



THE ASSOCIATION OF
REGISTERED NURSES
OF PRINCE EDWARD ISLAND

**Entry-Level Competencies
for Registered Nurses
2015-2018**

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PREFACE

Registered nursing is a self-regulated profession in Canada. Through provincial and territorial legislation, nursing regulatory bodies are accountable for public protection by ensuring that registered nurses are safe, competent and ethical practitioners. Regulatory bodies achieve this mandate through a variety of regulatory activities such as registration and licensure, setting standards governing nursing practice and education, describing the scope of registered nursing practice, and identifying competencies required for entry-level registered nurse practice.

In the summer of 2004, a jurisdictional collaborative project was initiated by the Executive Directors of nursing regulatory bodies to revise the entry-level competencies for registered nurses. This project aimed to enhance jurisdictional consistencies in entry-level competencies, address the requirements of the Agreement on Internal Trade, support the Mutual Recognition Agreement about reciprocity of registration, and provide evidence for educational requirements based on entry-level competencies.

From a regulatory perspective the entry-level competencies serve the primary purpose of nursing education program approval by describing what is expected of entry-level registered nurses in order to provide safe, competent, ethical nursing care in a variety of practice settings. The competencies also serve as a guide for curriculum development and for public and employer awareness of the practice expectations of entry-level registered nurses.

The revised competencies reflect baccalaureate nursing education. They are client-centred and futuristic with special attention given to new developments in health care, nursing knowledge and nursing practice. The competencies aim to ensure that entry-level registered nurses are able to function in today's realities and are well equipped with the knowledge and skills to adapt to changes in health care and nursing.

Entry-level registered nurses practice according to Standards of Nursing Practice and a Code of Ethics. They have acquired nursing knowledge and clinical skills and having met the requirements of an approved nursing education program are eligible to write the Canadian Registered Nurse Examination (CRNE).

This document sets out the competencies required for entry-level registered nurse practice for adoption by Canadian jurisdictions in accordance with the requirements of each. The competencies are organized according to a standards-based conceptual framework: professional responsibility and accountability; knowledge-based practice; ethical practice; service to the public; and self-regulation. The document also presents a profile of a newly graduated registered nurse practice and a set of assumptions on which the competencies are based. It goes on to describe the application of the competencies expected by regulatory bodies within a basic nursing education program and the context of practice environment of entry-level registered nurses. A glossary of terms and references are provided to further understanding and interpretation of this document.

PROFILE OF NEWLY GRADUATED REGISTERED NURSE PRACTICE: WHAT TO REASONABLY EXPECT

ARNPEI has the legislated responsibility to approve nursing education programs for RNs on PEI. This profile provides a conceptual overview of the practice expected of the newly graduated registered nurse (RN) and highlights the basic competencies that each graduate is expected to demonstrate.

All newly graduated registered nurses know the ARNPEI Professional Standards for Registered Nurses and apply them in their beginning nursing practice. They exercise professional judgment when using agency policies and procedures, or when practicing in the absence of agency policies and procedures. They are team members who can be relied upon to accept responsibility and demonstrate accountability for their practice and in particular, to recognize their limitations, ask questions, exercise professional judgement and seek consultation as needed. Entry-level registered nurses protect clients through recognizing and reporting unsafe practices when client or staff safety and well-being is potentially or actually compromised and take action to minimize harm.

Entry-level RNs in their beginning practice draw on multiple sources of knowledge and a unique experiential knowledge base that has been shaped by their specific practice experiences during their educational program. They understand the role of primary health care in health delivery systems and its significance for population health. They provide individualized nursing care for people of all ages and genders in situations related to health promotion and altered health status including acute and chronic health conditions, rehabilitative care, hospice, palliative and end-of-life care.

Entry-level RNs have a strong base in nursing knowledge and the sciences, humanities, research and ethics (e.g., pathophysiology, pharmacology, microbiology, epidemiology, human growth and development, role transitions for people of all ages and genders, nutrition, immunology, genetics). They possess relational knowledge and skill in therapeutic communication, leadership, negotiation and basic conflict resolution strategies in which situations of conflict are transformed into healthier interpersonal interactions. They also recognize, seek immediate assistance, and then help others in situations of a rapidly changing condition of a client that could affect the client's health or safety.

Entry-level RNs understand the significance of nursing informatics and other information communication technologies. They use existing health and nursing information systems to manage nursing and health care data. They know how and where to find evidence to support the provision of safe, competent, and ethical nursing care. They demonstrate a basic knowledge about the structure of the health care system and the political processes involved in health and illness care.

During the first six months of employment a newly graduated registered nurse is in transition, learning the role as a registered nurse in a particular setting (Duchscher, 2006; Ferguson & Day, 2004; 2006). They learn this new role by observing other registered nurses in the specific practice setting and within the social network of their workplace. Time is required to consolidate professional relationships; learn practice norms in that practice setting; and gain depth in their nursing practice knowledge and judgement. As they develop confidence in their new role, they assume higher levels of responsibility and manage more complex clinical situations. They also recognize more subtle nuances of situations and patterns with increased ease as they move to a more complex way of thinking and doing.

Entry-level RNs apply knowledge and use a critical inquiry process to support professional judgment and reasoned decision-making to develop plans of care. Their proficiency and productivity related to workload management and technical skills will increase with support and experience. They report and document client care and its ongoing evaluation in a clear, concise and timely manner.

