

Program Approval

# CURRICULUM MAPPING

Guide



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

THE STANDARD OF CARE.

## Table of contents

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<b>Introduction to curriculum mapping</b>	<b>3</b>
<b>When is curriculum mapping required?</b>	<b>4</b>
<b>Entry-to-practice competencies and foundational practice standards</b>	<b>4</b>
<b>Completing the curriculum mapping tool</b>	<b>6</b>
Demographic data	6
Entry-to-practice competency sources of evidence	6
Entry-to-practice competency descriptors	6
Foundational practice standards	9
<b>Curriculum mapping tool submission</b>	<b>11</b>
Referencing supporting documents	11
Submitting documents - file structure	11
Legend	12
Online portal	12
<b>Scoring the curriculum mapping tool</b>	<b>13</b>
How each ETP competency is evaluated and rated	13
How each foundational practice standard is evaluated and rated	15
How the overall curriculum mapping tool is evaluated	16
<b>Frequently asked questions</b>	<b>17</b>
<b>Appendix A: ETP competencies for each nurse class or category</b>	<b>18</b>
<b>Appendix B: Glossary</b>	<b>19</b>

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## Introduction to curriculum mapping

This guide provides step-by-step instructions on how to complete a curriculum assessment using the College of Nurses of Ontario (CNO) curriculum mapping tool.

Curriculum mapping is foundational to all entry-level nursing programs. It is one of the indicators used by CNO to evaluate and approve entry-level nursing education programs. Curriculum mapping is a **mandatory indicator** focused on the regulatory mandate of public safety, and integrating and teaching entry-to-practice (ETP) competencies.

During a curriculum review, schools assess their curricula and provide evidence of the teaching and learning experiences required to prepare graduates to be competent and safe practicing nurses. Curriculum mapping provides a systematic approach for schools to document their curriculum against foundational practice standards and ETP competencies for each program.

A curriculum review is to be completed for all entry-level nursing programs offered [Nurse Practitioner (NP), Baccalaureate Nursing (RN), and Practical Nursing (RPN)]. CNO will provide the schools with the following documents required to complete the curriculum review:

- CNO curriculum mapping tool (ETP competencies and foundational practice standards)
- CNO ETP competencies
- Entry-to-practice competency interpretations
- Foundational practice standards interpretations

Entry-to-practice competency interpretations are provided for each class or category of nurse. Interpretations of the foundational practice standards are also provided. The interpretations were developed by CNO staff and are supported by CNO practice documents. They are designed to promote consistency and standardize the competencies and standards. Schools are encouraged to refer to these interpretations when reviewing their program's curriculum.

## When is curriculum mapping required?

Curriculum mapping is required for entry-level nursing education programs under the following two conditions:

1. During the comprehensive review which happens every seven years
  - A program will be notified in advance of their requirement to complete a curriculum mapping tool.
  - Each entry-level nursing education program needs to complete one curriculum map. For example, if a school offers a Direct-Entry Full program and a Pre-Health Education Entry Specified program, the school must complete a curriculum map for each of these programs.
  - For schools participating in the Primary Health Care Nurse Practitioner program consortium, one curriculum map is required, as the curriculum is common across all schools.
  - If gaps in the curriculum are identified during the review, a program may be requested to resubmit a complete or partial curriculum mapping tool before the next program approval review.
2. For **any new entry level nursing program** being developed
  - Any new program will require CNO Council approval **before its implementation**.
  - Schools are to notify CNO of a new entry-level nursing program and are to complete the curriculum mapping tool nine to 12 months before the program start date.

## Entry-to-practice competencies and foundational practice standards

### Entry-to-practice competencies

Each class or category of nurse has a unique set of ETP competencies. These competencies outline the expectations (knowledge, skill, ability and judgment) nurses in Ontario must have upon entry and ongoing registration with the College. The ETP competencies for each class or category have been organized into domains of practice or roles (Table 1). See Appendix A for the links to the ETP competencies for each class or category of nurse.

**Table 1: Domains of practice and roles for the ETP profiles for each nurse class or category**

Registered Practical Nurse — ETP domains of practice	Registered Nurse — ETP roles	Nurse Practitioner — ETP domains of practice
Professional practice	Clinician	Client care
Legal practice	Communicator	Quality improvement and research
Ethical practice	Collaborator	Leadership
Foundations of practice	Advocate	Education
Collaborative practice	Educator	
	Leader	
	Professional	
	Scholar	
	Coordinator	

## Foundational practice standards

The foundational practice standards identified below, were determined through the analysis of College data from practice inquiries, complaints and mandatory reports over the past five years:

- *Therapeutic Nurse-Client Relationships, Revised 2006*
- *Professional Standards, Revised 2002*
- *Medication*
- *Documentation, Revised 2008*
- *Confidentiality and Privacy—Personal Health Information*

Consistent “themes” of high risk practices with potential for the greatest impact on client safety emerged from the data analysis. Table 2 lists the themes for each foundational practice standard.

