



COLLEGE & ASSOCIATION
OF REGISTERED NURSES
OF ALBERTA

Entry-to-Practice Competencies for the Registered Nurses Profession

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ENTRY-TO-PRACTICE COMPETENCIES

The College and Association of Registered Nurses of Alberta (CARNA) is the regulatory and professional body for registered nurses. The *Health Professions Act (HPA) (2000)* and the *Registered Nurses Profession Regulation (2005)* set out the responsibilities of CARNA. CARNA achieves these responsibilities through a variety of regulatory processes such as registration and licensure, setting standards governing nursing practice and education, defining the scope of nursing practice, and **identifying competencies required for entry-level registered nurse practice.**

The CARNA document, *Entry-to-Practice Competencies for the Registered Nurses Profession*, describes the competencies expected of the new graduate from an approved nursing education program for initial entry-to-practice as a registered nurse. The entry-to-practice competencies are used in nursing education program approval. The *Entry-to-Practice Competencies for the Registered Nurses Profession* are a fundamental component of the Nursing Education Program Approval Board

(NEPAB) nursing education standards. As part of the legislated mandate of a self-regulated profession, NEPAB reviews and approves Alberta nursing education programs leading to initial entry-to-practice as a registered nurse. The competencies serve as a guide for curriculum development and also for public and employer awareness of the practice expectations of entry-level registered nurses.

Based on the findings of a wide review by registered nurses provincially and nationally, the entry-to-practice competencies were revised and reflect baccalaureate nursing education. The competencies are organized in a five-category 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 newly graduated registered nurse practice and a set of assumptions on which the competencies are based. 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

This profile provides a conceptual overview of the practice expected of the newly graduated registered nurse and highlights basic competencies that graduates of nursing education programs approved by NEPAB are expected to demonstrate.

All newly graduated registered nurses are responsible for adhering to the CARNA professional standards for registered nurses and applying them in their beginning nursing practice. They exercise professional judgment when using agency policies and procedures, or when practising 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 judgment and seek consultation as needed. Entry-level RNs protect clients¹ by 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 beginning practice draw on multiple sources of knowledge and a unique experiential knowledge base that has been shaped by 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 across a variety of

settings in situations related to health promotion; illness prevention and population health; altered health status including acute and chronic health conditions and rehabilitative care; and hospice, palliative and end-of-life care.

Entry-level RNs have a strong base in nursing theory, concepts and knowledge; the sciences; the humanities; research and ethics (e.g., pathophysiology, pharmacology, microbiology, epidemiology, human growth and development, role transitions for people of all ages, nutrition, 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 recognize, seek immediate assistance, and help others in a rapidly changing situation 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.

¹ The term 'client' can refer to patients, residents, families, groups, communities and populations.

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, 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 judgment. As they develop confidence in their new role they assume higher levels of responsibility and manage complex clinical situations. They also recognize more subtle nuances of situations and patterns with more 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 the CNA *Code of Ethics for Registered Nurses* (2002), demonstrating honesty, compassion, integrity and respect in the care they provide. They establish and maintain therapeutic caring and culturally competent 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

Assumptions about the preparation and practice of entry-level registered nurses:

1. Entry-level RNs are beginning practitioners whose level of practice autonomy and proficiency will grow best through collaboration, mentoring and support from registered nurse colleagues, managers, other health-care team members and employers.
 2. Entry-level RNs are prepared to consistently practise safely, competently and ethically in situations of health and illness with people of all ages and genders across a variety of settings.
 3. Entry-level RNs 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 RNs can be any setting or circumstance where nursing is practised. It includes the site where nursing care is provided and programs designed to meet health-care needs.
 5. Entry-level RNs enter their career with competencies that are transferable across diverse practice settings.
 6. Entry-level RNs have a strong basis in nursing theory, concepts and knowledge, health and sciences, humanities, research and ethics.
 7. Entry-level RNs draw on multiple sources of knowledge to attain proficiency over time in demonstrating the wide range of competencies in this document. Each entry-level RN's experience in practising the competencies during their nursing education will vary significantly and may be limited in some practice environments and with some clients.
- Entry-level RNs:
- 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 the ability to individualize assessment and care through experience and by reflecting on practice experiences
 - vi. use a critical inquiry process as a guide for 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
8. Entry-level RNs have the knowledge required to select and implement a wide range of nursing interventions in the provision of nursing care. (See ICNP® on next page.)