Entry-level RNs adhere to nursing codes of ethics, demonstrating honesty, compassion, integrity, and respect in the care they provide. They establish and maintain therapeutic caring and culturally safe relationships with clients, and health care team members to ensure continuity of care for clients.

Entry-level RNs realize the importance of identifying what they know and do not know, what their learning gaps are and know how and where to access available resources. They recognize the limitations of their practice and display initiative, a beginning confidence and self-awareness in taking responsibility for their decisions and the care they provide. They recognize and analyze the factors that affect their own practice and client care and encourage constructive feedback amongst team members.

ASSUMPTIONS

The following assumptions were made about the preparation and practice of entry-level registered nurses:

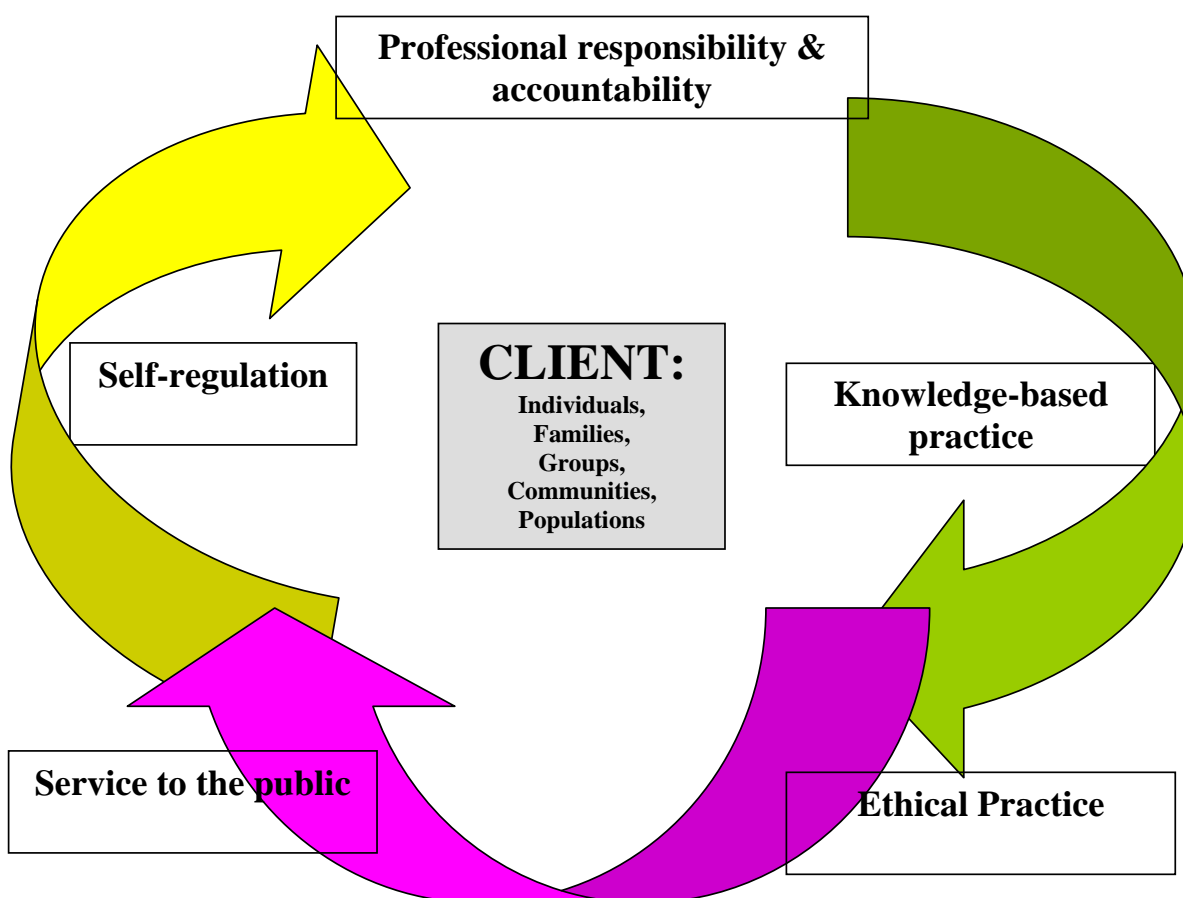
1. Entry-level registered nurses are beginning practitioners whose level of practice autonomy and proficiency will grow best through collaboration and support from registered nurse colleagues, managers, other health care team members and employers.
2. Entry-level registered nurses are prepared to consistently practise safely, competently and ethically along the continuum of health care in situations of health and illness with people of all ages and genders in a variety of health care environments.
3. Entry-level registered nurses are prepared to consistently practise safely, competently and ethically with the following possible recipients of care: individuals, families, groups, communities, and populations.
4. The practice environment of entry-level registered nurses can be any setting or circumstance where nursing is practised. It includes the site of activity (e.g., institutions, clinics, homes) and programs designed to meet health care needs.
5. Entry-level registered nurses enter their career with competencies that are transferable across diverse practice settings.
6. Entry-level competencies have a strong basis in nursing knowledge, sciences, humanities, research and ethics.
7. Entry-level registered nurses draw on the multiple ways of knowing and possess diverse knowledge required to attain proficiency over time in demonstrating the wide range of competencies in this document. Each practitioner's experience in practising the competencies during their education will vary significantly and may be limited in some practice environments and with some clients. Entry-level registered nurses:
 - i. Have the theoretical knowledge required to achieve a wide range of competencies.
 - ii. Have theoretical understanding of diverse clinical situations that can be recognized without situational or practice experience.
 - iii. Have a unique experiential knowledge base which has been shaped by specific practice experiences during the educational program.
 - iv. Refine technical and time management skills and develop proficiency with practice experience.
 - v. Develop greater ability to individualize assessment and care through experience and by reflecting on practice experiences.
 - vi. Use a critical inquiry process to support clinical decision-making and to reflect upon practice experiences.
 - vii. Are guided by theoretical knowledge regardless of the context of the situation and, with experience, are able to recognize more subtle nuances of situations.
 - viii. Through experience, enhance their confidence and ability to understand and manage complex clinical situations.
 - ix. Recognize the limitations of their individual experience and knowledge, and seek guidance from experienced practitioners.

