

Entry-to-Practice Competencies

for Registered
Practical Nurses

Revised: June 2023



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

THE STANDARD OF CARE.

Table of Contents

Introduction	3
Purpose of the document	3
Document background	3
Assumptions	4
Definition of client	4
Competency framework	4
Competency statements	5
Glossary	8
References	10

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Additional copies of this booklet may be obtained by contacting CNO's Customer Service Centre at 416 928-0900 or toll-free in Canada at 1 800 387-5526.

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Introduction

The College of Nurses of Ontario (CNO) is the regulatory body for nursing in Ontario. Through provincial government legislation (*Nursing Act, 1991* and *Regulated Health Professions Act, 1991*), CNO is accountable for public protection by ensuring that nurses in Ontario practice safely, competently and ethically. CNO fulfills its mandate through a variety of regulatory activities, including the following:

- registration
- maintaining standards of nursing practice and education
- enforcing nursing standards
- conducting continuing competence reviews
- establishing competencies required for nursing practice.

Entry-to-practice competencies are the foundation for nursing practice. This document outlines the competencies measured for Registered Practical Nurses (RPNs) upon initial registration with CNO and entry to practice in Ontario. The competencies also guide the assessment of nurses' continuing competence for maintaining registration with CNO.

Purpose of the document

This document outlines the entry-to-practice competencies for practical nurses, organized by underlying assumptions for RPN practice and regulatory principles, which include professional practice, ethical practice, legal practice, foundations of practice and collaborative practice. The document is a guide to entry-level practice expectations for RPNs in Ontario and includes a glossary of terms and references to help readers understand and interpret the document.

The competencies for RPN practice at entry level are established for the following purposes.

Protection of the public: Through government legislation (*Nursing Act, 1991* and *Regulated Health Professions Act, 1991*), CNO is mandated by the public to promote and ensure safe, competent and ethical nursing in Ontario.

Practice reference: The competencies assist RPNs in understanding entry-level practice expectations and ongoing applications within their professional roles.

Approval of nursing education programs: The competencies are used by CNO in evaluating practical nursing education programs to ensure that the curriculum prepares graduates to successfully achieve professional practice standards before entering practice.

Registration and membership requirements: CNO uses the competencies to inform its decisions about registration eligibility.

Legal reference: The legal definition of nursing practice included in the *Nursing Act, 1991* establishes the basis for the scope of practice in which any nurse may engage. The competencies are the expectations for RPNs upon their entry to practice in Ontario, and are used as a reference when evaluating the RPNs' standard of care.

Public information: The competencies inform the public, employers and other health care providers about RPN practice, and assist with accurate expectations for RPN practice at entry level.

Continuing competence: In accordance with CNO's Quality Assurance Program, the competencies are used by nurses annually when self-assessing their nursing practice and developing their professional learning goals.

Document background

Entry-to-practice competencies for RPNs were first published by CNO in 1999. Since then, CNO has regularly reviewed and revised the competencies to ensure they remain relevant with current practices. In 2020, CNO will adopt these national entry-to-practice competencies for practical nurses. Consistency between jurisdictions supports the workforce mobility requirements of the Canadian Free Trade Agreement.

In 2019, CNO worked as part of the Canadian Council of Practical Nurse Regulators to revise the national entry-to-practice competencies for practical nurses. A task force, comprised of representatives from jurisdictions that license, register or regulate RPNs across Canada (with Quebec as an observer), led the project. This document was validated by the RPN community and key stakeholder groups across Canada.

The revised competencies are based on results of an environmental scan, literature review and stakeholder consultation.

Each province's and territory's practical nurse regulatory body validates and approves the entry-to-practice competencies that apply within its jurisdiction. Each regulatory body also confirms that the competencies are consistent with provincial and territorial legislation.

CNO practice documents, including the *Code of Conduct* are expected to be used in entry-level practice.

Assumptions

The following assumptions apply to the practice of practical nursing in Canada and to the entry-to-practice competencies included later in this document:

- The foundation of practical nursing is defined by:
 - entry-to-practice competencies
 - professional nursing standards of practice of the regulatory authority
 - nursing code(s) of ethics and ethical standards
 - scope of nursing practice applicable in the jurisdiction
 - provincial, territorial and federal legislation and regulations that direct practice
- RPN practice is built upon the four concepts of person, environment, health and nursing, and is grounded within the context of the current Canadian health care system, primary health care and emerging health trends
- RPNs possess competencies that are transferable across all areas of responsibility (for example, direct care, administration, education and research)
- RPNs are active participants in health promotion, illness prevention and harm reduction activities
- RPNs practice in any setting or circumstance where health care is delivered
- Requisite skills and abilities are required to attain the RPN entry-to-practice competencies
- RPNs practice autonomously, safely, competently and ethically along the continuum of care in situations of health and illness across a client's lifespan
- RPNs practice in situations of varying

complexity and work collaboratively with the health care team to maximize client outcomes

- RPNs demonstrate leadership by fostering continued self-growth to meet the challenges of an evolving health care system
- RPNs follow a systematic approach to deliver safe, competent and ethical care by using the nursing process
- RPNs advocate for the implementation and use of evidence-informed practice.