DESCRIPTION OF NURSING PRACTICE

The International Classification of Nursing Practice (ICNP®) and the work of McCloskey and Bulechek and the Nursing Intervention Classification (NIC)² identify a very comprehensive list of RN competencies at the level of specific nursing interventions. These classification systems, in combination with the entry-to-practice competencies, describe the competency profile for registered nurses in Alberta, and, for this reason, are referenced in this document.

The ICNP®, which includes NIC and Home Health Care Classification, is used in this document to describe nursing practice. The ICNP® is an informational tool developed by the International Council of Nurses (ICN) to describe nursing practice and provide data representing nursing practice in comprehensive health information systems. The ICNP® focuses on nursing practice and acknowledges that nursing practice is not static but changing and dynamic. The ICNP® reflects the ICN definition of nursing which follows:

Nursing, as an integral part of the health-care system, encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill and disabled people of all ages, in all health-care and other community settings. Within this broad spectrum of health care, the phenomena of particular concern to nurses are individual, family, and group “responses to actual or potential health problems.” These human responses range broadly from health restoring reactions to an individual episode of illness to the development of policy in promoting the long-term health of a population. (ICN, 1999, p. i)

² McCloskey, J. C. & Bulechek, G. M. (Eds.). (2004). *Nursing intervention classification (NIC)* (4th ed.). St. Louis, MO: Mosby Inc.

The ICNP® is a classification of nursing diagnoses, interventions and outcomes. It serves as a unifying framework into which existing nursing vocabularies and classifications can be cross-mapped to enable comparison of nursing data. The initial objectives of the ICNP® include:

- to establish a common language for describing nursing practice in order to improve communication among nurses and between nurses and others
- to describe the nursing care of people (individuals, families and communities) in a variety of settings, both institutional and non-institutional
- to enable comparison of nursing data across clinical populations, settings, geographic areas and time
- to demonstrate or project trends in the provision of nursing treatments and care and the allocation of resources to clients according to their needs, based on nursing diagnoses
- to stimulate nursing research through links to data available in nursing information systems and health information systems
- to provide data about nursing practice in order to influence health policy-making (ICN, 1999, p.i)

It is anticipated that educational institutions providing the nursing education program would use the ICNP® descriptions of nursing practice as a resource and reference when developing curriculum. The ICNP® has been endorsed by CARNA and by CNA as the standard for collecting nursing data. Use of this resource by nursing education programs will familiarize new graduates with the nomenclature and use of classification systems that have been developed for the practice of registered nurses.

