Entry-to-Practice Competencies for Nurse Practitioners

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Introduction
This document outlines the entry-level competencies for Nurse Practitioner practice in Ontario. These competencies are the benchmark for the knowledge, skill and judgment an individual must demonstrate for safe, ethical and effective Nurse Practitioner practice.

Background
Regulatory bodies regularly review and update entry-level competencies to make sure they reflect current practice. The Canadian Council of Registered Nurse Regulators (CCRNR) conducted a Nurse Practitioner Practice Analysis study in 2014-2015. The study helped to identify and validate the entry-level competencies for Nurse Practitioner practice in Canada (see Appendix A for more information about the development process). In 2016, the College of Nurses of Ontario (the College) engaged in additional consultation with Ontario universities about incorporating the competencies into curricula.

Purpose
The competencies give you information about what is required practice for a new Nurse Practitioner. The College uses the competencies to:
- approve Nurse Practitioner education programs
- assess the education of individuals applying to become registered as a Nurse Practitioner
- approve entry-level exams for Nurse Practitioner registration
- assess the ongoing continuing competence of Nurse Practitioners
- inform the development of standards of practice for Nurse Practitioners

Profile of the Nurse Practitioner
Nurse Practitioners, also known as Registered Nurses in the Extended Class, are Registered Nurses who have met additional nursing education, experience and exam requirements set by the College. They are authorized to diagnose, order and interpret diagnostic tests, and prescribe medication and other treatment for clients. Their practice includes health promotion with an aim to enhance the health of individuals, families, communities and populations. Nurse Practitioners provide health services to diverse client populations in a variety of contexts and practice settings, including acute care, primary care, rehabilitative care, curative and supportive care, and palliative/end-of-life care. Only those registered in the Extended Class can call themselves “Nurse Practitioner” or the short-form “NP.”

Assumptions
The Nurse Practitioner entry-level competencies are based on the following assumptions:
1. Nurse Practitioner practice is grounded in values, knowledge and theories of nursing practice.
2. Entry-level competencies form the foundation for all aspects of Nurse Practitioner practice, and apply across diverse practice settings and client populations.
3. Entry-level competencies build and expand upon the competencies required of a Registered Nurse and address the knowledge, skills and abilities that are included in the Nurse Practitioners’ legislated scope of practice.
4. Nurse Practitioners require graduate nursing education with a substantial clinical component.
5. Collaborative relationships with other healthcare providers involve both independent and shared decision making. All parties are accountable in the practice relationship as determined by their scopes of practice, educational backgrounds and competencies.

Entry-Level Competencies
The entry-level competencies are organized into four competency categories:
- client care
- quality improvement and research
- leadership
- education.

The first competency area, client care, is further divided into six sub-competency categories, which reflects the importance of the clinical dimension of the Nurse Practitioner professional role.

I. Client Care
A. Client Relationship Building and Communication
B. Assessment
C. Diagnosis

1 Available at www.ccrnr.ca
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D. Management
E. Collaboration, Consultation and Referral
F. Health Promotion

II. Quality Improvement and Research

III. Leadership

IV. Education
   A. Client, Community and Healthcare Team
   B. Continuing Competence

Competency Category
I. Client Care
   A. Client Relationship Building and Communication
      The competent, entry-level nurse practitioner uses appropriate communication strategies to create a safe and therapeutic environment for client care.
      1. Clearly articulate the role of the nurse practitioner when interacting with the client
      2. Use developmentally and culturally-appropriate communication techniques and tools
      3. Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained
      4. Use relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships
      5. Provide culturally-safe care, integrating clients’ cultural beliefs and values in all client interactions
      6. Identify personal beliefs and values and provide unbiased care
      7. Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)
      8. Document relevant aspects of client care in client record

   B. Assessment
      The competent, entry-level nurse practitioner integrates an evidence-informed knowledge base with advanced assessment skills to obtain the necessary information to identify client diagnoses, strengths, and needs.
      1. Establish the reason for the client encounter
         a. Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available
      2. Collect relevant information specific to the client’s psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health
      3. Assess client’s strengths and health promotion, illness prevention, or risk reduction needs

   C. Diagnosis
      The competent, entry-level nurse practitioner is engaged in the diagnostic process and develops differential diagnoses through identification,
analysis, and interpretation of findings from a variety of sources.