**Table 2: Themes for each of the five foundational practice standards**

Foundational Practice Standards	Themes
<i>Therapeutic Nurse-Client Relationship, Revised 2006</i>	<p>Students understand the adverse impact on client safety and quality of care when professional boundaries in the nurse-client relationship become blurred or crossed.</p> <p>Students understand that there are significant client safety and quality of care risks if the client does not have a full understanding/ comprehension of informed consent.</p>
<i>Professional Standards, Revised 2002</i>	Schools support students to become reflective practitioners by implementing and facilitating learning activities consistent with CNO’s Quality Assurance (QA) Program. Students engage in setting, achieving and evaluating learning goals. This should include integration of the CNO’s QA documents.
<i>Medication</i>	<p>Students understand their accountabilities in preventing and reducing the likelihood of medication errors.</p> <p>Students understand that nurses and/or other colleagues who divert drugs pose significant threats to client safety. (RN and PNs only – this is addressed in the NP curriculum.)</p>
<i>Documentation, Revised 2008</i>	Students understand that accurate, timely and complete nursing documentation decreases the potential for miscommunication and errors. This is a critical factor for client safety.
<i>Confidentiality and Privacy — Personal Health Information</i>	Students understand that inappropriate access to client information may adversely affect client safety and quality of care. It can also undermine the client’s relationship with providers.

## Completing the curriculum mapping tool

### Demographic data

- School name
- Program name
- Person(s) completing the template
- Date submitted
- Do not fill out any sections that state “for CNO use only”

### Entry-to-practice competency sources of evidence

Entry-to-practice competencies are listed on the left side of the curriculum mapping tool. The source of evidence to support each competency (syllabus, course outline, clinical evaluation form, etc.) should be documented in the same row as the competency, under the appropriate column headings.

### Entry-to-practice competency descriptors

In the ‘descriptor column’, provide explicit information and direction as to where the source of evidence can be found. There must be a minimum of one descriptor. Table 3 lists some examples of sources of evidence and descriptors.

**Table 3: Examples of sources of evidence and descriptors**

Source of Evidence	Descriptor
Course syllabus	Chapter/module titles
Course outline	Paragraph or page numbers
Integrated practicum manual	Course outcomes
Student handbook	Learning outcomes
Clinical evaluation form	Form sections

There are three types of evidence required: **theoretical**, **application** and **evaluative**. These evidence categories enable the school to demonstrate certain components clearly:

1. teaching and learning opportunities that address **theory** concepts
2. key educational experiences that enable students to demonstrate **application** of acquired knowledge and skills, and
3. **evaluation** processes that determine the student’s understanding and integration of knowledge.

Sources of evidence examples include, but are not limited to:

- Theoretical – article, course syllabus, book chapter, CNO practice standard
- Application – assignment or seminar discussion on assigned readings
- Evaluation – scoring rubric for assignment

Schools are required to provide **a minimum of one and a maximum of three sources of evidence for each category (theoretical, application and evaluative) for each ETP competency**. Figures 1-3 show examples of mapped competencies.

In some instances, the same source of evidence can be used across more than one category. A source of evidence can also be used to support more than one ETP competency. Note that a greater number of sources of evidence does not lead to a higher rating. It is not necessary to submit three sources of evidence when one source substantiates the ETP competency.

It is important to submit the most relevant source of evidence that best substantiates the ETP competency. Use sources that:

- provide direct evidence of teaching and evaluating students' attainment of all ETP competencies
- provide evidence indicating that components of the ETPs are fully integrated
- provide enough support to indicate acquisition of the competency in the course content or evaluative process
- support the ETP competency interpretation.

**Figure 1: Mapped NP ETP competency showing source of evidence and descriptor columns**

NP ETP Competencies							
		Theoretical Teaching and learning opportunities that address theory concepts  (e.g. Course, Course Outline, Course Learning Objectives, Required Learning Outcomes, Modules Outlines, Modules and Learning Objectives)	Application Key educational experiences that enable students to demonstrate application and integration  e.g. Consolidation and pre-consolidation experiences, Sim Lab Experiences, case study assignment, quiz, term exams, written assignments, individual and/or group presentations and learning plans		Evaluation Evaluation processes that determine the student's understanding and application  (e.g. Assignment marking rubrics, clinical placement evaluation, learning plan evaluation, quiz and test marking rubrics)		
Competency #	Competency Category	Source of Evidence Min 1/Max 3 Source(s) of Evidence (one entry per cell)	Descriptor(s)	Source of Evidence Min 1/Max 3 Source(s) of Evidence	Descriptor(s)	Source of Evidence Min 1/Max 3 Source(s) of Evidence (one entry per cell)	Descriptor(s)
Competency #	Competency I: Client Care						
A	Client Relationship Building and Communication						
1	Clearly articulate the role of the nurse practitioner when interacting with the client	ROLES Course Syllabus	CO #1: Module 1 LO 3.1.2 Introduction & 3.1.6 Virtual Seminar discussion	ROLES Course Syllabus	CO #1: Syllabus Assignment 1: RN and NP role comparison. Syllabus Assignment 2: NP and MD role comparison. Module 1 LO 8. Section 1.9: Seminar discussion/activities -Item #6	AHAD1	CO#1,2: OSCE #1: Initial health assessment Quiz # 1 Question # 1, 3, 8

