CRN NL | College of **Registered Nurses** of Newfoundland & Labrador

2019

Entry-Level Competencies for the Practice of Registered Nurses

CRN NL

THIS DOCUMENT WAS APPROVED BY ARNNL COUNCIL IN FEBRUARY, 2019

This document replaces *Competencies in the Context of Entry-Level Registered Nurse Practice 2013-2018.*

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BACKGROUND

In 2017 the Canadian Council of Registered Nurse Regulators (CCRNR) initiated the revisions of the Entry-Level Competencies of Registered Nurses in Canada (the "ELCs"). This initiative was led by a working group comprised of 11 jurisdictions representing registered nurse (RN) regulators in Canada. The ELCs are revised every five years to ensure inter-jurisdictional consistency and practice relevance. Consistency between jurisdictions supports the workforce mobility requirements of the Canadian Free Trade Agreement. Revisions are based on the results of an environmental scan, literature reviews and stakeholder consultation. The regulatory body in each jurisdiction validates and approves the ELCs and confirms they are consistent with Provincial/Territorial legislation.

Each ELC in this context is defined as *"an observable ability of a registered nurse at entry-level that integrates the knowledge, skills, abilities, and judgment required to practice nursing safely and ethically."*

ELCs are used by regulatory bodies for a number of purposes including but not limited to:

- Academic program approval/recognition
- Assessment of internationally educated applicants
- Assessment of applicants for the purpose of re-entry into the profession
- Input into the content and scope of entry-to-practice exams
- Practice advice/guidance to clinicians
- Reference for professional conduct matters
- Public and employer awareness of the practice expectations of registered nurses

The Context of Entry-Level Registered Nursing Practice

The design and application of the listed competencies is at entry-to-practice. Entry-level RNs are at the point of initial registration or licensure, following graduation from an approved nursing education program. Their beginning practice draws on a theoretical and experiential knowledge base that has been shaped by specific experiences during their education program. They are health care team members who are expected to accept responsibility and demonstrate accountability for their practice. They will recognize their limitations, ask questions, exercise professional judgment, and determine when they require consultation. Entry-level RNs realize the importance of identifying what they know and do not know, what their learning gaps may be, and how and where to access available resources. They display initiative, a beginning confidence, and self-awareness in taking responsibility for their decisions in the care they provide.

RN practice is dynamic and evolving; the ELCs establish the foundation for nursing practice. Entry-to-practice represents the time when learners become clinicians. Further development of RN practice is facilitated through education, collaboration, and mentorship. All groups involved in the provision of health care have a shared responsibility to create and maintain practice environments that support RNs in providing safe, ethical, and quality health care. The practice environment influences the transition and consolidation of RN practice and the development of further competence.

Overarching Principles

These competencies are expected not only of entry-level RNs; all RNs are ultimately accountable to meet these competencies throughout their careers relative to their specific context and/or patient population.

The following overarching principles apply to the education and practice of entry-level registered nurses:

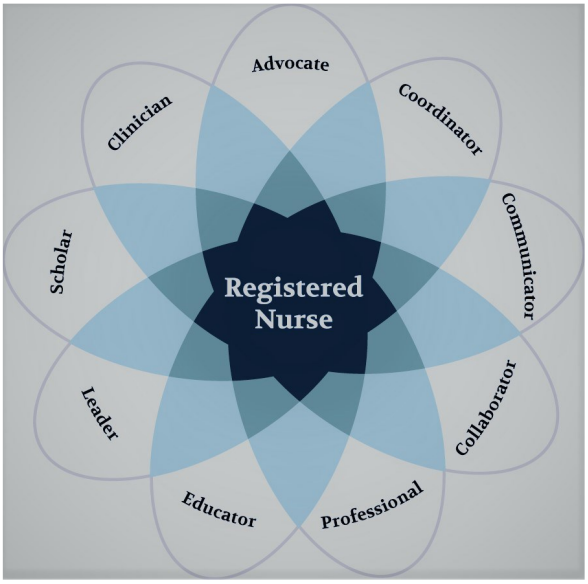
1. The entry-level RN is a beginning practitioner. It is unrealistic to expect an entry-level RN to function at the level of practice of an experienced RN.
2. The entry-level RN works within the registered nursing scope of practice, and appropriately seeks guidance when they encounter situations outside of their ability.
3. The entry-level RN must have the requisite skills and abilities to attain the entry-level competencies.
4. The entry-level RN is prepared as a generalist to practice safely, competently, compassionately, and ethically:
   - in situations of health and illness,
   - with all people across the lifespan,
   - with all recipients of care: individuals, families, groups, communities, and populations,
   - across diverse practice settings, and
   - using evidence-informed practice.
5. The entry-level RN has a strong foundation in nursing theory, concepts and knowledge; health and sciences; humanities; research; and ethics from education at the baccalaureate level.
6. The entry-level RN practices autonomously within legislation, practice standards, ethics, and scope of practice in their jurisdiction.
7. The entry-level RN applies the critical thinking process throughout all aspects of practice.