ENTRY-LEVEL REGISTERED NURSE COMPETENCIES

The entry-level competency statements have been organized using a standards-based conceptual framework to highlight their regulatory purpose. The conceptual framework organizes the competencies in five categories:

- Professional Responsibility and Accountability
- Knowledge-based Practice
- Ethical Practice
- Service to the Public
- Self-regulation

Figure 1: Conceptual Framework for Organizing Competencies



The conceptual framework illustrates the registered nursing practice standards used in the Canadian jurisdictions that collaborated to develop the entry-level competencies. The standards-based framework is used to organize the competency statements and highlight the regulatory purposes of the entry-level competencies. It is important to note the centrality of the client in this conceptual framework, just as the client is central to nursing practice. This definition of client includes individuals, families, groups, populations, or entire communities who require nursing expertise (CRNBC, 2005a). The conceptual framework depicts a cycle in which no one category of competencies is more or less important than another.

It is recognized that safe, competent, ethical registered nursing practice requires the integration and performance of many competencies at the same time. Hence, the number of competencies and the order in which the categories or competency statements are presented is not an indication of importance; rather, the conceptual framework simply provides a means of presentation. Additionally, although many competencies may be suitably placed in more than one category, they are stated in one category only for the sake of clarity and convenience. **Please note that anywhere in the document where examples are provided, it is intended to mean “including but not limited to” the examples stated.**

The following overarching competency statement applies to all categories of competency statements. Therefore it is placed on its own at the outset because of its essential and overriding importance. This competency statement highlights the multiple professional, ethical, and legal sources of knowledge required for safe, competent, ethical registered nursing practice.

All registered nurses practice in a manner consistent with:

- (a) ARNPEI Standards for Nursing Practice
- (b) CNA Code of Ethics for Registered Nurses (CNA 2002);
- (c) RN Scope of Practice
- (d) Common law, provincial and federal legislation that directs practice.

PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Demonstrates professional conduct; practices in accordance with the ARNPEI standards for registered nursing practice as determined by ARNPEI and the practice setting; and demonstrates that the primary duty is to the client to ensure consistently safe, competent, ethical registered nursing care.

COMPETENCIES: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

1. Is accountable and accepts responsibility for own actions and decisions, including personal safety.
2. Recognizes limitations of practice and seeks assistance as necessary.
3. Articulates the role and responsibilities of a registered nurse as a member of the health care team.
4. Represents a professional image of nursing.
5. Demonstrates leadership in providing client care by promoting healthy and culturally safe work environments.
6. Displays initiative, a beginning confidence, self-awareness, and encourages collaborative interactions within the nursing and health care team.
7. Demonstrates critical inquiry processes in relation to new knowledge and technologies that change, enhance or support nursing practice.
8. Exercises professional judgment when using agency policies and procedures, or when practising in the absence of agency policies and procedures.
9. Organizes own workload and develops time-management skills for meeting responsibilities.
10. Demonstrates responsibility in completing assigned work and communicating about work completed and not completed.
11. Uses basic conflict resolution strategies in which situations of conflict are transformed into healthier interpersonal interactions.
12. Understands the concept of duty to report unsafe practice in the context of professional self-regulation.
13. Protects clients through recognizing and reporting unsafe practices when client or staff safety and well-being is potentially or actually compromised.
14. Questions, is prepared to challenge, and takes action on questionable orders, decisions or actions made by other health team members.
15. Questions, recognizes and reports and errors (own and others) and takes action to minimize harm arising from adverse events.
16. Identifies, reports, and takes action on actual and potential safety risks to clients, themselves or others.
17. Participates in the analysis, development, implementation and evaluation of clinical practices and policies that guide delivery of care.
18. Integrates quality improvement principles and activities into nursing practice.
19. Participates in a variety of professional activities related to registered nursing practice.

KNOWLEDGE-BASED PRACTICE

This category has two sub-sections: Specialized Body of Knowledge and Competent Application of Knowledge.

Specialized Body of Knowledge: Draws on diverse sources of knowledge and ways of knowing, which includes the integration of nursing knowledge along with knowledge from the sciences, humanities, research, ethics, spirituality, relational practice and critical inquiry.