**Figure 2: Mapped RN ETP Competency Showing Source of Evidence and Descriptor Columns**

RN ETP Competencies							
		Theoretical Teaching and learning opportunities that address theory concepts  (e.g. Course, Course Outline, Course Learning Objectives, Required Learning Outcomes, Modules Outlines, Modules and Learning Objectives)		Application Key educational experiences that enable students to demonstrate application and integration  e.g. Consolidation and pre-consolidation experiences, Sim Lab Experiences, case study assignment, quiz, term exams, written assignments, individual and/or group presentations and learning plans		Evaluation Evaluation processes that determine the student's understanding and application  (e.g. Assignment marking rubrics, clinical placement evaluation, learning plan evaluation, quiz and test marking rubrics)	
<b>Professional</b>							
2.1	Demonstrates accountability, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated scope of practice.	NURS 1143 Nursing as Profession Course Syllabus	CO#2: Professional Identity and Ethics. See LO 2.1 and 2.3. Required Reading: CNO Professional Practice Standards	NURS 3046 Canadian Health Care Systems Fall 2018	See weeks 2: Activities on Page 4 which addressed the Nursing Act and RHPA. See week 3: Case Study Activity on Page 5 related to Professional Identity and Practice.	NURS 1143: Nursing as a Profession Outline	1) Midterm Quiz: Questions 3,6, 11. 2) Case Study activity "Communication in Doubt" and scoring rubric on page 14. 3) Scoring rubric for Seminar Activity on personal and professional accountability. See page 12 for scoring rubric.
		NURS 2345: Trends in Nursing Leadership	See Week 10: Learning Objectives 1-7. Page 13. See all associated readings for Week 10, page 14.	Nursing 1143: Nursing as a Profession	1) Objective #2. LO 2.2 and 2.4. 2) Seminar Activity on personal and professional accountability. See page 11.	NURS 2121: Medical-Surgical Nursing Practice: Nursing Practice Evaluation	See Section 8: <i>Self/Professional Development. Practicing within legal and ethical standards set by regulating/professional bodies. See the Points of evaluation by preceptor: 1 to 10. Students are assessed as either as met or unmet.</i>

**Figure 3: Mapped RPN ETP Competency Showing Source of Evidence and Descriptor Columns**

RPN ETP Competencies							
		Theoretical Teaching and learning opportunities that address theory concepts  (e.g. Course, Course Outline, Course Learning Objectives, Required Learning Outcomes, Modules Outlines, Modules and Learning Objectives)		Application Key educational experiences that enable students to demonstrate application and integration  e.g. Consolidation and pre-consolidation experiences, Sim Lab Experiences, case study assignment, quiz, term exams, written assignments, individual and/or group presentations and learning plans		Evaluation Evaluation processes that determine the student's understanding and application  (e.g. Assignment marking rubrics, clinical placement evaluation, learning plan evaluation, quiz and test marking rubrics)	
<b>Foundations of Practice</b>							
60	Recognizes and responds immediately when a client's condition is deteriorating.	Nurs1093 Clinical Lab Simulation Course Outline	Course Learning Objectives (CLO) # 5 a,b,c,d (pg. 2)	Nurs1093 Clinical Lab Simulation Course Outline	Simulation Activity for Mr. Jones: (pg. 3-5); Reflective Assignment (pg. 6)	Nurs1093 Clinical Lab Simulation Course Outline	Reflective Assignment Scoring Rubric, (pg. 12)



## Foundational practice standards

The foundational practice standards are located on the second tab of the curriculum mapping tool (Figure 4). **Only one source of evidence and descriptor(s) for each foundational practice standard theme is required per evidence category (theoretical, application and evaluative)** See Figure 5.

The source of evidence must directly address the theme(s) identified for each of the five foundational practice standards. There is overlap between the foundational themes and the ETP competencies. However, in the ETP competencies, the actual theme is sometimes embedded within the larger competency. For example, “develops a therapeutic relationship with clients.” There are many components of the therapeutic relationship that a school may choose to map for this ETP competency. It may, or may not, be the identified foundational theme of, “impact on client safety and quality of care when professional boundaries in the nurse client relationship become blurred or crossed.”

If a school has provided sources of evidence (including the relevant CNO practice standard) that substantiate the foundational theme within their ETP competencies, then further sources of evidence are not required for mapping of the foundational theme. Simply list the ETP competency number on the foundational map, or copy the information from the ETP competency.