1. Determine differential diagnoses for acute, chronic, and life-threatening conditions
   a. Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination
   b. Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks
   c. Generate differential diagnoses
   d. Inform the client of the rationale for ordering diagnostic tests
   e. Determine most likely diagnoses based on clinical reasoning and available evidence
   f. Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses
   g. Assume responsibility for follow-up of test results
   h. Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning
   i. Confirm most likely diagnoses

2. Explain assessment findings and communicate diagnosis to client
   a. Explain results of clinical investigations to client
   b. Communicate diagnosis to client, including implications for short- and long-term outcomes and prognosis
   c. Ascertain client understanding of information related to findings and diagnoses

D. Management
The competent, entry-level nurse practitioner, on the basis of assessment and diagnosis, formulates the most appropriate plan of care for the client, implementing evidence-informed therapeutic interventions in partnership with the client to optimize health.

1. Initiate interventions for the purpose of stabilizing the client in, urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)

2. Formulate plan of care based on diagnosis and evidence-informed practice
   a. Determine and discuss options for managing the client’s diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, developmental stage)
   b. Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice and client preferences
   c. Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)
   d. Consider resource implications of therapeutic choices (e.g., cost, availability)

3. Provide pharmacological interventions, treatment, or therapy
   a. Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference
   b. Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up
   c. Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements
   d. Establish a plan to monitor client’s responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client’s response.
   e. Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion

4. Provide non-pharmacological interventions, treatments, or therapies
   a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference

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2 NPs have the authority to diagnose a client’s health condition autonomously according to their jurisdictional legislation/regulations.
b. Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required aftercare, and follow-up

c. Order required treatments (e.g., wound care, phlebotomy)
d. Discuss and arrange follow-up

5. Perform invasive and non-invasive procedures

a. Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up

b. Obtain and document informed consent from the client

c. Perform procedures using evidence-informed techniques

d. Review clinical findings, aftercare, and follow-up

6. Provide oversight of care across the continuum for clients with complex and/or chronic conditions

7. Follow up and provide ongoing management

a. Develop a systematic and timely process for monitoring client progress

b. Evaluate response to plan of care in collaboration with the client

c. Revise plan of care based on client’s response and preferences

F. Health Promotion

The competent, entry-level nurse practitioner uses evidence and collaborates with community partners and other healthcare providers to optimize the health of individuals, families, communities, and populations.

1. Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues

2. Analyze information from a variety of sources to determine population trends that have health implications

3. Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention

4. Evaluate outcomes of selected health promotion strategies and revise the plan accordingly

II: Quality Improvement and Research

The competent, entry-level nurse practitioner uses evidence-informed practice, seeks to optimize client care and health service delivery, and participates in research.

1. Identify, appraise, and apply research, practice guidelines, and current best practice

2. Identify the need for improvements in health service delivery

3. Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice

4. Implement planned improvements in healthcare and delivery structures and processes

5. Participate in quality improvement and evaluation of client care outcomes and health service delivery

6. Identify and manage risks to individual, families, populations, and the healthcare system to support quality improvement

7. Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies

8. Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks

9. Participate in research
10. Contribute to the evaluation of the impact of nurse practitioner practice on client outcomes and healthcare delivery.

III. Leadership
The competent entry-level nurse practitioner demonstrates leadership by using the nurse practitioner role to improve client care and facilitate system change.
1. Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)
2. Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care
3. Coordinate interprofessional teams in the provision of client care
4. Create opportunities to learn with, from, and about other healthcare providers to optimize client care
5. Contribute to team members’ and other healthcare providers’ knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)
6. Identify gaps and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change
7. Utilize theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management
8. Identify the need and advocate for policy development to enhance client care
9. Participate in program planning and development to optimize client care

IV. Education
The competent, entry-level nurse practitioner integrates formal and informal education into practice. This includes but is not limited to educating self, clients, the community, and members of the healthcare team.

Client, Community, and Healthcare Team Education
1. Assess and prioritize learning needs of intended recipients
2. Apply relevant, theory-based, and evidence-informed content when providing education
3. Utilize applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)
4. Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)
5. Recognize the need for and plan outcome measurements (e.g., obtaining client feedback, conduct pre- and post-surveys)

Continuing Competence
6. Engage in self-reflection to determine continuing education competence needs
7. Engage in ongoing professional development
8. Seek mentorship opportunities to support one’s professional development
References and Bibliography


Nursing Education Program Approval Board and College and Association of Registered Nurses of Alberta. (2011). *Standards for Alberta nursing education programs leading to initial entry to practice as a nurse practitioner*. Edmonton, AB: Author.