COMPETENCIES: SPECIALIZED BODY OF KNOWLEDGE

20. Has a knowledge base from nursing and other disciplines concerning current health care issues, (e.g., the health care needs of older people, aboriginal health, health promotion, pain prevention and management, end-of-life care, addictions, blood born pathogens, and traumatic stress syndrome).
21. Has a knowledge base about human growth, development and role transitions for people of all ages and genders, especially how these impact various states of health and wellness.
22. Has a knowledge base in the health sciences including physiology, pathophysiology, pharmacology, microbiology, epidemiology, genetics, immunology.
23. Has a knowledge base about workplace health and safety including body mechanics, safe work practices, prevention and management of aggressive or violent behaviour.
24. Has a knowledge base concerning the growth and development of groups and/or communities, and population health perspectives.
25. Has a theoretical and practical knowledge of relational practice and understands that relational practice is the foundation for all nursing practice.
26. Has a knowledge base in social sciences, the humanities, and health-related research, (e.g., culture, power relations, spirituality, philosophical and ethical reasoning).
27. Demonstrates awareness about emerging community and global health issues.
28. Demonstrates knowledge of population health research and other sources of knowledge (e.g., pandemics, emergency/disaster planning, and food and water safety).
29. Knows how and where to find evidence to support the provision of safe, competent, ethical nursing care.
30. Knows how and where to find evidence to ensure personal safety and safety of other health care workers.
31. Understands the role of primary health care in health delivery systems and its significance for population health.
32. Understands the significance of nursing and nursing informatics and other information communications technology in health care.

33. Engages in nursing or health research by reading and critiquing research reports and identifying research opportunities.
34. Supports involvement in nursing or health research through collaboration with others in conducting research, participating in research, and implementing research findings into practice.

Competent Application of Knowledge: Demonstrates competence in the provision of nursing care. The competency statements in this section are grouped into four areas and, while the presentation of these competency statements appears linear in nature, the actuality of providing nursing care reflects a critical inquiry process that embraces all competency statements.

Area i) On-going Holistic Assessment: Incorporates a critical inquiry and relational practice to conduct an organized and comprehensive assessment that emphasizes client input and the determinants of health

COMPETENCIES: ON-GOING HOLISTIC ASSESSMENT

35. Uses appropriate assessment tools and techniques in consultation with clients and other health care team members.
36. Engages clients in an assessment of the following: physical, emotional, spiritual, cognitive, developmental, environmental, social, and information or learning needs, along with their meaning of health.
37. Collects information on client status using assessment skills of observation, interview, history taking, interpretation of laboratory data, and physical assessment, including inspection, palpation, auscultation and percussion.
38. Uses anticipatory planning to guide an on-going assessment of client health status and health care needs.
39. Analyzes and interprets data obtained in client assessments to draw conclusions about client health status.
40. Articulates the potential that personal values, beliefs and positional power can influence or bias client assessment and care.
41. Engages clients in identifying their health needs, strengths, capacities and goals, (e.g., the use of community development and empowerment principles, networking strategies, understanding of relational power, and community capacity assessment).
42. Collaborates with other health care team members to identify actual and potential client health care needs, strengths, capacities and goals.
43. Completes assessment in a timely manner.
44. Completes assessment in accordance with agency policies and protocols.
45. Uses existing health and nursing information systems to manage nursing and health care data during client care.

Area ii) Collaborates with Clients to Develop Plans of Care: Within the context of critical inquiry, relational and caring approaches, plans nursing care appropriate for clients which draws on knowledge from nursing, health sciences and other related disciplines as well as knowledge from practice experiences; clients' knowledge and preferences; and factors within the health care setting, including client and staff safety

COMPETENCIES: COLLABORATES WITH CLIENTS TO DEVELOP PLANS OF CARE

46. Uses a critical inquiry process to support professional judgment and reasoned decision-making to develop plans of care.
47. Uses principles of primary health care in developing plans of care.
48. Facilitates the appropriate involvement of clients in identifying their preferred health outcomes.
49. Negotiates priorities of care with clients while demonstrating an awareness of the influence of existing positional power relationships.
50. Anticipates potential health problems or issues and their consequences for clients.
51. Anticipates potential safety concerns and initiates appropriate action.
52. Explores and develops a range of possible alternatives and approaches for care with clients.
53. Facilitates client ownership of plans of care.
54. Develops plans of care with other health care team members to promote continuity for clients as they receive conventional and complementary health care.
55. Collaborates to determine when consultation is required with other team members or health related sectors and assists clients to access resources available.
56. Consults with other health care team members as needed to analyze complex health challenges into manageable components for health care planning.

Area iii) Provides Registered Nursing Care with Clients: Within the context of critical inquiry, relational and caring approaches, uses multiple sources of knowledge (knowledge from nursing science, health sciences, other related disciplines, practice knowledge, clients' knowledge and preferences, and factors within the health care setting) to consistently provide individualized nursing care for people of all ages and genders in situations related to:

- **health promotion, prevention and population health;**
- **altered health status including acute and chronic health conditions and rehabilitative care; and**
- **hospice, palliative and end-of-life care**

COMPETENCIES: PROVIDES REGISTERED NURSING CARE WITH CLIENTS

57. Provides nursing care that is informed by a variety of theories relevant to health and healing (e.g., nursing theories, family theories, communication and learning theories, crisis intervention theory, system theories, cultural theories, community development, population health theories).