**Figure 4: Foundational practice standards map**

Foundational Practice Standard				
		Theoretical Teaching and learning opportunities that directly correspond to the foundational theme identified for each of the 5 foundational standards (Column B).  (e.g. Course, Course Outline, Course Learning Objectives, Required Learning Outcomes, Modules Outlines, Modules and Learning Objectives)	Application Key educational experiences and integration of the foundational standards  (e.g. Consolidation assignments, case study assignments and/or group presentations)	
	Foundational Practice Standard Theme	Source of Evidence (one entry/cell)	Descriptor(s)	Source of Evidence (one entry/cell)
Therapeutic Nurse Client Relationship	A) Students understand the adverse impact on client safety and quality of care when professional boundaries in the nurse-client relationship become blurred or crossed.			
	B) Students understand that there are significant client safety and quality of care risks if the client does not have a full understanding/comprehension of informed consent.			
Professional Standards	Schools support students to become reflective practitioners by implementing and facilitating learning activities that are consistent with the College of Nurses Quality Assurance (QA) Program, and students engage in setting, achieving and evaluating learning goals. This should include integration of the college's QA documents.			

NP ETP Competencies **Foundational Standards** Lists +

**Figure 5: Example of a mapped foundational practice standard theme**

Foundational Practice Standards							
		<b>Theoretical</b> <i>Teaching and learning opportunities that directly address the concepts for each standard.</i>  (E.g. Course, Course Outline, Course Learning Objectives, Required Learning Outcomes, Modules Outlines, Modules and Learning Objectives)		<b>Application</b> <i>Key educational experiences that enable students to demonstrate application and integration</i>  (E.g. Consolidation and pre consolidation experiences, Sim Lab Experiences, case study assignment, quiz, term exams, written assignments, individual and/or group presentations, and learning plans)		<b>Evaluation</b> <i>Evaluation processes that determine the student's understanding and application</i>  (E.g. Assignment marking rubrics, clinical placement evaluation, learning plan evaluation, quiz and test marking rubrics)	
	Foundational Practice Standard Theme	Source of Evidence (one entry/cell)	Descriptor(s)	Source of Evidence (one entry/cell)	Descriptor(s)	Source of Evidence (one entry/cell)	Descriptor(s)
Therapeutic Nurse Client Relationship	A) Students understand the adverse impact on client safety and quality of care when professional boundaries in the nurse client relationship become blurred or crossed.	Course NF205S Learning Objectives	Page 2, Learning Objectives 1, 3 and 5	Course N200F Clinical Placement Learning Experience Expected Learning Outcomes	Page 8, Clinical Placement Learning Outcomes 1, 2, 3 and 6	Course 215F, Learning Plan Expectations	Page 1, Learning Expectations 1, 3, 5 and 6  Page 2, Evaluation of Learning Plan
	B) Students understand that there are significant client safety and quality of care risks if the client does not have a full understanding/comprehension of informed consent.	Course 202F Learning Modules	Page 5, Learning Module 2. Learning outcomes 2, 4 and 6  Page 7, Learning Module 3. Learning outcomes 5, 6 and 9	Course 220F Simulation Lab Outline	SimLab Outline Page 3, Week 7. Case Study Mr. Lang  Page 4, Case Study Questions 2, 3, and 8	Course 212F, Outline	Page 2, Course Assignments 1, 2 and 3 and Scoring Rubrics

## Curriculum mapping tool submission

### Referencing supporting documents

Schools are required to submit documents that are cited in the curriculum mapping tool. For example, if a school cites “AHAD 1 Syllabus” as a source of evidence, it must submit the syllabus and any corresponding descriptors with the completed map.

Schools must ensure the sources of evidence and descriptors are provided in a consistent manner. For example, if the same course meets more than one competency, the course title must be entered in the same manner for each ETP competency it is being used to support. Titles of supporting documents submitted with the completed curriculum mapping tool must also match what is entered on the map.

When referencing an article, exam, quiz or book chapters as sources of evidence, schools are not required to submit the actual article, exam/quiz questions or book chapters.

### Submitting documents – file structure

Titles of supporting documents need to match what is entered on the mapping tool. Use consistent nomenclature throughout the mapping tool.

Here is an example of a file structure:

#### **Indicator 4 (curriculum mapping)**

- ▼ Pathophysiology course
  - Syllabus
  - Modules
  - Assignments
  - Evaluation rubrics
  
- ▼ Pharmacotherapeutics course
  - Syllabus
  - Modules
  - Assignments
  - Supporting documents
    - Consultation note grading form
    - Reflective journal
    - Clinical evaluation form
    - Learning Plan form
    - Investigative modules

## Legend

Schools can also submit a legend with their curriculum mapping tool. Table 4 shows an example of a legend.

**Table 4: Example of a legend**

COL	Course outline
CO	Course outcome
LO	Learning outcome
Patho	Pathophysiology
IP	Integrated practicum

## Online portal

Schools submit their curriculum mapping files electronically through a secure online portal. Instructions and access are provided to schools during orientation sessions.

