and prognosis.

3. Therapeutic Management

Nurse practitioners collaborate with clients to set priorities for the provision and overall coordination of care along the health/illness continuum. The nurse practitioner selects appropriate interventions from a range of non-pharmacological and pharmacological interventions to assist clients in restoring or maintaining functional, physiological and mental stability to achieve optimal health.

The nurse practitioner:

- 3.1** Creates an environment in which effective communication of diagnostic and therapeutic intervention can take place.
- 3.2** Explores therapeutic options, considering implications for clients through the integration of client information and evidence-informed practice.
- 3.3** Determines care options and initiates therapeutic interventions in collaboration with clients, while considering client perspectives, feasibility and best outcomes.
- 3.4** Initiates interventions for the purpose of stabilizing clients in emergent, urgent and life-threatening situations.
- 3.5** Supports, educates, coaches and counsels clients regarding diagnoses, prognoses and self-management, including their personal responses to diseases, disorders, conditions, injuries, risk factors, lifestyle changes and therapeutic interventions.
- 3.6** Promotes client self-efficacy in navigating the health-care system and in identifying and accessing the necessary resources.
- 3.7** Coordinates and facilitates client care with other health-care providers, agencies and community resources.
- 3.8** Performs invasive/non-invasive procedures for the clinical management and/or prevention of disease, injuries, disorders or conditions.
- 3.9** Prescribes pharmacotherapy based on the client's health history, disease, disorder, condition and stage of life, and individual circumstances.
- 3.10** Applies knowledge of pharmacotherapy and evidence-informed practice in prescribing, monitoring and dispensing drugs.⁶
- 3.11** Counsels clients on medication therapy, benefits, potential side effects, interactions, importance of compliance and recommended follow-up.
- 3.12** Demonstrates awareness of, and is mindful of, marketing strategies used to promote health products, medical devices, medications, alternative therapies and health programs.

⁶ At this time, the performance of competencies (or components of competencies) related to dispensing drugs varies across jurisdictions in Canada.

- 3.13** Intervenes, as appropriate, when potential or actual problematic substance use and/or misuse of drugs, including complementary and alternative therapies, is identified.
- 3.14** Prescribes and/or dispenses drugs in accordance with provincial, territorial and/or federal standards and legislative requirements.
- 3.15** Uses an evidence-informed approach in the selection or consideration of complementary and alternative therapies, and considers the benefits and risks to clients' health and safety.
- 3.16** Collaborates with clients in monitoring their response to therapeutic interventions and in adjusting interventions, as needed.
- 3.17** Monitors, evaluates and revises the plan of care and therapeutic intervention based on current evidence-informed practice and on client goals, preferences, health status and outcomes.

4. Health Promotion and Prevention of Illness and Injury

Nurse practitioners in all practice settings focus on improving and restoring health. The nurse practitioner leads or collaborates with other health-care team members, other sectors and/or the community in initiatives that promote health and reduce the risk of complications, illness and injury for their individual clients, client groups and/or the population as a whole.

The nurse practitioner:

- 4.1** Assesses, identifies and critically analyzes information from a variety of sources to determine client and/or population trends and patterns that have health implications.
- 4.2** Initiates or participates in the development of strategies to address identified client and/or population health implications.
- 4.3** Initiates or participates in the design of services/interventions for health promotion, health protection, and the prevention of injury, illness, disease and complications.
- 4.4** Initiates or participates in the development and implementation of evaluation processes, including identification of indicators for ongoing monitoring of strategies, services and interventions.

GLOSSARY OF TERMS

Accountability

The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties.

Advanced nursing practice

An umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation; in-depth nursing knowledge; and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole.

Adverse event

An event that results in unintended harm to the patient and is related to the care and/or service provided to the patient rather than the patient's underlying condition.

Advocate

Actively supporting a right and good cause; supporting others in speaking for themselves; or speaking on behalf of those who cannot speak for themselves.

Attributes

Characteristic qualities that include, but are not limited to, attitudes, values and beliefs.

Client

The beneficiary of care; may be an individual, family, group, population or entire community.

Collaboration

Client care involving joint communication and decision-making processes among the client, nurse practitioner and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centred care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team.

Collaborate

Building consensus and working together on common goals, processes and outcomes.

Competence

The integrated knowledge, skills, judgment and attributes required of a registered nurse to practise safely and ethically in a designated role and setting.