58. Incorporates evidence from research, clinical practice, client preference, staff safety and other available resources to make decisions about client care.
59. Offers culturally safe nursing care.
60. Supports clients through developmental and role transitions from birth to death.
61. Identifies and assists with implementing multiple nursing interventions for clients with co-morbidities, complex, and rapidly changing health status.
62. Recognizes, seeks immediate assistance, and helps others in a rapidly changing condition of clients that could affect client health or safety, (e.g., in situations of myocardial infarction, surgical complications, acute neurological event, shock, anaphylactic shock, acute respiratory event, cardiopulmonary arrest, perinatal crisis, premature birth, diabetes crisis, mental health crisis, and trauma).
63. Applies principles of population health by collaborating to implement strategies to prevent illness and injury (e.g. immunization, communicable disease control measures, violence, abuse, neglect, addictive behaviours, and risks of mental health problems).
64. Collaborates with clients to achieve mutually agreed upon health outcomes within the context of care.
65. Assists and supports clients to make informed choices based on life circumstances and draw on personal strength and resources to modify practices for self-care and health promotion.
66. Assists clients to understand the link between health promotion strategies and health outcomes (e.g., physical activity and exercise, nutrition, stress management strategies, personal or community hygiene practices, family planning, sexual activity, community development).
67. Develops and implements learning plans to meet identified client learning needs.
68. Assists clients to identify and access health and other resources in their communities (e.g., other health disciplines, community health services, support groups, home care, relaxation therapy, meditation, and information resources).
69. Provides supportive care to clients with chronic and persistent health challenges (e.g., mental health/addictions, dementia, cardiovascular conditions and diabetes).
70. Consistently applies knowledge base when providing care for physiological needs to prevent development of complications (e.g., optimal ventilation and respiration, circulation, fluid and electrolyte imbalance, nutrition, urinary elimination, bowel elimination, body alignment, mobility, tissue integrity, comfort, sensory stimulation).
71. Consistently applies safety principles, evidence-informed practices and appropriate protective devices when providing nursing care to prevent injury to clients, self, and other health care workers.
72. Implements preventive and therapeutic interventions related to the safe management and administration of medications.
73. Implements other preventive and therapeutic interventions safely (e.g., positioning, managing intravenous therapies, drainage tubes, skin and wound care).
74. Applies evidence-informed practices of pain prevention and management with clients in various states of health and illness using pharmacological and nonpharmacological measures.

75. Prepares the client for diagnostic procedures and treatments; provides postdiagnostic care, performs procedures, recognizes abnormal findings and provides follow-up care as appropriate.

76. Provides nursing care to meet hospice, palliative or end-of-life care needs (e.g., symptom control, spiritual care, advocacy, support for clients and significant others).

Area iv) On-going Evaluation of Client Care: Collaborates with clients and members of the health care team while conducting an on-going organized and comprehensive evaluation to inform future care planning

COMPETENCIES: ON-GOING EVALUATION OF CLIENT CARE

77. Uses a critical inquiry process to evaluate client care in a timely manner.

78. Monitors the effectiveness of client care in collaboration and consultation with individuals, families, groups and communities, and other members of the health care team.

79. Modifies and individualizes client care based on the emerging priorities of the health situation, and in collaboration with clients and other members of the health care team.

80. Verifies that clients have essential information and skills.

81. Reports and documents client care and its ongoing evaluation in a clear, concise, accurate and timely manner.

ETHICAL PRACTICE

Demonstrates competence in professional judgments and practice decisions by applying the principles implied in the code of ethics or ethical framework for registered nurses and by utilizing knowledge from many sources. Engages in a critical inquiry process to inform clinical decision-making, which includes both a systematic and analytic process along with a reflective and critical process. Establishes therapeutic, caring, and culturally safe relationships with clients and health care team members based on appropriate relational boundaries and respect.

COMPETENCIES: ETHICAL PRACTICE

82. Establishes and maintains a caring environment that supports clients to achieve health outcomes, goals to manage illness, or a peaceful death.

83. Identifies effect of own values, beliefs and experiences concerning relationships with clients, and uses this self-awareness to support offering culturally safe client care.

84. Establishes and maintains appropriate boundaries with clients and other team members, including maintaining the distinction between social interaction and professional relationships.

85. Engages in relational practice with clients through a variety of approaches that demonstrates caring behaviours appropriate for clients (e.g., speech, touch, active listening, reflecting, empathy, disclosure, confrontation, counselling).

86. Promotes a safe environment for clients, themselves, and other health care workers that addresses the unique needs of clients within the context of care and uses a culturally safe approach to nursing care.

87. Takes into consideration the spiritual and religious beliefs and practices of clients.
88. Demonstrates knowledge of the distinction between ethical and legal rights and their relevance when providing nursing care.
89. Respects and preserves client rights based on a code of ethics or ethical framework (e.g., safe, competent and ethical care; health and well-being; choice; dignity; confidentiality; and justice).
90. Demonstrates an understanding of informed consent as it applies in multiple contexts, (e.g., consent for care; refusal of treatment; release of health information; and consent for participation in research).
91. Uses a principled ethical reasoning and decision-making process to address situations of ethical distress and dilemmas.
92. Accepts and provides care for all clients respectful of diverse health/illness status or diagnosis; or experiences, beliefs, and health practices.
93. Supports clients in making informed decisions about their health care, and then respects those decisions.
94. Advocates for clients or their representatives especially when they are unable to advocate for themselves.
95. Understands ethical and legal considerations related to maintaining client confidentiality in all forms of communication: written, oral, and electronic.
96. Uses relational knowledge and ethical principles when working with students and other health care team members to maximize collaborative client care.

SERVICE TO THE PUBLIC

Understands the concept of public protection and the duty to practice registered nursing in collaboration with clients and other members of the health care team to provide and improve health care services in the best interests of the public.