The client is the central focus of RN practice and leads the process of decision-making related to care. In the context of this document, "client" refers to a person who benefits from registered nursing care and, where the context requires, includes a substitute decision maker for the recipient of nursing services. A client may be an individual, a family, group, community or population. Client-centred care reflects that people are at the centre of decisions about their health and are seen as experts, working alongside RNs to achieve optimal health outcomes.

Structure

The document is organized thematically per a roles-based format. There are a total of 101 competencies grouped thematically under nine headings:

1. Clinician
2. Professional
3. Communicator
4. Collaborator
5. Coordinator
6. Leader
7. Advocate
8. Educator
9. Scholar



Integration of all nine roles enables the entry-level RN to provide safe, competent, ethical, compassionate, and evidence-informed nursing care in any practice setting. Some concepts are relevant to multiple roles. For the sake of clarity and to avoid unnecessary repetition, certain key concepts (e.g. client-centred) are mentioned once and assumed to apply to all competencies.

Terms in **bold** are defined in the Supportive Information.

1. Clinician

Registered nurses are clinicians who provide safe, competent, ethical, compassionate, and evidence-informed care across the lifespan in response to client needs. Registered nurses integrate knowledge, skills, judgment and professional values from nursing and other diverse sources into their practice.

Competencies

1.1 Provides safe, ethical, **competent, compassionate, client-centred** and **evidence-informed** nursing care across the lifespan in response to client needs.

1.2 Conducts a **holistic** nursing **assessment** to collect comprehensive information on **client** health status.

1.3 Uses principles of **trauma-informed care** which places priority on trauma survivors' **safety**, choice, and control.

1.4 Analyses and **interprets** data obtained in **client assessment** to inform ongoing decision-making about **client** health status.

1.5 Develops **plans of care** using **critical inquiry** to support professional judgment and reasoned decision-making.

1.6 Evaluates effectiveness of **plan of care** and modifies accordingly.

1.7 Anticipates actual and potential health risks and possible unintended outcomes.

1.8 Recognizes and responds immediately when **client safety** is affected.

1.9 Recognizes and responds immediately when **client's** condition is deteriorating.

1.10 Prepares **clients** for and performs **procedures**, treatments, and follow up care.

1.11 Applies knowledge of pharmacology and principles of safe medication practice.

1.12 Implements **evidence-informed** practices of pain prevention, manages **client's** pain, and provides comfort through pharmacological and non-pharmacological interventions.

1.13 Implements **therapeutic nursing interventions** that contribute to the care and needs of the **client**.

1.14 Provides nursing care to meet **palliative** and end-of-life care needs.

1.15 Incorporates knowledge about ethical, legal, and regulatory implications of **medical assistance in dying (MAiD)** when providing nursing care.

1.16 Incorporates principles of **harm reduction** with respect to substance use and misuse into **plans of care**.

1.17 Incorporates knowledge of epidemiological principles into **plans of care**.

1.18 Provides **recovery-oriented nursing care** in partnership with **clients** who experience a mental health condition and/or addiction.

1.19 Incorporates mental **health promotion** when providing nursing care.

1.20 Incorporates suicide prevention approaches when providing nursing care.

1.21 Incorporates knowledge from the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology, and nutrition.

1.22 Incorporates knowledge from nursing science, social sciences, humanities, and health-related research into **plans of care**.

1.23 Uses knowledge of the impact of **evidence-informed** registered nursing practice on **client** health outcomes.

1.24 Uses effective strategies to prevent, de-escalate, and manage disruptive, aggressive, or violent behaviour.

1.25 Uses strategies to promote wellness, to prevent illness, and to minimize disease and injury in **clients**, self, and others.

1.26 Adapts practice in response to the spiritual beliefs and cultural practices of **clients**.

1.27 Implements **evidence-informed** practices for infection prevention and control.

2. Professional

Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession.

Competencies:

2.1 Demonstrates **accountability**, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated **scope of practice**.

2.2 Demonstrates a **professional presence**, and confidence, honesty, integrity, and respect in all interactions.

2.3 Exercises professional judgment when using agency policies and **procedures**, or when practising in their absence.

2.4 Maintains **client** privacy, confidentiality, and security by complying with legislation, practice standards, ethics, and organizational policies.