Definition of client

The client is the central focus of practical nursing practice. In the context of this document, "client" refers to a person who receives health care services from a nurse. In most circumstances, the client is an individual, but the client can include family members or substitute decision-makers. A client also can be a group, community or population.

Competency framework

The 79 entry-level competencies are organized in five categories:

1. professional practice
2. legal practice
3. ethical practice
4. foundations of practice
5. collaborative practice.

The order of the categories and competencies is not an indication of priority or importance.

Bolded terms are defined in the Glossary.

Competency statements

1. Professional Practice

Registered Practical Nurses (RPNs) adhere to practice standards. They are responsible and accountable for safe, competent and ethical nursing practice. They are expected to demonstrate professional conduct as reflected through personal attitudes, beliefs, opinions and actions. RPNs focus on personal and professional growth. RPNs are expected to use knowledge, critical thinking, **critical inquiry** and **research** to build an **evidence-informed practice**.

- 1 Demonstrates **accountability** and accepts responsibility for own decisions and actions.
- 2 Practices autonomously within legislated **scope of practice**.
- 3 Displays self-awareness and recognizes when to seek assistance and guidance.
- 4 Adheres to regulatory requirements of jurisdictional legislation.
- 5 Practices within own level of competence.
- 6 Initiates, maintains and terminates the **therapeutic nurse-client relationship**.
- 7 Provides client care in a non-judgmental manner.
- 8 Adapts practice in response to the spiritual beliefs and cultural practices of clients.
- 9 Supports clients in making informed decisions about their health care, and respects their decisions.
- 10 Engages in self-reflection and continuous learning to maintain and enhance competence.
- 11 Integrates relevant evidence into practice.
- 12 Collaborates in the analysis, development, implementation and evaluation of practice and policy.
- 13 Integrates continuous **quality improvement** principles and activities into nursing practice.
- 14 Demonstrates a professional presence, honesty, integrity and respect in all interactions.
- 15 Demonstrates fitness to practice.
- 16 Maintains current knowledge about trends and issues that impact the client, the RPN, the **health care team** and the delivery of health services.
- 17 Identifies and responds to inappropriate behaviour and incidents of **professional misconduct**.

- 18 Recognizes, responds and reports own and others' **near misses**, errors and **adverse events**.
- 19 Distinguishes between the mandates of regulatory bodies, professional associations and unions.

2. Ethical Practice

RPNs use ethical frameworks when making professional judgments and practice decisions. They engage in critical thinking and critical inquiry to inform decision-making and use self-reflection to understand the impact of personal values, beliefs and assumptions in the provision of care.

- 20 Establishes and maintains **professional boundaries**.
- 21 Takes action to minimize the impact of personal values and assumptions on interactions and decisions.
- 22 Demonstrates respect for the values, opinions, needs and beliefs of others.
- 23 Applies ethical frameworks and reasoning to identify and respond to situations involving moral and ethical conflict, dilemma or distress.
- 24 Obtains knowledge of and responds to the *Calls to Action of the Truth and Reconciliation Commission of Canada*¹.
- 25 Preserves the dignity of clients in all personal and professional contexts.
- 26 **Advocates** for equitable access, treatment and allocation of resources, particularly for vulnerable and/or **diverse** clients and populations.
- 27 Advocates for clients, especially when they are unable to advocate for themselves.
- 28 Adheres to the duty to provide care.

3. Legal Practice

RPNs adhere to applicable provincial/territorial and federal legislation and regulations, professional standards and employer policies that direct practice. They engage in professional regulation by enhancing their competence, promoting safe practice and maintaining their fitness to practise. RPNs recognize that safe nursing practice includes knowledge of relevant laws and legal boundaries within which RPNs must practise.

¹ See: Truth and Reconciliation Commission of Canada: Calls to Action - http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

- 29 Practices according to legislation, practice standards, ethics and organizational policies.
- 30 Practices according to relevant mandatory reporting legislation.
- 31 Recognizes, responds and reports questionable orders, actions or decisions made by others.
- 32 Adheres to the **duty to report**.
- 33 Protects clients' rights by maintaining confidentiality and privacy in all personal and professional contexts.
- 34 Respond to the clients' right to health care information in adherence within relevant privacy legislation.
- 35 Documents according to established legislation, practice standards, ethics and organizational policies.
- 36 Obtains **informed consent** to support the client's informed decision-making.