COMPETENCIES: SERVICE TO THE PUBLIC

97. Enacts the principle that the primary purpose of the registered nurse is to practice in the best interests of the public and to protect the public from harm.
98. Demonstrates basic knowledge about the structure of the health care system at the:
 - (a) national/provincial/territorial level;
 - (b) regional/municipal level;
 - (c) agency level; and
 - (d) clinical practice or program level.
99. Demonstrates awareness of the impact of organizational culture on the provision of health care and acts to enhance the presence of a culturally safe practice environment.
100. Collaborates with all members of the health care team to facilitate:
 - (a) assignment and monitoring of appropriate workloads to selected health team members;

- (b) delegation to and ongoing monitoring of the performance of delegated nursing activities by selected health team members;
- (c) maintenance of professional boundary and accountability for decisions concerning selected team members; and
- (d) direction and coordination for selected team members in emergency situations.

101. Participates and contributes to nursing and health care team development by:

- (a) building partnerships with health team members based on respect for the unique and shared competencies of each member;
- (b) recognizing that their values, assumptions and positional power affects team interactions, and uses this self-awareness to facilitate team interactions;
- (c) contributing nursing perspectives on issues being addressed by other health care team members;
- (d) knowing and supporting the full scope of practice of various team members;
- (e) using appropriate channels of communication;
- (f) providing and encouraging constructive feedback amongst team members; and
- (g) valuing diversity and viewing difference as an opportunity to learn.

102. Collaborates with health care team members to respond to changes in the health care system by:

- (a) recognizing and analyzing changes that affect own practice and client care;
- (b) developing strategies to manage changes affecting one's practice and client care;
- (c) implementing changes developed by others when appropriate; and
- (d) evaluating effectiveness of strategies implemented to change nursing practice.

103. Uses established communication protocols within and across health care agencies, and with other service sectors.

104. Uses safety measures to protect self and colleagues from injury or potentially abusive situations (e.g., aggressive clients, appropriate disposal of sharps, lifting devices, low staffing levels, increasing workload and acuity of care).

105. Manages physical resources to provide effective and efficient care (e.g., equipment, supplies, medication, linen).

106. Uses health care resources appropriately to ensure a culture of safety (e.g., patient lifting devices, safer sharps).

107. Supports professional efforts in nursing to achieve a healthier society, (e.g., lobbying, conducting health fairs, and promoting principles of the Canada Health Act.)

108. Supports healthy public policy and social justice.

109. Understands that policies can influence attitudes, beliefs, and practices of health care providers, who must be advocates for equitable access to health care resources.

110. Demonstrates an awareness of emergency preparedness planning and works collaboratively with others to develop and implement plans to facilitate protection of the public.

SELF-REGULATION

Demonstrates an understanding of professional self-regulation by developing and enhancing own competence, ensuring consistently safe practice, and ensuring and maintaining own fitness to practice.

COMPETENCIES: PROFESSIONAL SELF-REGULATION

111. Understands the roles of regulatory bodies, professional associations and unions.
112. Demonstrates knowledge of the registered nursing profession as a self-regulating and autonomous, profession mandated by provincial/territorial legislation to protect the public.
113. Distinguishes between the legislated scope of practice for the registered nursing profession and the registered nurses' individual scope of practice based on own level of competence.
114. Demonstrates self-regulation by assessing one's level of competence for safe, ethical practice in a particular context, and practices safely within the parameters of their own level of competence and legislated scope of practice.
115. Understands the significance of the concept of fitness to practice in the context of individual self-regulation and public protection.
116. Identifies and implements activities that maintains one's fitness to practice.
117. Develops support networks with RN colleagues, other care team members, and community supports.
118. Understands the concept of continuing competence, its role in self-regulation at the individual and professional levels and its significance for public protection.
119. Demonstrates continuing competence by:
 - (a) committing to life-long learning;
 - (b) assessing one's practice to identify individual learning needs;
 - (c) obtaining feedback from peers and other sources to augment one's assessment and develop a learning plan;
 - (d) seeking and using new knowledge that may enhance, support or influence competency in practice;
 - (e) implementing and evaluating the effectiveness of one's learning plan and developing future learning plans to maintain and enhance one's competence as a registered nurse; and
 - (f) meeting regulatory requirements for continuing competence.

APPLICATION OF THE COMPETENCIES EXPECTED DURING NURSING EDUCATION

Recognized nursing education programs are required to provide learning opportunities for students to apply the entry-level competencies in direct practice experiences with clients of all ages and genders in a variety of settings. The settings need to include practice opportunities to provide nursing care in health promotion; the prevention of injury and illness; curative, supportive, rehabilitative and palliative care, including end-of-life care. Nursing education programs are expected to provide evidence of the nature and length of practice learning experiences available to all students during program reviews.

Implications

To fulfill the requirements for ARNPEI recognition, nursing education programs and health care settings work in partnership to ensure that nursing students have access to quality practice learning experiences that enable them to achieve entry-level competencies. It is acknowledged that nursing education programs are challenged in many ways to provide sufficient and appropriate practice learning experiences. While the primary responsibility for preparation rests with the education institutions, the ability to provide quality education experiences necessitates collaboration with managers, preceptors, employers, regulators, government, and other key stakeholders. Nursing education programs are expected to describe for program reviews the partnerships established with key stakeholder groups to assist with selecting, planning and evaluating theoretical and practice learning experiences.