ENTRY-LEVEL REGISTERED NURSE COMPETENCIES

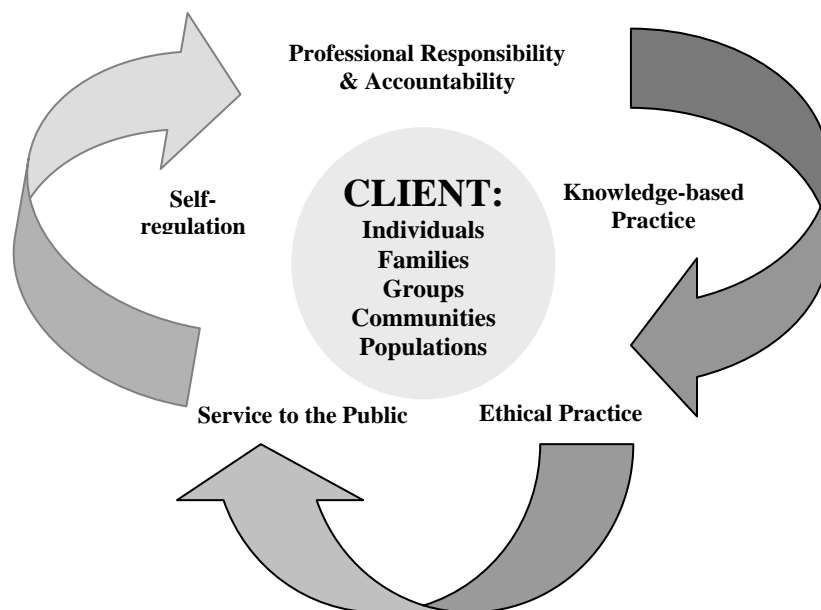
The entry-level competency statements have been organized using a standards-based conceptual framework to highlight their regulatory purpose. The conceptual framework organizes the competencies in five categories:

1. Professional Responsibility and Accountability
2. Knowledge-based Practice
3. Ethical Practice
4. Service to the Public
5. Self-regulation

It is important to note the centrality of the client in this conceptual framework, just as the client is the focus of nursing practice. The definition of client includes patients, residents, families, groups, communities and populations.

The conceptual framework depicts a cycle in which no one category of competencies is more or less important than another.

Figure 1: Conceptual Framework for Organizing Competencies



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 of the above categories, 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

OVERARCHING COMPETENCY STATEMENT

All registered nurses practise in a manner consistent with:

- *CARNA Nursing Practice Standards (2003)* and all other CARNA standards and guidelines
- *CNA Code of Ethics for Registered Nurses (2002)*
- *Health Professions Act (HPA) (2000)*, the practice statement in Schedule 24 of HPA, and the *Registered Nurses Profession Regulation (2005)*
- common law, provincial and federal legislation that directs practice

PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Demonstrates professional conduct, practises in accordance with the CARNA Nursing Practice Standards, the CNA Code of Ethics for Registered Nurses and legislative requirements, 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 competent 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. Demonstrates an understanding of 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 are potentially or actually compromised.
14. Questions, as necessary, and is prepared to challenge and take action, as necessary, on questionable orders, decisions or actions made by other health-care team members.
15. Questions, recognizes and reports 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 sections:

- A. Specialized Body of Knowledge
- B. Competent Application of Knowledge

A. 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 borne pathogens, traumatic stress syndrome and chronic disease management).
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 and 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 disasters and global health issues.
28. Demonstrates knowledge of population health research and other sources of knowledge, (e.g., pandemic, 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 colleagues in the workplace.
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 or questions.
34. Supports involvement in nursing or health research by collaborating with others who are conducting research, participating in research and implementing research findings into practice.

B. Competent Application of Knowledge

Demonstrates competence in the provision of nursing care. The competency statements in this section are grouped into four areas. 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 1: On-going Holistic Assessment

Incorporates 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 perception 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 2: Collaborates with Clients to Develop Plans of Care

Plans nursing care appropriate for clients within the context of critical inquiry, relational and caring approaches. 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, when developing the plans of care.

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. Anticipates potential health problems or issues and their consequences for clients.
50. Anticipates potential staff safety concerns and initiates appropriate action.
51. Explores and develops a range of possible alternatives and approaches for care with clients.

52. Demonstrates an awareness of the influence of existing positional power relationships when negotiating priorities of care with clients.
53. Facilitates client ownership of plan of care.
54. Develops plans of care with other health-care team members to promote continuity for clients as they receive conventional and complementary and/or alternative health care.
55. Collaborates to determine when consultation is required with other team members or health-related sectors and assists clients to access available resources.
56. Consults with other health-care team members as needed to analyze complex health challenges into manageable components for health-care planning.