4. Foundations of Practice

RPNs use critical thinking, reflection and evidence integration to assess clients, plan care, implement interventions, and evaluate outcomes and processes. Foundational knowledge includes: nursing theory, health sciences, humanities, pharmacology and ethics.

- 37 Completes comprehensive health assessments of clients across the lifespan.
- 38 Selects and uses information and communication technologies (ICTs) in the delivery of client care.
- 39 Researches and responds to relevant clinical data.
- 40 Engages in **evidence-informed practice** by considering a variety of relevant sources of information.
- 41 Comprehends, responds to and reports assessment findings.
- 42 Formulates clinical decisions consistent with client needs and priorities.
- 43 Identifies **nursing diagnoses**.
- 44 Develops the care plan with the client, health care team and others.
- 45 Implements nursing interventions based on assessment findings, client preferences and desired outcomes.
- 46 Responds to clients' conditions by organizing competing priorities into actions.

- 47 Assesses clients' **health literacy**, knowledge and readiness to learn.
- 48 Assesses, plans, implements and evaluates the teaching and learning process.
- 49 Provides information and access to resources to facilitate health education.
- 50 Evaluates the effectiveness of health education.
- 51 Applies principles of **client safety**.
- 52 Engages in quality improvement and risk management to promote a quality practice environment.
- 53 Evaluates the effectiveness of nursing interventions by comparing actual outcomes to expected outcomes.
- 54 Reviews and revises the plan of care and communicates accordingly.
- 55 Assesses implications of own decisions.
- 56 Uses critical thinking, critical inquiry and clinical judgment for decision-making.
- 57 Demonstrates professional judgment in using information and communication technologies (ICTs) and **social media**.
- 58 Recognizes high-risk practices and integrates mitigation strategies that promote safe care.
- 59 Applies strategies to prevent, de-escalate and manage disruptive, aggressive or violent behaviour.
- 60 Recognizes and responds immediately when a client's condition is deteriorating.
- 61 Demonstrates knowledge of nursing theory, pharmacology, health sciences, humanities and ethics.
- 62 Applies knowledge of pharmacology and principles of safe medication practice.

5. Collaborative Practice

RPNs work collaboratively with clients and other members of the health care team. They recognize that collaborative practice is guided by shared values and accountability, a common purpose or care outcome, mutual respect, and effective communication.

- 63 Engages clients in identifying their health needs, strengths, capacities and goals.
- 64 Communicates collaboratively with the client and the health care team.
- 65 Provides essential client information to the client and the health care team.

- 66 Promotes effective interpersonal interaction.
- 67 Uses **conflict resolution** strategies to promote healthy relationships and optimal client outcomes.
- 68 Articulates own role based on legislated **scope of practice**, individual competence and care context, including employer policies.
- 69 Determines their own professional and interprofessional role within the team by considering the roles, responsibilities and the scope of practice of others.
- 70 Advocates for the use of Indigenous health knowledge and healing practices in collaboration with the client.
- 71 Demonstrates leadership, direction and supervision to **unregulated health workers** and others.
- 72 Participates in emergency preparedness and disaster management.
- 73 Participates in creating and maintaining a quality practice environment that is healthy, respectful and psychologically safe.
- 74 Fosters an environment that encourages questioning and exchange of information.
- 75 Initiates and fosters mentoring relationships.
- 76 Applies the principles of **team dynamics** and group processes in **interprofessional team collaboration**.
- 77 Demonstrates formal and informal leadership in practice.
- 78 Organizes workload, assigns/coordinates nursing care, sets priorities and demonstrates effective time-management skills.
- 79 Prepares client and collaborates with health care team in transition and transfer of responsibility of care.

Glossary

Accountability

The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties, including high standards for individual practice and responsibility for exemplary client care. (Davis, C. 2017)

Adverse event

An event that results in unintended harm to the patient, and is related to the care or services provided to the patient rather than to the patient's underlying medical condition. (Canadian Patient Safety Institute. 2015)

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. It can be direct or indirect and often addresses inequity or inequality issues in health care. (Canadian Nurses Association. 2019)

Autonomous practice

Having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base. (Skår, R. 2010)

Client

A person with whom the nurse is engaged in a therapeutic relationship. In most circumstances, the client is an individual but the client may include family members or substitute decision-makers. The client also can be a group (for example, therapy), community (for example, public health) or population (for example children with diabetes). (Canadian Patient Safety Institute. 2019)

Client safety

The pursuit of the reduction and mitigation of unsafe acts within the health care system, and the use of best practices shown to lead to optimal patient outcomes. (Canadian Patient Safety Institute. 2017).