Competencies

The specific knowledge, skills and personal attributes required for a nurse practitioner to practise safely and ethically in a designated role and setting.

Complementary and alternative therapies

Those modalities or interventions that complement mainstream medicine, that are used to address clients' health needs across the continuum of health care, and that are not met by conventional approaches. Complementary therapies tend to be those that are used alongside traditional health care, while alternative therapies tend to be those used in place of traditional health care.

Consultation

Seeking the advice of others who have the required expertise.

Critical appraisal

The process of systematically examining research evidence to assess its validity, reliability, results and relevance before using it to make an informed decision. It is an essential part of evidence-informed practice.

Cultural safety

Addresses power relationships between the service provider and the people who use the service. A manner that affirms, responds to and fosters the cultural expression of clients. This usually requires nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practise in a way that affirms the culture of clients and nurses. Unsafe cultural practice is any action that demeans, diminishes or disempowers the cultural identity and well-being of people.

Determinants of health

Definable entities that are associated with or induce health outcomes. These entities include health behaviours, lifestyles, coping abilities, biology, gender and genetics, income and social status, culture, education, employment and working conditions, access to appropriate health services, and the physical environment.

Disease and injury prevention

Measures taken both to prevent the occurrence of disease and injury, such as risk-factor reduction, and to arrest the progress and reduce the consequences of disease or injury once established.

Diversity

The variation between people with respect to such factors as ethnicity, national origin, race, gender, ability, age, physical characteristics, religion, values, beliefs, sexual orientation, socio-economic class or life experiences.

Evidence-informed practice

An approach to decision-making in which the clinician conscientiously integrates critically appraised evidence, clinical practice experience, and knowledge of contextual factors in consultation with the patient, in order to decide upon the option that best suits the patient's needs. Evidence may include, but is not limited to, published research, grey literature research, clinical practice guidelines, consensus statements, clinical experts, quality assurance and patient safety data.

Health

A state of complete physical, mental [spiritual] and social well-being, and not merely the absence of disease.⁷

⁷ World Health Organization definition of health. From the Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, June 19-22, 1946; signed on July 22, 1946, by the representatives of 61 states (official records of the World Health Organization, no. 2, p. 100) and entered into force on April 7, 1948.

Health promotion

The process of enabling people to increase control over and improve their health. It embraces actions directed not only at strengthening the skills and capabilities of individuals, but also at changing social, environmental, political and economic conditions to alleviate their impact on public and individual health.

Health protection

Activities in food hygiene, water purification, environmental sanitation, drug safety and other areas that, as far as possible, eliminate the risk of adverse consequences to health that are attributable to environmental hazards.

Interprofessional care

The provision of comprehensive health service to patients by multiple health caregivers who work collaboratively to deliver quality care within and across settings.

Near miss

An event with the potential for harm that did not result in harm because it did not reach the client due to timely intervention or good fortune (sometimes called a close call).

Pharmacotherapy

Treatment and prevention of diseases, disorders and/or symptoms by means of drug therapy. This includes consideration of the characteristic interactions of a drug with the body in terms of absorption, distribution, metabolism and excretion, and the interactions that may occur between drugs.

Population health

Entails understanding the health of populations and the factors that influence health and health risks.

Problematic substance use

The use of a substance that negatively affects a person's work or personal life (e.g., relationships, financial situation, problems with the law). In some individuals, it can develop into chemical dependency and/or addiction.

Referral

The practice of requesting a consultation or service from another health-care provider on behalf of a client.

Safe client care

Reduction or mitigation of unsafe acts within the health-care system, as well as through the use of best practices, shown to lead to optimal patient outcomes.

Scope of practice

The activities that nurses are educated and authorized to perform, as established through legislated definitions of nursing practice, complemented by standards, guidelines and policy positions issued by professional nursing bodies.

Standard

An authoritative statement that describes the required behaviour of every nurse and is used to evaluate individual performance.

Therapeutic management

The pharmaceuticals, non-pharmaceuticals, therapies and interventions that nurse practitioners prescribe to provide health promotion and protection; disease prevention; and treatment of diseases, injuries, illnesses and conditions.

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APPENDIX A: REPRESENTATIVES AND FACILITATORS

The following individuals and groups committed their time and expertise to the development of the *Canadian Nurse Practitioner Core Competency Framework*.

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