Area 3: Provides Registered Nursing Care

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 across a variety of settings (acute, continuing and community) in situations related to:

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

COMPETENCIES: PROVIDES REGISTERED NURSING CARE

57. Provides nursing care that is informed by a variety of models relevant to health and healing (e.g., nursing theories, family theories, communication and learning theories, systems theory, cultural theories, community development and 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. Provides culturally competent nursing care.
60. Supports clients through developmental and role transitions from birth to death.
61. Recognizes, seeks immediate assistance, and helps others in a rapidly changing situation 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).
62. Manages multiple nursing interventions for clients with co-morbidities and complex, rapidly changing health status.
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, 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. Applies knowledge consistently when providing care for physiological needs to prevent development of complications, (e.g., optimal ventilation and respiration, circulation, fluid and electrolyte balance, 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 strategies related to the safe and appropriate use and administration of medication.
73. Implements 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 non-pharmacological measures.
75. Prepares the client for diagnostic procedures and treatments, provides post-diagnostic care, performs procedures, interprets findings and provides follow-up care as appropriate.
76. Provides nursing care to meet hospice/palliative/end-of-life care needs (e.g., symptom control, spiritual care, advocacy, support for clients and significant others)

Area 4: 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 the client 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 the ongoing evaluation of that care in a clear, concise, accurate and timely manner.

ETHICAL PRACTICE

Demonstrates competence in professional judgment and practice decisions by applying the principles in the CNA Code of Ethics for Registered Nurses and the CARNA document Ethical Decision-making for Registered Nurses in Alberta: Guidelines and Recommendations (2005). 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 competent relationships with clients and health-care team members based on appropriate boundaries and respect.

COMPETENCIES: ETHICAL PRACTICE

82. Establishes and maintains a caring environment that supports clients to achieve optimal 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 competent client care.
84. Establishes and maintains appropriate professional boundaries with clients and other team members, including maintaining the distinction between social interaction and therapeutic 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, counseling).
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 competent approach to nursing care.
87. Demonstrates consideration of 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 the values in the CNA *Code of Ethics for Registered Nurses*.
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 when they are unable to advocate for themselves.

95. Demonstrates an understanding of and a respect for the confidentiality of health information and maintains client confidentiality in all forms of communication.
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 practise 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 practise 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
 - (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 competent practice environment.
100. Collaborates with all members of the health-care team to facilitate:
 - (a) appropriate assignment of care and sharing of workload within the team
 - (b) consent and supervision of the performance of restricted activities by unregulated health-care providers, including health-care aides and undergraduate nursing employees
 - (c) maintenance of professional relationships among team members
101. Participates and contributes to nursing and health-care team development by:
 - (a) building partnerships with health-care team members based on respect for the unique and shared competencies of each member
 - (b) recognizing that one's own values and assumptions affect positive team functioning
 - (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
 - (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 analysing 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
 - (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. Demonstrates an awareness of 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 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 mandate of CARNA as the regulatory body and professional association for registered nurses and the mandates of professional associations and unions.
112. Demonstrates knowledge of the registered nursing profession as a self-regulating and autonomous profession mandated by provincial legislation to protect the public.
113. Distinguishes between the legislated practice statement for the registered nursing profession and the nurse's 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 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 maintain one's fitness to practice.
117. Develops support networks with RN colleagues, other health-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
 - (f) meeting CARNA regulatory requirements for continuing competence

GLOSSARY

accountability	the ability to explain rationale for actions taken that is consistent with the responsibility for which the nurse is contracted (CARNA, 2003)
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, 2005)
autonomously	having and using the authority, accountability and responsibility to perform nursing functions, activities and interventions independently (CARNA, 2005c)
client	the person(s) to whom nursing interventions are directed; can refer to patients, residents, families, groups, communities and populations (CARNA, 2005f)
collaboration	client care involving joint communication and decision-making processes between one or more members of a health-care team, each of whom makes a contribution from within the limits of her or his scope of practice; the health-care team works with clients toward identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team (CARNA, 2005c)
competence	the ability of a registered nurse to integrate and apply the knowledge, skills, judgment and interpersonal attributes ³ required to practice safely and ethically in a designated role and setting
competencies	the specific knowledge, skills, judgment and interpersonal attributes required for a registered nurse to be considered competent
complementary and alternative health care (CAHC); complementary and alternative medicine (CAM)	diagnosis, treatment and/or prevention that complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by conventional approaches, or by diversifying the conceptual framework of medicine. Some common CAHC practices include: chiropractic services, massage therapy and traditional Chinese medicine. While CAM is the term most often used internationally, CAHC recognizes the diversity of practice areas, including medicine, and is the term most commonly used by Health Canada in policy context. (Health Canada, 2003; CARNA, 2005a)