## Scoring the curriculum mapping tool

The curriculum mapping indicator is a **mandatory indicator** and must be met (receive a score of two) for program approval. The curriculum mapping tool has two components that contribute to the total curriculum mapping score: The ETP competencies and the foundational practice standards. The total curriculum mapping score is converted to an indicator score that is included as part of the overall program approval score. This section describes:

- how the ETP competencies are evaluated and rated
- how the foundational practice standards are evaluated and rated
- how the ETP competencies and foundational practice standard ratings contribute to the overall curriculum mapping tool rating and score

### How each ETP competency is evaluated and rated

Each ETP competency is evaluated and rated for curriculum integration using sources of evidence from the following categories

- Theoretical
- Application
- Evaluation

The competency is rated as either:

- Met
- Partially met; or
- Not met

Definitions for these ratings are listed in Table 5.

**Table 5: Ratings and definitions for ETP competencies**

<b>Ratings</b>	<b>Definition/Criteria</b>
Met	<p>Competency is explicitly demonstrated through supporting evidence and the assessor is not required to make any inferences.</p> <p>At least one source of evidence for <b>each</b> category (theory, application and evaluation) is identified and demonstrates explicit integration into the curriculum. Sources of evidence demonstrate clear alignment with the competency definition.</p>
Partially met	<p>Competency is partially demonstrated through supporting evidence and the assessor is required to make some inferences.</p> <p>At least one source of evidence for <b>each</b> category (theory, application and evaluation) is identified and demonstrates integration into the curriculum. Sources of evidence do not demonstrate clear and consistent alignment with the competency definition. The assessor is required to make some inferences.</p>
Not met	<p>Competency is not demonstrated through the supporting evidence and the assessor is required to make major inferences.</p> <p>Less than one source of evidence for <b>each</b> category (theory, application and evaluation) is identified for each competency. Sources of evidence do not demonstrate clear and consistent alignment with the competency definition.</p>

### How each foundational practice standard is evaluated and rated

Each foundational practice standard is evaluated and rated as met or not met. There is no partially met option in the rating of these five standards. Definitions for these ratings are listed in Table 6.

**Table 6: Ratings and definitions for foundational practice standards**

Rating	Definition/Criteria
Met	<p>The practice standard theme is explicitly demonstrated through the supporting evidence and the assessor is not required to make any inferences.</p> <p>Sources of evidence for <b>each</b> category (theory, application and evaluation) are identified and demonstrate explicit integration into the curriculum. Sources of evidence demonstrate clear alignment with the foundational practice standard.</p>
Not met	<p>The practice standard theme is not demonstrated through the supporting evidence and the assessor is required to make major inferences.</p> <p>Sources of evidence for <b>each</b> category (theory, application and evaluation) are identified for each competency. Sources of evidence do not demonstrate clear and consistent alignment with the foundational practice standard.</p>

### How the overall curriculum mapping is evaluated

The ratings for the ETP competencies and the foundational practice standards contribute to the overall curriculum mapping score. For a rating of met (score =2), the curriculum mapping tool template must meet the following three criteria:

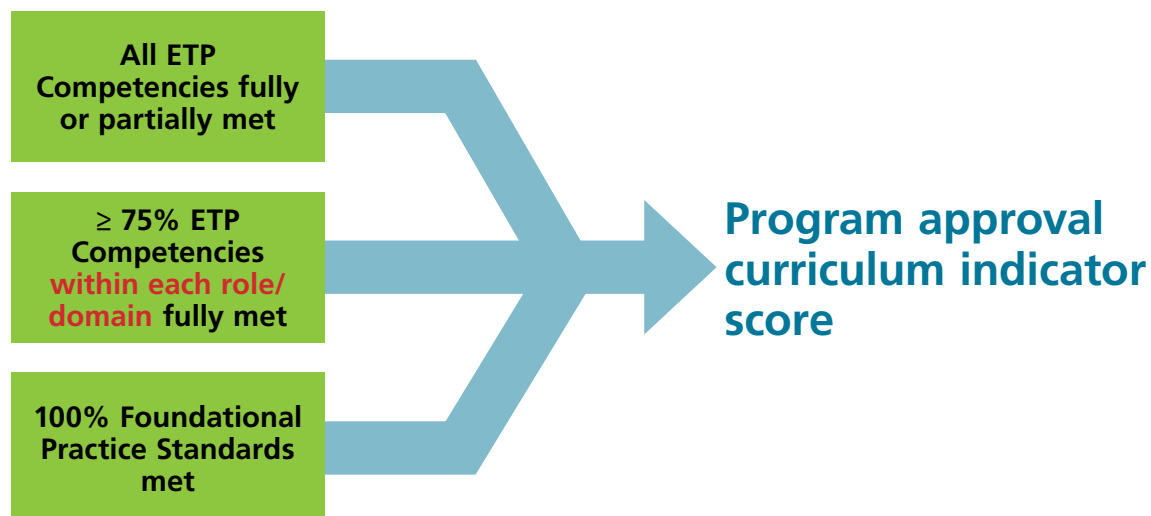
- There are no unmet ETP competencies (all ETP competencies must be rated met or partially met per Table 5); and
- 75% or more of the ETP competencies within each role/domain must be rated met; and
- 100% of the foundational practice standards must be rated met. See Figure 6.

