Entry-to-Practice Competencies

For Ontario

Registered Practical Nurses

Updated 2018

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

THE STANDARD OF CARE.

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Preface

In Ontario, nursing is one profession with two categories: Registered Nurse (RN)[1] and Registered Practical Nurse (RPN). Nursing is a self-regulated profession, and through provincial and territorial legislation nursing regulatory bodies are accountable for the protection of the public. The College of Nurses of Ontario ensures that RNs and RPNs are safe, competent and ethical practitioners by establishing standards of practice, setting criteria for becoming a nurse in Ontario, administrating a Quality Assurance Program and enforcing standards of practice and conduct.

There are areas of overlap between the two categories, but there are differences as well. These differences are based on entry-level and ongoing nursing knowledge and competencies. It is important to articulate these differences to ensure that the most appropriate care providers are matched with clients. It is also important that RNs and RPNs collaborate with one another to meet client care goals.

In the fall of 2008, the entry-to-practice team, the Practical Nurse Program Approval Committee and external stakeholders last revised the RPN entry-to-practice competencies. The RPN entry-to-practice competencies serve as a guide for public and employer awareness of practice expectations of entry-level RPNs. The document also provides a framework to develop educational requirements and curriculum development for academic institutions.

Entry-level nurses practice according to College practice documents, including *Professional Standards,* and *Ethics.*

This document sets out the competencies organized according to a conceptual framework consisting of the nursing process and regulatory principles, including professional responsibility and accountability, service to the public, self-regulation and ethical practice. The document also presents assumptions about the preparation and practice of entry-level RPNs, a guide to practice decision-making for entry-level RPNs, a profile of the newly graduated RPN within the context of practice, and a glossary of terms and references to help readers understand and interpret the document.

Assumptions

In developing the competency statements the following assumptions were made:

1. Entry-level RPNs possess the knowledge required to demonstrate the wide range of competencies in this document.
2. Entry-level RPNs are beginning practitioners whose level of autonomy and proficiency will grow through collaboration and support from the interprofessional health care team.
3. Entry-level RPNs are prepared to practise safely, competently and ethically in situations of health and illness with individuals across the lifespan.
4. Entry-level RPNs are prepared to practise safely, competently and ethically with individual clients, families, groups and communities.
5. Entry-level RPNs' practice decisions are client-specific and must take into account the environment, the client's circumstances and whether the client's needs can be met by the entry-level RPN.
6. Entry-level RPNs enter into practice with competencies that are transferable across diverse practice settings.
7. Entry-level RPNs have a knowledge base in nursing, health and social sciences, ethics, leadership and research.
8. Entry-level RPNs are committed to engaging in quality assurance practices, including Reflective Practice.
9. Entry-level RPNs use critical thinking skills to support clinical decision-making and reflect upon practice experiences.

Entry-level RPN profile

The entry-level RPN is accountable for:
- All client care she or he provides.
- All decisions about assigning care to other care providers.
- Knowing and recognizing her or his competence level (knowledge, skill and judgment) when making decisions and providing care to clients. This includes making decisions to collaborate or alter assignments when her or his competence level does not meet the client's care needs.
- Knowing and meeting the College's standards of

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[1] RNs include Nurse Practioners and are considered RNs in the Extended Class.

practice and entry-to-practice competencies.
- Understanding the scope of practice/controlled acts model as documented in the *Nursing Act, 1991* and the *Regulated Health Professions Act, 1991* (RHPA).
- Understanding the roles and responsibilities as documented in the practice setting in which she or he is employed.
- Actively identifying and asking questions of self, colleagues (including members of the interprofessional health care team) and clients.
- Applying a consistent framework to practise decision-making.
- The application of theory to practice via the use of critical thinking and problem-solving skills consistent with the RPN's educational preparation.
- Providing safe, competent and ethical nursing care.

Conceptual framework

The conceptual framework organizes the competencies into the four main categories of the nursing process:
- assessment
- planning
- implementation
- evaluation.

The nursing process is embedded into the framework that organizes the competencies. The conceptual framework facilitates dialogue across other jurisdictions. The nationally accepted Canadian Practical Nurse Registration Examination (CPNRE) competencies are designed using this framework.

The regulatory impact is identified by the arrows directed toward the nursing process and is divided into six categories:
- professional responsibility and accountability
- ethical practice
- service to the public
- self-regulation
- knowledge
- knowledge application.