APPENDIX A

CCRNR Process for Development of Entry Level Competencies

In 2012, CCRNR embarked on a project to analyze Nurse Practitioner practice across Canada in three streams of practice (Adult, Family/All Ages and Pediatrics). The practice analysis was undertaken to inform future decisions about entry-to-practice exams in these three streams. The neonatal stream of practice was not included because the practice analysis was not intended to inform future decisions about a neonatal exam.

The CCRNR board established a national working group with representatives from all Canadian nursing regulatory bodies to coordinate all aspects of the Nurse Practitioner Practice Analysis (Appendix B). CCRNR was awarded funding from Employment and Social Development Canada. A Request for Proposals (RFP) was disseminated and an external research firm was contracted to conduct the practice analysis. The practice analysis provided a comprehensive description of Canadian Nurse Practitioner practice in the Adult, Family/All Ages and Pediatric streams.

A research advisory committee (RAC) was established comprised of Canadian educators, researchers and an administrator with expertise in advanced nursing practice (Appendix C). The role of the RAC was to develop, revise and review competencies and behavioral indicators for entry-level Nurse Practitioners based on Canadian and international evidence.

Three subject matter expert panels (SMEs) were established to bring clinical expertise and to explore commonalities and differences across the three streams of Nurse Practitioner practice included in the study. Twenty-seven panelists were selected from 180 applicants (Appendix D). Each panel was designed to provide a balanced representation of Nurse Practitioner practice within each stream including years of experience, diverse practice settings, geographic location (urban/rural, province/territory) and other demographics. The SME panelists refined the behavioral indicators developed by the RAC through an iterative process to improve clarity and specificity of each indicator statement within four competency categories. This iterative process provided a mechanism for continual improvement of the competency categories and behavioral indicators.

The competency categories and behavioral indicators formed the practice analysis survey. The survey was designed to determine the frequency with which Nurse Practitioners performed each indicator in the previous 12 months and the seriousness of the consequences if the indicator was not performed competently.

After pilot testing and refining the survey, it was disseminated to all family/all ages, adult and pediatric Nurse Practitioners in Canada. The survey was sent to 3,870 Nurse Practitioners; 909 responded for a 24.6% response rate, with representation from every jurisdiction in Canada. Results indicated that 54% of Nurse Practitioner respondents agreed that the framework provided a complete listing of entry-level competencies, and another 42% indicated that they mostly described entry-level competencies.

To determine the representativeness of the participating Nurse Practitioners, a non-respondent survey was conducted with all Nurse Practitioners from the original sample who had not completed the primary survey. The non-respondent survey was sent to 2,798 nurse practitioners and 554 responded for a 19.8% response rate.

A survey was sent to all Canadian Nurse Practitioner education programs to ascertain if there were any gaps between what is currently taught in Nurse Practitioner programs and what the practice analysis was describing as entry-level Nurse Practitioner practice. The majority of respondents indicated that their programs prepare Nurse Practitioner graduates to perform the competencies.

The working group analyzed the data from the Nurse Practitioner Practice Analysis and developed a document containing the draft Nurse Practitioner entry-level competencies. Most jurisdictions then engaged in further Nurse Practitioner and stakeholder consultation, including consulting with Neonatal Nurse Practitioners where applicable. Feedback from this consultation process was incorporated into the final draft.

For further information about the Nurse Practitioner Practice Analysis study, visit www.ccrnr.ca
APPENDIX B

Nurse Practitioner Practice Analysis
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APPENDIX C

Research Advisory Committee
A research advisory committee (RAC) was established comprised of Canadian educators, researchers and an administrator with expertise in advanced nursing practice; four of whom were Nurse Practitioners. The role of the RAC was to develop, revise and review competencies and behavioral indicators for entry-level Nurse Practitioners based on Canadian and international evidence.

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APPENDIX D

Subject Matter Expert Panels
Three subject matter expert panels (SMEs) were established to bring clinical expertise and to explore commonalities and differences across the three streams of Nurse Practitioner practice included in the practice analysis. Twenty-seven panelists were selected from 180 applicants. Each panel was designed to provide a balanced representation of Nurse Practitioner practice including years of experience, diverse practice settings, geographic location (urban/rural, province/territory) and other demographics within each stream. The SME panelists refined the behavioral indicators developed by the RAC through an iterative process to improve clarity and specificity of each indicator statement within four competency areas. This iterative process provided a mechanism for continual improvement of the competency areas and behavioral indicators.

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Appendix E

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