Table 7 outlines the rating definitions for overall scoring of the curriculum mapping tool.

**Table 7: Definitions for overall curriculum mapping tool ratings and scores**

Rating	Scoring	Definition/Criteria
Met	2	A program is considered to have <b>met</b> curriculum expectations when all three criteria are achieved.
Not met	0	A program is considered to have <b>not met</b> curriculum expectations when any one or a combination of the criteria are not achieved.

**Figure 6: Curriculum mapping tool criteria contributing to a program approval indicator score**





## Frequently asked questions

### **How many descriptors can be included on the curriculum mapping tool?**

There is no maximum for the number of descriptors. There must be a minimum of one descriptor. Descriptor(s) must provide explicit information and direction as to where the evidence can be found in the curriculum. For example, Chapter 1, Section 1.3, pp. 12-15.

### **Can I use the same source of evidence for more than one ETP competency?**

Yes. A source of evidence can be used to support more than one competency. To illustrate full integration of the ETP into the curriculum, schools are encouraged to use multiple sources of evidence and descriptors, and not rely on a select few.

### **Can I use the same source of evidence for more than one category (theoretical, application, evaluation)?**

Yes. In some instances the same source of evidence can be used across more than one category.

### **What kind of documents should I submit to support the curriculum mapping tool?**

Schools are required to submit documents that are cited in the curriculum mapping tool. Titles of supporting documents submitted must match what is entered in the completed curriculum mapping tool. Schools are not required to submit exams, quiz questions, articles or book chapters.

## **Appendix A:** **ETP competencies for each nurse class/category**

### **Registered Nurse:**

*[Entry-to-Practice Competencies for Registered Nurses](#)*

### **Registered Practical Nurse:**

*[Entry-to-Practice Competencies for Ontario Registered Practical Nurses](#)*

### **Nurse Practitioner:**

*[Entry-to-Practice Competencies for Nurse Practitioners](#)*

## Appendix B: Glossary

This glossary defines the words found in the curriculum mapping tool, the ETP competencies and foundational standards interpretation documents.

**Accountability/Accountable:** The obligation to answer the professional, ethical and legal responsibilities of one's activities and duties.

**Activities of Daily Living (ADLs):** This term is used in health care to refer to people's daily self-care activities. These activities can include getting dressed, preparing meals and attending to personal hygiene.

**Acuity:** A level of severity of an illness. An acuity level is based on the type and number of nursing interventions required in a 24-hour period to provide safe, competent and ethical nursing care for a client.

**Advocate:** To actively support a right or cause; to support others when speaking for themselves or when speaking on behalf of those who cannot speak for themselves.

**Approval:** This term designates an education program has met the prescribed standards set out in the College of Nurses of Ontario's (CNO) program approval process. Program approval is a mandatory process based on the entry-to-practice competencies for a class or category of a nurse (RN, PN, or NP).

**Boundary:** A professional line that separates a nurse's therapeutic behaviour from any behaviour that could reduce the benefit of nursing care to clients, families or communities.

**Canadian Council for Practical Nurse Regulators (CCPNR):** The federation of provincial organizations whose provincial and territorial members are identified in legislation responsible for the safety of the public through the regulation of licensed or registered practical nurses.

**Canadian Council of Registered Nurse Regulators (CCRNR):** Promotes excellence in professional nursing regulation. An organization made up of representatives from Canada's 12 provincial (territorial) bodies that regulate the practice of registered nurses. CCRNR serves as a national forum and voice regarding interprovincial, national and global regulatory matters for nursing regulation.

**Circle of care:** The circumstances where health information custodians rely on an individual's implied consent when collecting, using, disclosing or handling personal health information for the purpose of providing direct health care.

**Client:** Individuals, families, groups or entire communities across the lifespan who require nursing expertise. In some clinical settings, the client may be referred to as a patient or a resident.

**Client-centred care:** A foundational philosophy that clients are the experts in their lives. Clients play an active role in the management, maintenance and restoration of their health. Their decisions and beliefs are respected and incorporated in the plan of care.

**Code of conduct:** A set of rules that outlines the social norms and behavioural expectations of an individual, group or organization.

**Collaborate/Collaboration:** To work together with one or more members of the health care team, including the client. Each person makes a unique contribution to achieving a common goal, and contributes from within the limits of their scope of practice.

**Community/unique community:** An organized group of people bound together by social, ethnic, cultural or occupational ties, or by geographic location.