2.5 Identifies the influence of personal values, beliefs, and **positional power** on **clients** and the **health care team** and acts to reduce bias and influences.

2.6 Establishes and maintains **professional boundaries** with **clients** and the **health care team**.

2.7 Identifies and addresses ethical (moral) issues using ethical reasoning, seeking support when necessary.

2.8 Demonstrates professional judgment to ensure **social media** and **information and communication technologies** (ICTs) are used in a way that maintains public trust in the profession.

2.9 Adheres to the self-regulatory requirements of jurisdictional legislation to protect the public by:

a) assessing own practice and individual competence to identify learning needs
b) developing a learning plan using a variety of sources
c) seeking and using new knowledge that may enhance, support, or influence competence in practice
d) implementing and evaluating the effectiveness of the learning plan and developing future learning plans to maintain and enhance competence as a registered nurse.

2.10 Demonstrates **fitness to practice**.

2.11 Adheres to the **duty to report**.

2.12 Distinguishes between the mandates of regulatory bodies, professional associations, and unions.

2.13 Recognizes, acts on, and reports, **harmful incidences**, **near misses**, and **no harm incidences**.

2.14 Recognizes, acts on, and reports actual and potential workplace and occupational **safety** risks.

3. Communicator

Registered nurses are communicators who use a variety of strategies and relevant technologies to create and maintain professional relationships, share information, and foster therapeutic environments.

Competencies:

3.1 Introduces self to **clients** and **health care team** members by first and last name, and professional designation (protected title).

3.2 Engages in active listening to understand and respond to the client's experience, preferences, and health goals.

3.3 Uses **evidence-informed** communication skills to build trusting, **compassionate**, and therapeutic relationships with **clients**.

3.4 Uses **conflict resolution** strategies to promote healthy relationships and optimal client outcomes.

3.5 Incorporates the process of **relational practice** to adapt communication skills.

3.6 Uses **information and communication technologies** (ICTs) to support communication.

3.7 Communicates effectively in complex and rapidly changing situations.

3.8 Documents and reports clearly, concisely, accurately, and in a timely manner.

4. Collaborator

Registered nurses are collaborators who play an integral role in the health care team partnership.

Competencies:

4.1 Demonstrates collaborative professional relationships.

4.2 Initiates collaboration to support care planning and safe, continuous transitions from one health care facility to another, or to residential, community or home and self-care.

4.3 Determines their own professional and **interprofessional** role within the team by considering the roles, responsibilities, and the **scope of practice** of others.

4.4 Applies knowledge about the scopes of practice of each regulated nursing designation to strengthen intraprofessional collaboration that enhances contributions to **client** health and well-being.

4.5 Contributes to **health care team** functioning by applying group communication theory, principles, and group process skills.

5. Coordinator

Registered nurses coordinate point-of-care health service delivery with clients, the health care team, and other sectors to ensure continuous, safe care.

Competencies:

5.1 Consults with **clients** and **health care team** members to make ongoing adjustments required by changes in the availability of services or client health status.

5.2 Monitors client care to help ensure needed services happen at the right time and in the correct sequence.

5.3 Organizes own workload, **assigns** nursing care, sets priorities, and demonstrates effective time management skills.

5.4 Demonstrates knowledge of the delegation process.

5.5 Participates in decision-making to manage **client** transfers within health care facilities.

5.6 Supports **clients** to navigate health care systems and other service sectors to optimize health and well-being.

5.7 Prepares **clients** for transitions in care.

5.8 Prepares **clients** for discharge.

5.9 Participates in emergency preparedness and disaster management.

6. Leader

Registered nurses are leaders who influence and inspire others to achieve optimal health outcomes for all.

Competencies:

6.1 Acquires knowledge of the *Calls to Action of the Truth and Reconciliation Commission of Canada*.

6.2 Integrates **continuous quality improvement** principles and activities into nursing practice.

6.3 Participates in innovative **client-centred** care models.

6.4 Participates in creating and maintaining a healthy, respectful, and psychologically safe workplace.

6.5 Recognizes the impact of **organizational culture** and acts to enhance the quality of a professional and safe practice environment.