The regulatory framework helps guide the RPN in making decisions related to client care in her or his practice.
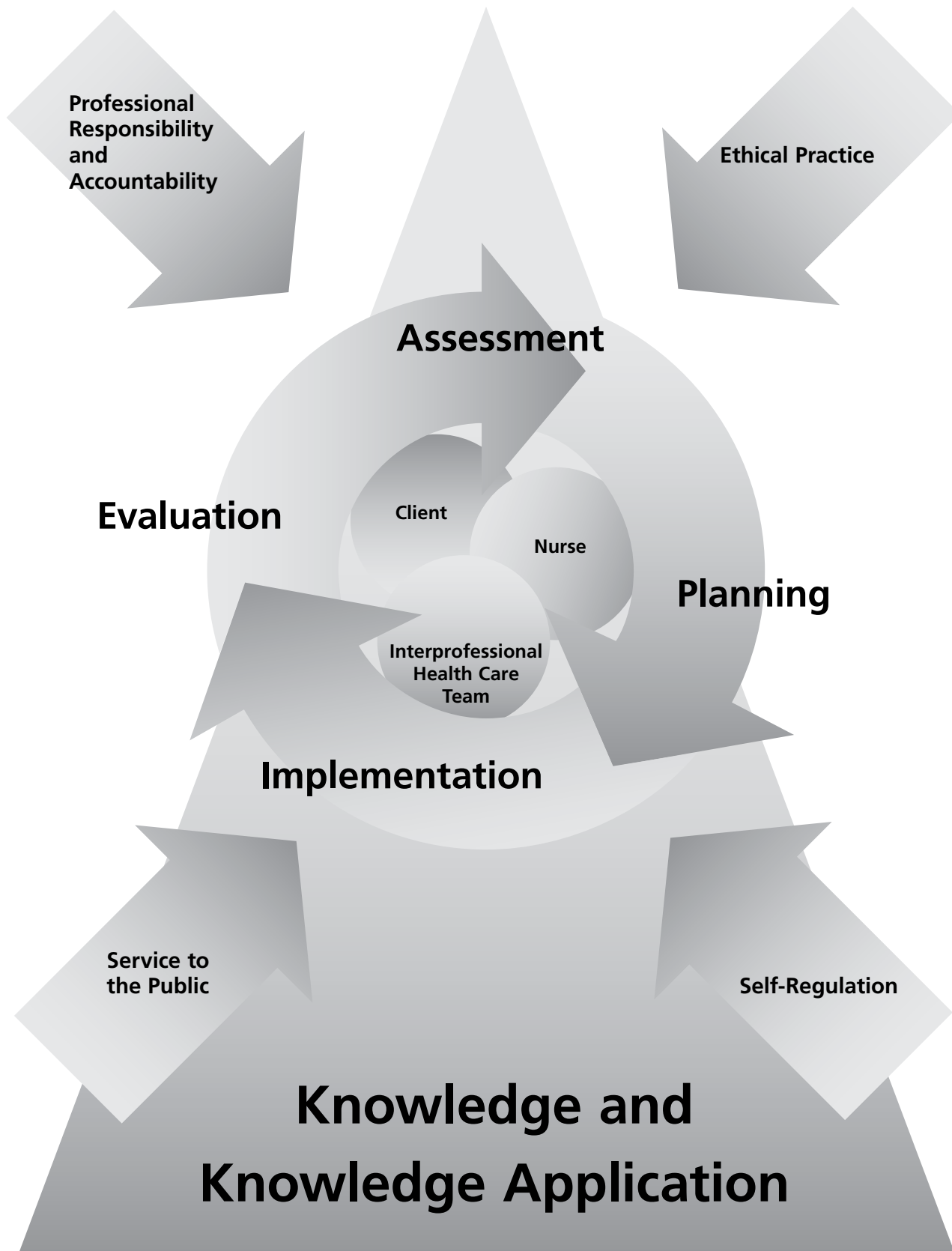
Knowledge and knowledge application

The competency statements listed under Assessment in the four categories show the specific **knowledge** base of the entry-level RPN.

The competency statements listed under Planning, Implementation and Evaluation show how this specific **knowledge can be applied** in the entry-level RPN's practice.

Central figures in conceptual framework

As one can see, the client, nurse and interprofessional health care team overlap , illustrating their interconnection. The client is central to nursing practice and is depicted as one of the foci of the conceptual framework. The nurse is responsible for assessing her or his level of competence when caring for clients. The nurse needs to recognize the limitations of her or his individual experience and knowledge, and should seek guidance from experienced members of the interprofessional health care team when neccessary. The interprofessional health care team collaborates to enhance the care delivered and to improve health care services.

The diagram illustrates that there is no entry point and that no single category of competencies is more or less important than another category. It is recognized that safe, competent and ethical RPN practice requires the integration and performance of many competencies at the same time. Hence, the number of competencies and the order in which the competency statements are presented are not an indication of importance; rather, the framework is a means of presentation. It is recognized that many of the competency statements can be applied to each component of the nursing process; however, they are placed in an area that is thought to be most applicable.