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

**Comprehensive review:** One component of the program approval framework used to approve entry-level nursing education programs. For the comprehensive review, all program approval indicators are reviewed every seven years, unless annual review results are unsatisfactory, and the program's approval score is calculated.

**Consult:** To seek information or advice. For example, from a person or a book.

**Consultation:** The act or an instance of consulting.

**Controlled acts:** Activities considered potentially harmful if performed by unqualified people. Members of regulated health care professions are authorized to perform specific controlled acts appropriate to their profession's scope of practice.

**Critical inquiry:** The process of gathering and evaluating information, ideas, evidence and assumptions from multiple perspectives to produce well-reasoned analysis and understanding. This leads to new ideas, applications and questions.

**Critical thinking:** Reasoning in which an individual analyzes the use of language, formulates problems, clarifies and explains assumptions, weighs evidence, evaluates conclusions, distinguishes between pros and cons and seeks to justify those facts and values that result in credible beliefs and actions. Critical thinking is performed by all nurses at a level consistent with their educational preparation and scope of practice.

**Cultural competence:** An ability to interact effectively with people of different cultures and socio-economic backgrounds. This is important in the context of health care as nurses interact with clients from different ethno-cultural backgrounds. Cultural competence requires that nurses be aware of their own cultural worldview, recognize their attitudes about cultural differences, have an appreciation for different cultural practices and develop cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with and effectively interact with clients across cultures.

**Cultural safety:** To affirm, respect and foster the cultural expression of clients. This requires nurses to reflect critically on issues of health equity, gender inequality, racism and discrimination, and practise in a way that affirms the culture of clients.

**Culture:** The beliefs, social norms and traits of a racial, religious or social group.

**Curriculum:** The planned process for achieving a nursing education program's intended outcomes. For purposes of program approval, nursing curricula includes theoretical foundations, learning activities to foster theory application by students and evaluation of student learning.

**Curriculum mapping:** A process for collecting and documenting curriculum related information against specific criteria or standards. This process ensures an alignment between the standards of nursing practice, entry-to-practice competencies and the educational content being taught. It also identifies and addresses academic gaps, redundancies and misalignments between courses and entry-to-practice competencies.

**Curriculum mapping tool:** Each entry-level nursing program is required to map its curriculum to ETP competencies, for both preliminary approval (new programs) and the comprehensive review process (established programs), using the curriculum mapping tool. Programs use the tool to provide evidence that the entry-to-practice competencies, required to prepare graduates to be competent and safe practicing nurses for their category and/or class of nursing, are embedded in the teaching and learning experiences.

**Delegate/delegation:** A formal process that transfers authority to perform a controlled act. A regulated health care professional who has the legislative authority and the competence to perform a procedure within one of the controlled acts can delegate it to others. This process includes educating, determining competence and establishing a process for assessing ongoing competence. A written record of the process must be kept by the nurse or employer.

**Determinants of health:** A complex interaction among social and economic factors, the physical environment and individual behaviour that determine health. The factors do not exist in isolation from each other; combined, they influence health status. The key determinants are income and social status, social support networks, education, employment or working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture.

**Direct-Entry Full Program (DEF):** An educational program with established admission criteria granting direct entry to graduates from an Ontario Secondary School, or to mature students. Students adhere to a structured curriculum designed to support them in meeting the educational requirements for CNO's entry-to-practice competencies for either the RPN or RN General Class category. The curriculum is set by the educational provider. The duration of study is typically two years for the Practical Nursing program and four years for a baccalaureate degree. Upon completion of the program, the successful student is granted either a Colleges of Applied Arts and Technology diploma or a Bachelor of Science in Nursing degree (BScN).

**Diversity:** The concept of acceptance and respect, and understanding that each individual is different. These differences include race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs or other ideologies.

**Entry-level nursing program (program):** Nursing education programs that prepare individuals entering the nursing profession with the competencies expected upon initial registration with the CNO.

**Entry-to-practice competencies:** The entry-to-practice competencies outline the proficiencies required for entry-level (newly registered) nurses to provide safe, competent, compassionate and ethical nursing care in a variety of practice settings, upon initial and ongoing registration with CNO. The competencies also serve as a guide for curriculum development for schools, and for public and employer awareness of practice expectations for entry-level nurses. Each class and category of nursing has its own entry-to-practice competencies supported by CNO's practice documents.

**Evidence-informed practice:** Practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.

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

**Foundational practice standards:** For the purposes of program approval, foundational practice standards are the more commonly cited CNO measures related to performance issues across all categories of nursing (RPN, RN and NP), as identified through the CNO data.

**Glasgow Coma Scale (GCS):** A neurological scale which aims to give a reliable and objective way of recording the conscious state of a person for initial as well as subsequent assessments.

**Health care team:** A team that can include clients, families, health care professionals, paraprofessionals and students.

**High risk practice standards:** A critical behaviour or requirement of nursing practice. Without it, client safety would be jeopardized.