The provision of practice learning experiences can be challenging depending on the client population and setting. Over the past few years, student practice experiences in perinatal nursing, the nursing care of children in acute care settings, and practice experiences in mental health/illness have been the most difficult to obtain, but the difficulties are not restricted to these examples. Student learning from practice experiences may be suitably supplemented and maximized by a variety of other student learning activities, both before and after direct practice experiences. For example, students benefit from multiple learning opportunities in a laboratory setting where they can begin to apply the entry-level competencies. Such laboratory experiences often include but are not limited to, simulators and simulated patients; videotaped replay of various technical nursing skills, and relationship, assessment and interviewing skills; and a variety of other learning resource materials. Models, CDs, seminar, tutorials, reflective practice conferences, peer feedback, problem-based studies are some of the various learning activities that can play a vital role in helping students achieve the competencies at the application level. **Nevertheless, laboratory and simulated experiences cannot replace practice learning experiences with direct client nursing care.** Nursing education programs are expected to monitor and document the learning experiences each student completes for the purposes of program reviews.

The ARNPEI nursing education program review process gives due consideration to evidence concerning all sorts of learning activities, in addition to direct practice learning experiences with people of all ages and genders in diverse settings. Student learning experiences in agencies or with groups that do not deliver health care as their primary mandate play an important role. Learning experiences with children in schools, daycares, community centers and other locations offer valuable learning opportunities for the achievement of some entry-level competencies. Similarly, learning experiences with older persons may be obtained in a variety of settings including public and community living as well as institutional and residential settings. **Such experiences cannot replace experiences with clients in acute care and other traditional healthcare settings.** Innovative arrangements developed by nursing education programs to provide practice learning experiences for students are encouraged provided the learning outcomes are evaluated so that evidence of their effectiveness can be provided during program reviews.

CONTEXT OF PRACTICE ENVIRONMENT

Entry-level RNs are employed in diverse practice environments (e.g., hospital, community, home, clinic, school, residential facilities) that range from large urban to remote rural settings. An identified responsibility of employers is to create and maintain practice environments that support competent registered nurses in providing safe, ethical and quality health care (CRNBC, 2005c). While the practice environment is an essential component in supporting the practice of all registered nurses, it is a critical component that influences the consolidation of entry-level registered nurse practice and the further development of competence to provide consistently safe, competent and ethical nursing care in situations of increased complexity.

It is unrealistic to expect entry-level registered nurses to function at the level of practice of an experienced registered nurse. Newly employed graduated registered nurses require a reasonable period of time to adjust to work life as an employee (Duchscher, 2006; Ferguson & Day, 2006). Supportive practice environments that encourage newly graduated nurses to feel welcome in the practice setting, safe, valued and nurtured ease this transition and help to reduce stress, increase competence and support safe quality care.

Creating a quality practice environment is the shared responsibility of governments, employers, nurses, nursing organizations and postsecondary educational institutions. The following quality practice environment indicators are vital to support entry-level registered nurses to practise safely, competently, and ethically. While practice settings might be challenged to provide every indicator, for each indicator that is not available in the practice environment, a potential barrier exists for the consolidation of entry-level registered nurse practice. The indicators have been derived from several sources (CNA, 2001; CRNBC, 2005c; 2005d):

- Provide initial experiences working in the same practice environment, with similar client populations, to support entry-level registered nurses to consolidate their knowledge application and skills.
- Consider workload and staff scheduling that addresses the transition needs of entry-level registered nurses, e.g., they need sufficient time to discuss and plan care with colleagues and those clients receiving care; they benefit from matching new registered nurses with experienced ones.
- Promote an environment that encourages registered nurses to practise safely; pose questions; engage in critical-thinking; and ask for assistance without being criticized.
- Identify and inform entry-level registered nurses of the resources available to support their practice consolidation and development. Resources could include RN leaders (e.g., clinical educators, clinical managers, advanced practitioners); policy and protocol documents (binders or online); and reference materials (including online reference resources).
- Provide position-specific education and professional development through orientation; in-service education; and mentorship programs.

- Identify the competencies required in a particular setting, position, or situation of added responsibility, and provide opportunities for the entry-level registered nurses to demonstrate the competencies before being placed in such a position.
- Provide ongoing constructive feedback and formal evaluation processes, which are essential for the development of the practice of entry-level registered nurses and support clarity about accountability and responsibility for their practice (i.e., performance appraisals).
- Encourage and support experienced RNs to mentor beginning RNs (e.g., provide education and recognition for RN mentors).

GLOSSARY OF TERMS

ACCOUNTABILITY: The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties (Ellis & Hartley, 2005).

ADVERSE EVENT: an unintended injury or complication that results in disability at the time of discharge, death or prolonged hospital stay, and that is caused by health care management rather than by the patient's underlying disease process (Baker et al., 2004; CRNBC, 2005e).

BOUNDARIES: The separation of professional and therapeutic behaviours and actions from non-professional and personal behaviours and actions (CRNBC, 2005f).

CLIENT: Individuals, families, groups, populations, or entire communities who require nursing expertise. In some clinical settings, the client may be referred to as a patient or resident (CRNBC, 2005a).

COMMUNITIES: Organized groups of people bound together by ties of social, cultural, or occupational origin or geographic location (Canadian Public Health Association, as cited in CNA, 2004).

COMPETENCE: The integration and application of knowledge, skills, attitude and judgment required for safe, ethical and appropriate performance in an individual's nursing practice (CRNBC, 2005a).

COMPETENCIES: Statements about the knowledge, abilities, skills, attitudes, and judgments required for perform safely within the scope of an individual's nursing practice or in a designated role or setting (RNABC, 2003).

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE: Modalities or interventions utilized to address client needs in situations of health and illness but are not considered at this time to be a part of mainstream health care practices in BC. "Complementary" practices are used alongside the mainstream health care system while "alternative" practices are used in place of mainstream health care practices (CRNBC, 2005; Health Canada, 2003).