Professional
Responsibility
and
Accountability

Ethical Practice

Assessment

Evaluation

Client

Nurse

Planning

Interprofessional
Health Care
Team

Implementation

Service to
the Public

Self-Regulation

Knowledge and
Knowledge Application

Competency statements (using nursing process and regulatory principles)

Professional Responsibility and Accountability

Demonstrates professional conduct; practises in accordance with legislation and the standards as determined by the regulatory body and the practice setting; and demonstrates that the primary duty is to the client to ensure consistently safe, competent and ethical care (*National competencies in the context of entry-level Registered Nurse practice, 2009*).

Assessment

1. Develops a therapeutic relationship with clients.
2. Identifies clients' health care needs in a caring environment that facilitates achieving mutually agreed health outcomes.
3. Collaborates with clients across the lifespan to perform a holistic nursing assessment.
4. Demonstrates knowledge in critical thinking and problem-solving skills.
5. Uses a theory-based approach.
6. Demonstrates knowledge in nursing, health and social sciences.
7. Promotes clients' rights and responsibilities by:
   a) obtaining client consent prior to initiating nursing care
   b) protecting clients' rights by respecting confidentiality, privacy, dignity and self-determination as part of the plan of care.
8. Recognizes the impact of an agency's organizational culture on nursing practice.
9. Assesses the appropriateness of assigning care to unregulated care providers (UCPs).
10. Reviews literature and consults with colleagues and other resources in selecting assessment tools or techniques.
11. Demonstrates knowledge of conflict-resolution skills.
12. Demonstrates knowledge of therapeutic communication.
13. Demonstrates knowledge of leadership skills and styles.
14. In collaboration with the client, identifies appropriate health teaching strategies that will enhance the client's learning.
15. Demonstrates knowledge of the determinants of health.

Planning

16. Advocates for clients' rights.
17. Encourages clients to draw upon their strengths and to identify appropriate resources within the community.
18. Develops a plan to incorporate critical thinking and problem-solving skills into all aspects of care.
19. Formulates clinical judgments that are consistent with clients' needs and priorities by responding to changing situations that affect clients' health and safety.
20. Analyzes and interprets initial assessment findings and collaborates with the client in developing approaches to nursing care.
21. Organizes workload and develops time-management skills to meet responsibilities.
22. Plans how to incorporate conflict-resolution skills when needed.
23. Selects communication techniques that are appropriate for the client's circumstances and needs.
24. Teaches UCPs based on assessment of learning needs.
25. Selects leadership skill and style that is appropriate to the situation.
26. Identifies potential health problems or issues and their consequences for clients.
27. In collaboration with the interprofessional health care team, refines and expands client assessment information by:
   a) using initial assessment findings to focus on additional and more detailed assessments
   b) analyzing and interpreting data from client assessments.
28. Collaborates with client to develop a plan of care by:
   a) questioning and offering suggestions regarding approaches to care
   b) seeking information from relevant nursing research, experts and the literature
   c) developing a range of possible alternatives and approaches to care
   d) establishing priorities of nursing care
   e) identifying expected outcomes
   f) incorporating health teaching strategies into care.

29. Collaborates with the interprofessional health care team in developing a client's plan of care.
30. Plans to incorporate the determinants of health into all aspects of care.

Implementation
31. Autonomously performs a wide range of nursing interventions (actions, treatments and techniques) that:
    a) promote health
    b) prevent disease and injury
    c) maintain and restore health
    d) promote rehabilitation
    e) provide palliation.
32. Collaborates with client and interprofessional health care team to perform appropriate nursing interventions.
33. Implements appropriate administration and use of medication(s).
34. Using appropriate aseptic/sterile techniques, manages therapeutic nursing interventions (e.g., intravenous therapy, drainage tubes, and skin and wound care).
35. In collaboration with the client and interprofessional health care team, prepares client for surgical/diagnostic procedures, and provides postsurgical/diagnostic care.
36. Applies critical thinking and problem-solving skills in all aspects of nursing care.
37. Questions, clarifies and challenges unclear or questionable orders, decisions or actions made by other interprofessional health care team members.
38. With the client's consent, includes family and designated representative(s) in care delivery.
39. Uses appropriate technology to perform safe and efficient nursing interventions.
40. Encourages and supports healthy lifestyle choices.
41. Provides care that demonstrates an awareness of client diversity.
42. Maintains clear, concise, accurate and timely records of client's care.
43. Assigns care to UCPs.
44. Delegates controlled acts to UCPs, as appropriate.
45. Accountable for one's decisions and actions by:
    a) practising within one's role and responsibilities

    b) verifying and clarifying policies, procedures and orders.
46. Applies conflict-resolution skills when needed.
47. Applies most appropriate therapeutic communication techniques.
48. Applies most appropriate leadership skills and style.
49. Implements identified health teaching strategies into client's learning.
50. Considers the determinants of health during all aspects of care.