**Indicator:** A person studying nursing at the diploma, baccalaureate or graduate level; a nurse new to the profession; an experienced nurse entering a new practice setting; a nurse new to practice in Ontario; or an experienced nurse entering a new health discipline.

**Interprofessional:** The integration of concepts and perspectives from across different professions. The term is used to describe teams of people with education in varying fields. For example, social workers, dietitians, nurses and physicians. These teams are common in complex environments, such as health care.

**Interprofessional collaboration:** An action that occurs when multiple health care providers from different professional backgrounds provide comprehensive services by working together with clients, their families and communities to deliver the highest quality of care across settings.

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

**Learner:** A person studying nursing at the diploma, baccalaureate or graduate level; a nurse new to the profession; an experienced nurse entering a new practice setting; a nurse new to practice in Ontario; or an experienced nurse entering a new health discipline.

**Mandatory indicator:** An indicator that must be fully met to receive an approved status.

**New program:** An entry-level nursing education plan intended for admitting students and requiring preliminary approval status from CNO prior to enrolling students.

**Non-Governmental Organization (NGO):** A not-for-profit organization independent from governmental organizations.

**Nursing process:** A scientific method used by nurses to ensure the quality of client care. This approach can be broken down into four separate steps: assessment, planning, implementation and evaluation.

**Organizational culture:** The personality of an agency. Culture is comprised of the assumptions, values, norms and tangible signs (artifacts) of organization members and their behaviours.

**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.

**Population:** All people sharing a common health issue, problem or characteristic. These people may or may not come together as a group.

**Pre-Health Education Entry Specified Program (PHEES):** An educational program with admission criteria for graduates from a health-related discipline (for example, RPN, RN, IEN). Students adhere to a structured program designed to support them meeting the educational requirements that satisfy CNO's entry-to-practice competencies for a specified nursing class or category (for example, RPN, RN or NP Specialty). The duration of study for the PHEES depends on the type of program. Upon program completion, the successful student is granted one of the following: a practical nursing diploma (PN), a nursing baccalaureate degree (BScN/BN) or a nurse practitioner Master's in Nursing (NP).

**Professional presence:** A nurses' ability to convey a competent, knowledgeable and safe practicing presence to the client, family members and the interdisciplinary team. This includes strong communication skills, professional appearance, professional deportment and a positive attitude.

**Program:** A set of courses constituting the entire entry-level nursing education process at a college or university.

**Reflective practice:** An evaluative process of one's knowledge, skills, experiences or events to identify areas for improvements. A commitment to engage in a process of continuous learning.

**Regulated Health Professions Act, 1991 (RHPA):** A legislative document outlining the scope of practice and controlled acts for each regulated health profession.

**Relational practice:** A method guided by conscious participation with clients using a number of relational skills. Practice skills include listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection and a sensitivity to emotional contexts. Relational practice encompasses therapeutic nurse-client relationships and relationships among health care providers.

**Research:** A systematic inquiry using scientific methods to answer questions or solve problems. Conducting research involves formation of a 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 and data may be “participating” in research, but is not “conducting” research.

**Safety:** The reduction and mitigation of unsafe acts within the health care system. This refers to staff, student and client safety. Staff or student safety includes, but is not limited to, prevention of musculoskeletal injury, prevention and management of aggressive behaviour and infection control. Client safety is the state of continuously working toward the avoidance, management and treatment of unsafe acts. Client, staff or student safety can only occur within a supportive and non-blaming environment that looks at systems issues rather than blames individuals. The health and well-being of all clients, staff and student is a priority in a culture of safety environment.

**School:** A college or university that educates nurses (RN, PN or NP) in Ontario. For the purposes of CNO’s program approval process, approval of an entry-level nursing education program will be conferred at the school or degree-granting institution level.

**Scope of practice:** The scope of practice for nursing in Ontario is set out in the *Nursing Act, 1991*. “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.”

**Self-reflection/reflective practice:** A way of studying your own knowledge, skills and experiences to identify ways to improve your nursing practice. It is a commitment to life-long learning.

**Self-regulation:** The ability to manage an organization or a profession independent of government supervision. Self-regulation is a privilege granted to professions that have shown they can put the interests of the public ahead of their own professional interests

**SMART:** An acronym for a goal that is Specific, Measurable, Attainable, Relevant and Time-limited.

**Therapeutic relationship:** A professional relationship where client’s needs are first and foremost. The relationship is based on trust, respect and intimacy and requires the appropriate use of the power inherent in the health care provider’s role. The professional relationship between nurses and their clients is based on recognizing that clients (or their alternative decision-makers) are in the best position to make decisions about their lives when they are active and informed participants in the decision-making process.

**Unregulated care provider (UCP):** Care providers who are neither registered nor licensed by a regulatory body. They have no legally defined scope of practice. Unregulated care providers do not have mandatory education or practice standards. Unregulated care providers include, but are not limited to, personal support workers, resident care attendants, home support workers, mental health workers, teaching assistants and community health representatives.





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