Conflict resolution

The various ways individuals or institutions address conflict (for example, interpersonal, work) to move toward positive change and growth. (College of Registered Nurses of Nova Scotia. (2012)

Critical inquiry

A process of purposive thinking and reflective reasoning through which practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions within a particular context. (van Graan, A. C., Williams, M. J. S., & Koen, M. P. (2016) (Brunt, B. A. (2005)

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. (College of Nurses of Ontario. 2019)

Duty to report

A legal and ethical duty to report incompetent or impaired practice or unethical conduct of regulated health professionals. Most provinces or territories have legislation setting out the duty for nurses to report situations in which there is a good reason to believe a health professional's practice is impaired or incompetent and may pose a significant risk to the public. The duty to report also requires nurses to report any sexual misconduct of a health professional. (British Columbia College of Nursing Professionals. 2019) (College of Nurses of Ontario. 2019)

Evidence-informed practice

How nursing decisions are made with clients, using an ongoing process that incorporates research, clinical expertise, client preferences and other available resources. (Canadian Nurses Association. 2010)

Fitness to practise

Freedom from any cognitive, physical, psychological or emotional condition or dependence on alcohol or drugs that impairs ability to provide nursing care. (College of Nurses of Ontario. 2019)

Health care team

A number of health care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with persons, families, groups, communities or populations. (Canadian Nurses Association. 2017a)

Health literacy

The ability to access, comprehend, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course. (Rootman, I. & Gordon-El-Bihbrey, D. 2008)

Informed consent

The client received information about the proposed treatment's nature, expected benefits, risks and side effects, alternative courses of action and likely consequences of not receiving treatment. The individual also must have an opportunity to obtain additional requests for information prior to granting permission to the proposed care. (College of Nurses. 2017)

Interprofessional team collaboration

The process of developing and maintaining effective working relationships with learners, practitioners, patients/clients/families and communities to enable optimal health outcomes. (Canadian Interprofessional Health Collaborative. 2010)

Near miss

A client's safety incident that did not reach the client and therefore resulted in no harm. (Canadian Patient Safety Institute. 2015)

Nursing diagnosis

A clinical judgment based on human response to health conditions or life processes, affecting an individual, family, group or community. It provides the basis for choosing nursing interventions that address client care goals, for which the nurse has accountability. (Nanda International. 2019)

Professional boundaries

The point at which the relationship changes from professional and therapeutic to unprofessional and personal; the limits of the professional role. Crossing a boundary means that the care provider is misusing the relationship's power to meet personal needs, rather than the client's needs, or are behaving in an unprofessional manner with the client. The misuse of power does not have to be intentional to be considered a boundary crossing. (College of Nurses of Ontario. 2006) (Registered Nurses Association of Ontario. 2006)

Professional misconduct

Behaviour outside the boundaries of what is considered acceptable or worthy of its membership by a profession's governing body; any nursing conduct that is harmful or detracts from the professional caring relationship with a client and is inconsistent with the *Code of Conduct* or expected professional standards. (College of Nurses of Ontario. 2019)

Quality improvement

A systematic, formal approach to the analysis of practice performance and efforts to improve performance. (Canadian Patient Safety Institute. 2015)

Research

A systematic inquiry using scientific methods to advance knowledge, establish facts, answer questions or solve problems. Conducting research involves identifying a research question, using an appropriate methodology to answer the question and disseminating the results. A nurse who collects data as part of a project, may be "participating" in research, but not "conducting" research. (Loiselle, C. G., Profetto-McGrath, J., Polit, D. F., & Beck, C. T. 2011)

Scope of practice

The expectations and limitations of duties and responsibilities of Registered Practical Nurses who are legislated, educated, and authorized to perform roles, responsibilities and functions, as defined in Section 3 of the *Nursing Act, 1991*: "The practice of nursing is the promotion of health and 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." (College of Nurses of Ontario. (2018)

Social media

Software applications (web-based and mobile) allowing creation, engagement and sharing of new or existing content, through messaging or video chat, texting, blogging and other social media platforms. (Bodell, S., & Hook, A. 2014)

Team dynamics

The effect developed when two or more people who interact interdependently and adaptively toward a common goal, and which influence a team's behaviour and performance. (Canadian Patient Safety Institute. 2015)

Therapeutic nurse-client relationship

A connection a nurse establishes and maintains with a client, through the use of professional knowledge, skills and attitudes, to provide nursing

care expected to contribute to the client's well-being. (Canadian Nurses Association. (2017a)

Unregulated health worker

A health care worker who is not part of a regulated health profession, and who provides care to clients under the guidance of a regulated health professional or employer. (College of Nurses of Ontario. (2013)

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