Evaluation
51. Supports professional efforts in nursing to achieve a healthier population (e.g., advocating, attending health fairs and promoting principles of the *Canada Health Act*).
52. Evaluates and refines critical thinking and problem-solving skills in all aspects of nursing care.
53. Demonstrates openness to new ideas, which may change, enhance or support nursing practice.
54. Modifies plan of care according to one's knowledge, skill and judgment.
55. In collaboration with the interprofessional health care team, modifies and evaluates plan of care as needed.
56. Responds appropriately to rapidly changing situations.
57. Evaluates effects of organizational culture on nursing practice (e.g., generational differences).
58. Evaluates outcomes of care provided by UCPs.
59. Evaluates and refines conflict-resolution skills as needed.
60. Evaluates and refines therapeutic communication techniques as needed.
61. Evaluates and refines leadership skills and style as needed.
62. Evaluates client's learning and refines health teaching strategies as needed.

Ethical Practice
Demonstrates competence in professional judgments and practice decisions by applying principles implied in the ethical framework, and by using knowledge from many sources. Engages in critical thinking to inform clinical decision-

making, which includes both systematic and analytical processes, along with reflective and critical processes. Establishes therapeutic caring and culturally safe relationships with clients and health care team members based on appropriate relational boundaries and respect (*National competencies in the context of entry-level Registered Nurse practice, 2009*).

Assessment

63. Respects clients' diversity and decisions.
64. Identifies the effects of one's values, beliefs and personal experiences on the therapeutic nurse-client relationship.
65. Identifies how one's values, beliefs and assumptions affect interactions among members of the interprofessional health care team.
66. Understands the ethical framework of the therapeutic nurse-client relationship.
67. Demonstrates knowledge of the distinction between ethical responsibilities and legal rights and their relevance when providing nursing care.
68. Demonstrates knowledge of informed consent as it applies in multiple contexts.

Planning

69. Respects and preserves clients' rights based on a code of ethics or ethical framework (refer to the College's *Ethics* practice document for more information).
70. Shares appropriate information about clients' care with the interprofessional health care team while respecting confidentiality.
71. Establishes appropriate professional boundaries with clients including the distinction between social and therapeutic relationships.
72. Establishes and maintains a caring environment that supports clients in achieving optimal health outcomes, goals to manage illness or a peaceful death.

Implementation

73. Demonstrates behaviours that contribute to an effective and therapeutic nurse-client relationship.
74. Engages in relational practice through a variety of approaches that demonstrates caring behaviours appropriate for clients.

75. Uses an ethical reasoning and decision-making process to address situations of ethical distress and dilemmas.
76. Provides care for clients while being respectful of diversity.
77. Demonstrates support for clients making informed decisions about their health care, and respects those decisions.
78. Advocates for clients or their representatives, especially when they are unable to advocate for themselves.
79. Based on ethical and legal considerations, maintains client confidentiality in all forms of communication.
80. Uses relational knowledge and ethical principles when working with the interprofessional health care team to maximize collaborative client care.
81. Uses self-awareness to support compassionate and culturally safe client care.

Evaluation

82. Evaluates appropriate professional boundaries with clients, including the distinction between social and therapeutic relationships.
83. Recognizes and reports situations within the practice environment that are potentially unsafe.

Service to the Public

Demonstrates an understanding of the concept of public protection and the duty to practise 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 (*National competencies in the context of entry-level Registered Nurse practice, 2009*).

Assessment

84. Monitors trends in nursing research and the health care environment that may result in changes to nursing knowledge and practice.
85. Identifies the unique role and competencies of each member of the interprofessional health care team.
86. Identifies the organization of the health care system at all levels:
    a) organizational
    b) municipal
    c) provincial
    d) national
    e) international.

87. Identifies the needs of the unique community in the practice environment.

Planning
88. Develops a plan to respond to trends in nursing research and the health care environment that result in changes to nursing knowledge and practice.
89. Identifies one's limitations in nursing practice and consults others when necessary.
90. Develops a plan to incorporate the needs of the unique community in the practice environment.

Implementation
91. Responds to trends in nursing research and the health care environment.
92. Responds to the needs of the unique community in the practice environment.
93. Develops and maintains a partnership with the interprofessional health care team based on respect for the unique role and competencies of each member.
94. Enacts the principle that the primary purpose of the nurse are to practise in the best interest of the public and to protect the public from harm.
95. Manages physical resources to provide safe and ethical care.
96. Responds to changes in the health care environment through consultation and collaboration with the interprofessional health care team.
97. Presents nursing knowledge regarding the client in interprofessional health care team interactions.
98. Provides feedback to interprofessional health care team members about client care.

Evaluation
99. Evaluates response to trends in nursing research and the health care environment.
100. Evaluates and refines approaches in providing feedback to the interprofessional health care team.
101. Evaluates self awareness that the primary aims of the nurse are to practise in the best interest of the public and to protect the public from harm.
102. Evaluates the appropriateness of the physical resources to provide effective and efficient care.