³ Interpersonal attributes include, but are not limited to, attitudes, values and beliefs.

conflict resolution	<p>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 channeled 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).</p>
critical inquiry	<p>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)</p>
culture	<p>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)</p>
cultural competence	<p>the application of knowledge, skill, attitudes and personal attributes required by nurses to provide appropriate care and services in relation to cultural characteristics of their clients. Cultural competence includes valuing diversity, knowing about cultural mores and traditions of the populations being served and being sensitive to these while caring for the individual. (CNA, 2004b)</p>
determinants of health	<p>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, 2004a)</p>
entry-level registered nurse	<p>the registered nurse at the point of initial registration is a generalist and a graduate from an approved nursing education program</p>

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 (CHSRF, 2005)
entry-to-practice competencies	are those competencies required of the newly graduated registered nurse from an approved nursing education program for initial entry-to-practice as a registered nurse
family	a social unit of people united by common ancestry (biological families), acquisition (marriage or contract) or choice, and their friends, within an ongoing, close, structured relationship (CARNA, 2005c)
fitness to practice	fitness to practice means that the registered nurse restricts or accommodates practice if he/she cannot safely perform essential functions of the nursing role due to mental or physical disabilities (CARNA, 2003)
group	set of individuals who have come together for a shared purpose
health-care aide	health-care providers that are not subject to regulation, and may currently be known as personal care attendants, health-care aides, nursing aides or ward aides; Alberta Health & Wellness is encouraging the use of the term health-care aide with a prefix such as 'home' added to health-care aide to indicate an area of practice
holistic	pertaining to the philosophy based on the principle that, in nature, individuals function as complete units that cannot be reduced to the sum of their parts (CARNA, 2005c)
individual	a single human being throughout a lifespan, including a neonate, infant, child, adolescent, adult and elderly adult (CARNA, 2005c)
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)

nursing education program approval process	the steps used to determine if a nursing education program has met and continues to meet the established standards set by NEPAB and approved by CARNA Provincial Council. Approval is a required process for all new nursing education programs. Ongoing approval is for a period not more than five years, therefore, re-approval is required for all approved nursing education programs at least every five years.
nursing intervention	described according to the International Classification of Nursing Practice (ICNP, 1999)
population	all persons sharing a common health issue, problem or characteristic who may or may not come together as a group (CARNA, 2005c)
power	the capacity to possess knowledge, to act and to influence events based on one's abilities, well being, education, authority, place or other personal attributes and privileges (CARNA; 2005e)
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 (CARNA, 2005d; WHO, 1978)
professional boundaries	those lines which separate therapeutic behaviour of a professional from behaviour which, whether well intentioned or not, could detract from achievable health outcomes for clients receiving nursing care (CARNA, 2005e)
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 (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 <i>Health Professions Act</i> and the <i>Registered Nurses Profession Regulation</i> . Each registered nurse provides services based on the needs of the clients in a specific setting and within the scope of that individual nurse's knowledge, skills and judgment. Registered nursing activities are performed through the continuous, ongoing application of the nursing process: assessment, diagnosis and planning, implementation and evaluation. (CARNA, 2005f)
therapeutic relationship	a relationship established and maintained with a client by the nurse through the use of professional knowledge, skills and attitudes in order to provide nursing care expected to contribute to the client's health outcomes (CARNA, 2005e)

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