CONFLICT RESOLUTION: The various ways in which people or institutions deal with social conflict; it is based on the belief that conflict is valued and valuable and moves through predictable phases in which relationships and social organizations are transformed and that conflict has the potential to change parties' perceptions of self and others. Transformative effects of conflict should be channelled toward producing positive systematic change and growth. Conflict transformation begins before there is conflict in a group by practising critical reflection and practising ways of valuing diverse perspectives, interests and talents (Barsky as cited in Hibberd, Valentine & Clark, 2006; Chinn, 2004; Lederach, 1995).

CRITICAL INQUIRY: This term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005).

CULTURE: Includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability (New Zealand Nurses Organization, 1995).

CULTURAL SAFETY: A manner that affirms, respects and fosters the cultural expression of clients. This usually requires nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practice in a way that affirms the culture of clients and nurses. Unsafe cultural practice is any action which demeans, diminishes or disempowers the cultural identity and well being of people. Cultural safety addresses power relationships between the service provider and the people who use the service (Papps & Ramsden, 1996; Smye & Browne, 2002).

DELEGATION: Sharing authority with other health care providers to provide a particular aspect of care. Delegation among regulated care providers occurs when a reserved action is within the scope of the delegating professional and outside the scope of the other professional (includes both the right to order a reserved action and carrying out the reserved action). Delegation to an unregulated care provider occurs when the required task is outside the role description and training of the unregulated care provider (CRNBC, 2005a; CRNBC, 2005b; CRNBC, 2005h).

DETERMINANTS OF HEALTH: At every stage of life, health is determined by complex interactions among social and economic factors, the physical environment, and individual behaviour. These factors are referred to as determinants of health. They do not exist in isolation from each other. These determinants, in combination, 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 (CNA, 2004).

ENTRY-LEVEL REGISTERED NURSE: The registered nurse at the point of initial registration is a generalist and a graduate from a recognized nursing education program.

EVIDENCE-INFORMED PRACTICE: Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence including client perspectives, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data (CRNBC, 2005b; CRNBC 2005i; CHSRF, 2005).

FITNESS TO PRACTICE: All the qualities and capabilities of an individual relevant to his or her capacity to practice as a registered nurse, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practice nursing.

HEALTH CARE TEAM: Clients, families, health care professionals, paraprofessionals, students, volunteers and others who may be involved in providing care (CRNBC, 2005a).

HOLISTIC HEALTH CARE: Care that tends to the mind, body, and spirit of individuals (American Holistic Nurses' Association, 2005).

INFORMATION AND COMMUNICATIONS TECHNOLOGIES (ICTS): Technologies used to handle information and facilitate communication (CNA, 2005).

LEADERSHIP: 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 own capabilities and a willingness to make an effort to guide and motivate others. Leadership is not limited to formal leadership roles (CRNNS, 2004).

NEAR MISS: A situation in which a patient had a narrow escape from a serious complication. It may also be called a "near hit" or "close call" (CRNBC, 2005e).

POPULATION: All people sharing a common health issue, problem, or characteristic (e.g. all pregnant women, all people with tuberculosis, all people with bipolar disorders). These people may or may not come together as a group (CNA, 2004).

PRIMARY HEALTH CARE: Primary health care (PHC) is essential health care (promotive, preventive, curative, rehabilitative, and supportive) that focuses on preventing illness and promoting health with optimal individual and community involvement. It is both a philosophy and an approach that provides a framework for health care delivery systems. The five principles of PHC are accessibility, public participation, health promotion, appropriate technology, and intersectoral collaboration (CNA, 2004; WHO 1978).

PROFESSIONAL: Behaving in a way that upholds the profession. This includes, but is not limited to, practicing in accordance with relevant legislation, CRNBC Standards of Practice and the Canadian Nurses Association *Code of Ethics for Registered Nurses*.

RELATIONAL PRACTICE: An inquiry that is guided by conscious participation with clients using a number of relational skills including 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 (Doane & Varcoe, 2005; Fletcher, 1999).

SAFETY: The reduction and mitigation of unsafe acts within the health care system, and refers to both staff and patient safety. Staff safety includes but is not limited to, prevention of musculoskeletal injury, prevention and management of aggressive behaviour, and infection control. Patient safety is the state of continuously working toward the avoidance, management and treatment of unsafe acts. Patient and staff safety can only occur within a supportive and non-blaming environment that looks at systems issues rather than blame individuals. The health and well-being of all clients and staff is a priority in a culture of safety environment (CRNBC, 2005e; CRNBC, 2005c; National Steering Committee for Patient Safety, 2003; Nicklin, et al. 2004)

SCOPE OF PRACTICE: Activities that nurses are educated and authorized to perform, set out in the Nurses (Registered) and Nurse Practitioners Regulation under the Health Professions Act and complemented by standards, limits and conditions as set by CRNBC (CRNBC, 2005a; CRNBC, 2005b).

SPIRITUALITY: Values, beliefs, practices and concerns about meaning and purpose in life.

THERAPEUTIC RELATIONSHIP: A relationship that is professional and therapeutic, and ensures the 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 care provider's role. The professional relationship between registered nurses and their clients is based on a recognition that clients (or their alternative decision-makers) are in the best position to make decisions about their own lives when they are active and informed participants in the decision-making process (College of Nurses of Ontario, 2004; RNABC, 2000).

UNREGULATED CARE PROVIDER: Paid 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, resident care attendants, home support workers, mental health workers, teaching assistants and community health representatives (CRNBC, 2005h).

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