Self-Regulation
Demonstrates an understanding of professional self-regulation by developing and enhancing one's competence, ensuring consistently safe practice, and ensuring and maintaining one's fitness to practise. (*National competencies in the context of entry-level Registered Nurse practice, 2009*).

Assessment
103. Demonstrates professional behaviour with learners and the interprofessional health care team.
104. Demonstrates a professional presence and models professional behaviour.
105. Identifies changes in the health care system that affect one's nursing practice.
106. Uses the standards of practice to assess one's competence to identify gaps in knowledge, skill, judgment and attitude by:
    a) evaluating one's practice
    b) taking action to seek assistance when necessary
    c) assessing one's areas of strength and areas for improvement in accordance with the College's Quality Assurance Program.
107. Understands the purpose of research for evidence-informed practice.
108. Demonstrates knowledge of the different mandates of:
    a) the College and self-regulation
    b) professional organizations (such as the Registered Practical Nurses Association of Ontario [RPNAO] and the Registered Nurses' Association of Ontario [RNAO])
    c) unions.
109. Understands the impact and implications of informatics and technologies in health care.
110. Demonstrates knowledge of computer skills to do the following:
    a) document client care
    b) obtain and forward information within the agency
    c) obtain and forward information outside the agency
    d) validate evidence-informed practice.

Planning
111. Seeks opportunities for professional growth that enhance competence (e.g., by creating and maintaining a learning plan).

112. Develops strategies to incorporate changes that affect one's nursing practice into the health care system.

Implementation

113. Demonstrates professional conduct by:
    a) adhering to the standards of practice of the profession
    b) responding professionally to unacceptable behaviour
    c) identifying and responding to incidents of unsafe practice or professional misconduct
    d) documenting incidents and actions taken
    e) participating in quality assurance activities (e.g., implementing components of a learning plan)
    f) using informatics and technologies responsibly in the health care setting.
114. Promotes the continuing development of the profession of nursing (e.g., joining or participating in professional associations or committees, or engaging in scholarly activities).
115. Applies the practice-setting's policies and procedures into one's practice.
116. Responds to changes in the health care system that affect one's nursing practice.
117. Uses computer skills in a professional manner to do the following:
    a) document client care
    b) obtain and forward information within the agency
    c) obtain and forward information outside the agency
    d) validate evidence-informed practice.
118. Responds in a professional manner to the impact and implications of informatics and technologies in health care.

Evaluation

119. Critiques and integrates research findings from nursing, and health and social sciences into one's practice by evaluating one's learning plan.
120. Evaluates changes in the health care system that affect one's nursing practice.
121. Evaluates the impact and implications of informatics and technologies in health care.

Practice decision-making framework for entry-level RPNs

Practice decision-making is context-specific and changes according to client and practice-setting circumstances. It involves asking and considering the answers to a number of questions. Critical thinking is performed by the RPN at a level consistent with her or his educational preparation. Critical thinking is integral to decision-making, and includes the activities of organizing assessment information, recognizing patterns and compiling evidence to support the conclusions drawn.

The following questions provide a decision-making framework for the entry-level RPN:
1. Has the acuity of the client been established?
2. Is the assessment complete? Do I have a complete understanding of the data? Do I need to collaborate with the interprofessional team?
3. Based on the assessment data, what are the possible options of care? Do I know what the research indicates about each option or do I need to enquire about this? What are the indications and contraindications for each option?
4. Am I satisfied that the proposed care is appropriate for the client given the particular circumstances and range of options available?
5. Do I have the authority to provide the proposed care?
6. Am I competent to provide the proposed care?
7. Has the nursing care provided achieved the desired outcome(s)? (Evaluation)

Explanation
1. Has the acuity of the client been established?
The competencies for entry-level RPNs reflect the expectation that practice will focus on the care of clients with less acute conditions. This means that for a client assignment to be appropriate for an entry-level RPN, the acuity of the client's condition must be determined by an individual with the competence to assess the client and make this determination. (See Practice Guideline: *RN and RPN Practice: The Client, the Nurse and the Environment*)

2. Is the assessment complete? Do I have a complete understanding of the data? Do I need to collaborate with the interprofessional team?
As indicated in competency 27:

In collaboration with the health care team refines and extends client assessment information by:
a) *using initial assessment findings to focus on additional and more detailed assessments*
b) *analyzing and interpreting data from client assessments.*

In some instances, collaboration with another member of the interprofessional health care team may be needed because that health care team member's educational program and experience has provided her or him with an enhanced depth and breadth of knowledge. Also, seeking assistance may contribute to the identification of gaps in knowledge and information, including whether or not the assessment is complete.

3. Based on the assessment data, what are the possible options of care and the indications and contraindications for each?
The assessment data may lead to the identification of numerous options of care. Each care option is considered in terms of the client's needs and status, the outcome the care aims to achieve and research findings about the option. Identifying the indications and contraindications for each possible care option involves considering the risks and benefits of each option and individualizing the care, which helps to identify the care option likely to be most effective for the client. Collaboration with the client is an important component of this step in decision-making.

4. Am I satisfied that the proposed care is appropriate for the client given the particular circumstances and the range of alternative options available?
Often the entry-level RPN will be unsure whether she or he is aware of the full range of care options available in a specific practice setting for a particular client situation. When this is the case, collaboration with another colleague is called for. In general, collaborating with a colleague may be beneficial in validating and confirming that all possible care options have been identified and the choice of care option is appropriate. If, during the collaboration, it is determined that the option selected is not the best, all the options must be re-evaluated. (See Practice Guideline: *RN and RPN Practice: The Client, the Nurse and the Environment*)

5. Do I have the authority to provide the proposed care? Is the care a controlled act authorized to nursing?

Authority to provide nursing care is derived from the scope of practice for nurses outlined in legislation and the standards of practice published by the College.

Many of the care activities RPNs provide arise from nursing's philosophy and theories and are entirely within the decision-making realm of nursing. Such activities do not require an order from another regulated health care professional. Examples of these activities are promoting clients' rights and responsibilities, advocating for clients, conducting health assessments and monitoring client status.

Other care activities provided by entry-level RPNs have been designated by the RHPA as controlled acts. Of the 14 controlled acts listed in the RHPA, RNs and RPNs are authorized to perform five. (See the *RHPA: Scope of Practice, Controlled Acts Model* document for more information.) Even when care activities are not designated as controlled acts under the legislation, particular practice settings may have policies that require the RPN to obtain an order to provide the care (e.g., discontinuing intravenous fluids).

6. Am I competent to provide the care? (Do I have the knowledge, skill and judgment required?)

To answer this question, a self-assessment is required and might include the following questions:

a) What is the intended outcome(s) of the care for the client?
b) Do I know the anatomy and physiology relevant to the care?
c) What are the benefits and known risks to the client?
d) What is the predictability of the outcome(s)?
e) Does my scope of practice permit me to manage the possible outcomes?
f) Am I competent to manage all possible outcomes?
g) What resources (personnel, materials) are available to assist me if needed?

Depending on the outcome of the above self-assessment, the entry-level RPN will now decide how to provide the care. Options include:

a) Providing the proposed care independently
b) Collaborating with a health care team colleague about the proposed (or alternate) care
c) Asking a health care team colleague to be present to offer advice and assistance while providing the care.
d) Asking another colleague (RN or RPN) to provide the care while the entry-level RPN observes. If no colleagues are available, then informing the employer of inability to provide care.*

(*This is the only option if the RPN is unsure of her or his competence to provide the care or if it is outside the role and responsibility of an entry-level RPN. If the activity is within the role and responsibility of RPN practice at the health care facility of employment, but the nurse does not have the competence to provide the care, then she or he is responsible for developing a learning plan for attaining competence in the care.)

Professional practice and autonomy

Autonomy has been called the "hallmark of a profession."[1] It has been defined as "an individual's ability to independently carry out the responsibilities of the position without close supervision."[2] As noted earlier in this document, RPNs have the authority sometimes on an "in consultation" basis to provide care that falls within their scope of practice. That authority is independent of other health care professionals; RPNs work autonomously within their scope of practice.
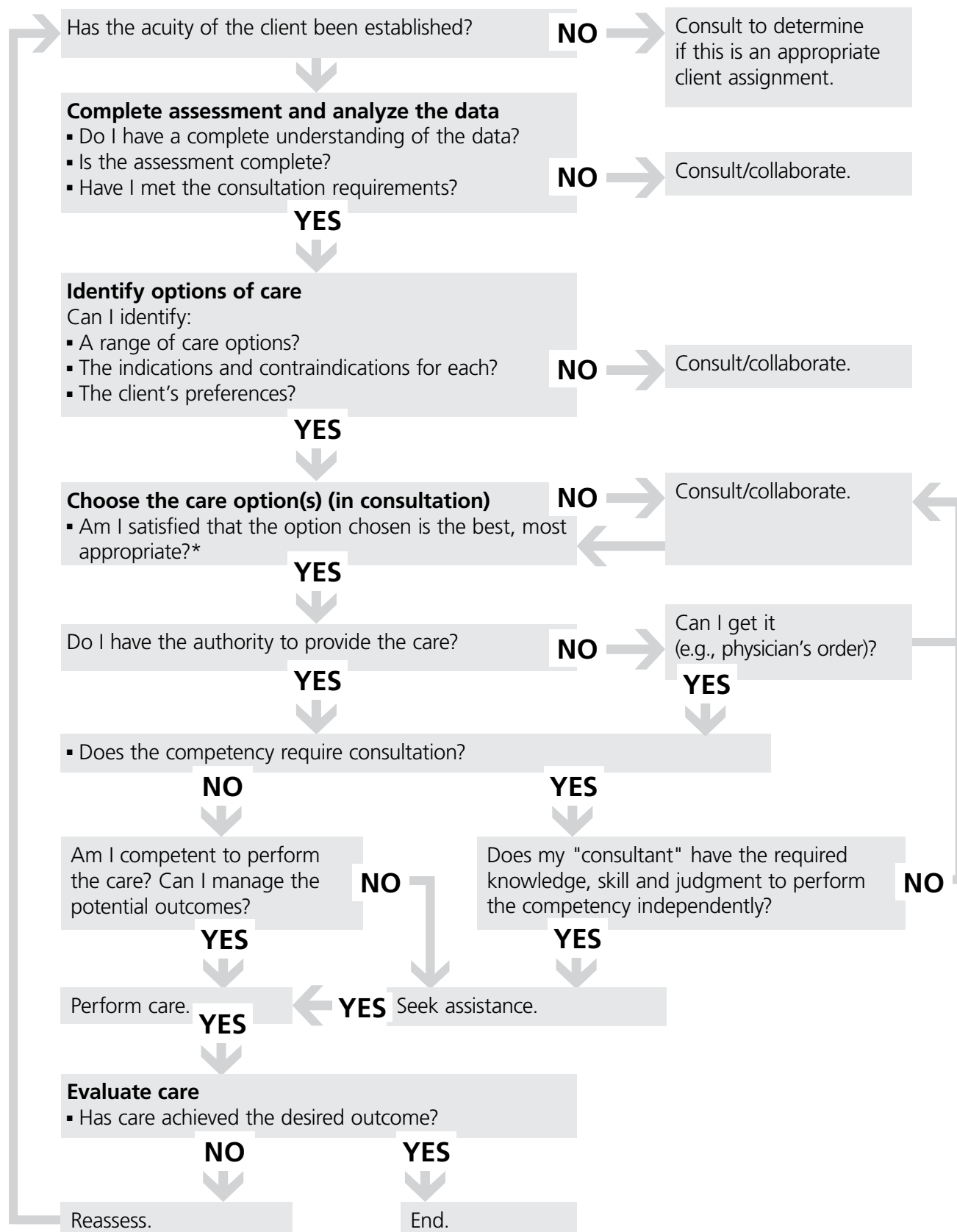
> Autonomy means "the freedom to act on what you know."[3] Autonomy also means recognising the responsibility to seek input into clinical decision-making for those competencies without an "in consultation" designation when necessary. Autonomy is linked to competence because competence involves not only knowing, but also "knowing that you know." It is therefore tied to the professional responsibility to identify what one knows and what one doesn't know. As the complexity of care increases there is often a need for more consultation or collaboration. Complexity

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[1] Edwards, D. (1988). Increasing staff nurse autonomy: A key to nurse retention. Journal of Pediatric Nursing, 3(4), 265-268.

[2] Blanchfield, K.C. and Biordi, D.L. (1996). Power in practice: A study of nursing authority and autonomy. Nursing Administration Quarterly, 20 (3), 42-49.

[3] Kramer, M. & Schmalenberg, C. (1993). Learning from success: Autonomy and empowerment. Nursing Management, 24 (5), 58-64.

A guide to practice decision-making for the entry-level RPN

Has the acuity of the client been established? **NO** → Consult to determine if this is an appropriate client assignment.

⬇

Complete assessment and analyze the data
- Do I have a complete understanding of the data?
- Is the assessment complete?
- Have I met the consultation requirements? **NO** → Consult/collaborate.

YES ⬇

Identify options of care
Can I identify:
- A range of care options?
- The indications and contraindications for each? **NO** → Consult/collaborate.
- The client's preferences?

YES ⬇

Choose the care option(s) (in consultation) **NO** → Consult/collaborate.
- Am I satisfied that the option chosen is the best, most appropriate?*

YES ⬇

Do I have the authority to provide the care? **NO** → Can I get it (e.g., physician's order)? **YES** ⬇

YES ⬇

- Does the competency require consultation?

NO ⬇

Am I competent to perform the care? Can I manage the potential outcomes? **NO**

YES ⬇

YES ⬇

Does my "consultant" have the required knowledge, skill and judgment to perform the competency independently? **NO**

YES ⬇

Perform care. **YES** ← **YES** Seek assistance.

YES ⬇

Evaluate care
- Has care achieved the desired outcome?

NO ⬇   **YES** ⬇

Reassess.   End.

* The nurse's advocacy efforts may be required in situations where efforts to obtain a physician's order for the care option identified by the nurse as "the best and most appropriate" have been unsuccessful.

is a combination of five factors: complexity of care needs, predictability of outcome, the cognitive requirements necessary to provide the care, technical requirements, and the potential for a negative outcome. (See the *Decisions About Procedures and Authority, Revised 2006* practice document for more information.) Having decided on an option for providing the care, the last step in the decision-making framework is considered.

Having decided on an option for providing the care the last step in the decision-making framework is considered.

7. Has the nursing care achieved the desired outcome? (Evaluation)

Evaluation of client care involves a reassessment of the client's status and a determination of whether or not the desired outcomes of the care were achieved. If the outcomes were not achieved or only partially achieved, then the steps in the decision-making framework are repeated.

Expectations of quality practice settings

Workplace settings that create practice environments with strong organizational attributes can support competent RPNs in providing a quality outcome for the client.

Specific expectations of quality practice settings include:

- Provision of position-specific education and professional development through such elements as an orientation and preceptorship program.
- Promoting an environment that encourages entry-level RPNs to pose questions, engage in reflective practice and ask for consultation or assistance without being criticized.
- Staff scheduling that accommodates the needs of the entry-level RPN, for example, matching an entry-level RPN with an experienced RPN.
- Identifying the competencies required in a particular setting for positions of added responsibility (e.g., "in charge"), and providing an opportunity for the entry-level RPN to meet them before being placed in such a position.
- Identifying, ensuring the availability of and informing the entry-level RPN of the resources available to provide expert advice/consultation.
- Implementing a professional development system that includes feedback/evaluation about the entry-level RPN's practice.

Summary
This section has identified the College's expectations of entry-level RPNs and practice settings with regard to decision-making in one's practice. It described the framework and elements to support autonomous decision-making in one's practice, consistent with the RPN's educational preparation and within the RPN's role and responsibilities within a health care facility. Practice experience will further contribute to skill and confidence in making practice decisions that promote quality client outcomes.

Glossary

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

Acuity: A client's acuity level is based on the type and number of nursing interventions required for providing care in a 24-hour period.

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

Boundary: Professional boundaries are the defining lines that separate the therapeutic behaviour of an RPN from any behaviour that, well-intentioned or not, could reduce the benefit of nursing care to clients, families or communities.

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

Collaborate: To work together with one or more members of the health care team who each make a unique contribution to achieving a common goal. Each individual contributes from within the limits of her or his scope of practice.

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

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

Competency statements: Descriptions of the expected performance behaviour that reflects the professional attributes required in a given nursing role, situation or practice setting.

Consult: Seek information or advice from a person, book, etc.

Consultation: The act or an instance of consulting.

Controlled acts: Activities that are considered potentially harmful if performed by unqualified people. Members of regulated health professions are authorized to perform the specific controlled acts appropriate to their profession's scope of practice. Because some scopes of practice overlap, some professionals are authorized to perform the same, or parts of the same, controlled acts. Nursing is authorized to perform 5 of the 14 controlled acts that are identified in the RHPA.

Critical thinking: Reasoning in which one analyzes the use of language, formulates problems, clarifies and explains assumptions, weighs evidences, evaluate conclusions, discriminates between pros and cons, and seeks to justify those facts and values that result in credible beliefs and actions. Critical thinking is performed by the entry-level RPN at a level that is consistent with her or his educational preparation and scope of practice.

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.

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

If a procedure has been formally delegated to a nurse, then the nurse is authorized to perform that procedure once it is determined that it is appropriate for a particular client or group of clients.

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.

Diversity: The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizes our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs or other ideologies. It is the exploration of these differences in a safe, positive and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

Entry-level RPN: The beginning RPN at the point of initial registration with the College of Nurses of Ontario following graduation from a nursing education program and successful completion of the national RPN examination.

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

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

Health care team: Clients, families, health care professionals, paraprofessionals, students, volunteers and others who may be involved in providing care.

Interprofessional: The integration of concepts across different professions. An interprofessional team is a team of people with education in varying fields; such teams are common in complex environments such as health care (eg., social workers, dieticians, nurses, physicians).

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 capabilities, and a willingness to make an effort to guide and motivate others. Leadership is not limited to formal leadership roles.

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

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

Partnership: Refers to situations in which the nurse works with the client and other members of the health care team to achieve specific health outcomes for the client. Partnership implies consensus-building in the determination of these outcomes.

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

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.

Research: Systematic inquiry that uses orderly scientific methods to answer questions or solve problems. Conducting research involves formation of a research question, design of the research project, implementation of the project, and analysis and presentation of results. A nurse who assists in a research project by collecting information/data may be "participating" in research, but is not "conducting" research.

Safety: The reduction and mitigation of unsafe acts within the health care system; 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 nonblaming environment that looks at systems issues rather than blames individuals. The health and well-being of all clients and staff is a priority in a culture of safety environment.

Scope of practice: The scope of practice for nursing in Ontario is set out in the *Nursing Act, 1991*. "The practice of nursing is the promotion of health and the assessment of, the provision of care for, and the treatment of health conditions by supportive, preventive, therapeutic, palliative, and rehabilitative means in order to attain or maintain optimal function."

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 health care provider's role. The professional relationship between RPNs 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 lives when they are active and informed participants in the decision-making process.

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.

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