6.6 Demonstrates self-awareness through reflective practice and solicitation of feedback.

6.7 Takes action to support **culturally safe** practice environments.

6.8 Uses and allocates resources wisely.

6.9 Provides constructive feedback to promote professional growth of other members of the **health care team**.

6.10 Demonstrates knowledge of the health care system and its impact on **client** care and professional practice.

6.11 Adapts practice to meet **client** care needs within a continually changing health care system.

7. Advocate

Registered nurses are advocates who support clients to voice their needs to achieve optimal health outcome. Registered nurses also support clients who cannot advocate for themselves.

Competencies:

7.1 Recognizes and takes action in situations where **client safety** is actually or potentially compromised.

7.2 Resolves questions about unclear orders, decisions, actions, or treatment.

7.3 Advocates for the use of Indigenous health knowledge and healing practices in collaboration with Indigenous healers and Elders consistent with the *Calls to Action of the Truth and Reconciliation*

Commission of Canada[1].

7.4 Advocates for health equity for all, particularly for vulnerable and/or diverse **clients** and populations.

7.5 Supports **environmentally responsible practice**.

7.6 Advocates for safe, **competent**, **compassionate** and ethical care for **clients**.

7.7 Supports and empowers clients in making informed decisions about their health care, and respects their decisions.

7.8 Supports healthy public policy and principles of **social justice**.

7.9 Assesses that **clients** have an understanding and ability to be an active participant in their own care and facilitates appropriate strategies for **clients** who are unable to be fully involved.

7.10 Advocates for **client's** rights and ensures informed consent, guided by legislation, practice standards, and ethics.

7.11 Uses knowledge of **population health**, **determinants of health**, **primary health care**, and **health promotion** to achieve health equity.

7.12 Assesses **client's** understanding of informed consent, and implements actions when **client** is unable to provide informed consent.

7.13 Demonstrates knowledge of a substitute decision maker's role in providing informed consent and decision-making for **client** care.

7.14 Uses knowledge of **health disparities** and **inequities** to optimize health outcomes for all clients.

8. Educator

Registered nurses are educators who identify learning needs with clients and apply a broad range of educational strategies towards achieving optimal health outcomes.

Competencies:

8.1 Develops an education plan with the **client** and team to address learning needs.

8.2 Applies strategies to optimize **client health literacy**.

8.3 Selects, develops, and uses relevant teaching and learning theories and strategies to address diverse **clients** and contexts, including lifespan, family, and cultural considerations.

8.4 Evaluates effectiveness of health teaching and revises education plan if necessary.

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[1] Calls to Action #22: "We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients." (p. 3)

8.5 Assists clients to access, review, and evaluate information they retrieve using **information and communication technologies** (ICTs).

9. Scholar

Registered nurses are scholars who demonstrate a lifelong commitment to excellence in practice through critical inquiry, continuous learning, application of evidence to practice, and support of research activities.

Competencies:

9.1 Uses best evidence to make informed decisions.

9.2 Translates knowledge from all relevant sources into professional practice.

9.3 Engages in self-reflection to interact from a place of **cultural humility** and create **culturally safe** environments where **clients** perceive respect for their unique health care practices, preferences, and decisions.

9.4 Engages in activities to strengthen competence in **nursing informatics**.

9.5 Identifies and analyzes emerging evidence and technologies that may change, enhance, or support health care.

9.6 Uses knowledge about current and emerging community and **global health** care issues and trends to optimize **client** health outcomes.

9.7 Supports research activities and develops own **research skills**.

9.8 Engages in practices that contribute to lifelong learning.

Supportive Information

Accountability: The obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated (College of Registered Nurses of Nova Scotia, 2012).

Assessment: Systematically gathering data, sorting and organizing the collected data, and documenting the data in a retrievable format; an assessment can include nursing history and behavioural and physical exam such as inspection, palpation, auscultation, and percussion. May include but is not limited to: observation, interview, history taking, interpretation of laboratory data, mental health assessment, physical assessment, etc. (Doenges, M. E., Moorhouse, M. F., & Murr, A. C., 2016).

Assign: The determination of which health care provider should perform a competency to achieve optimal client care. Assignment occurs when the competency to be performed is within the scope of practice of the person taking the assignment (ARNNL, 2013).

Client: The person, patient or resident who benefits from registered nursing care. A client may be an individual, a family, group, community or population (CNA, 2015a).

Client-Centred: An approach in which clients are viewed as whole persons; it is not merely about delivering services where the client is located. Client centred care involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination, and participation in decision-making (Registered Nurses Association of Ontario, 2002, rev 2006).

Compassionate: The sensitivity shown in order to understand another person's suffering, combined with a willingness to help and to promote the wellbeing of that person, in order to find a solution to their situation (Perez-Bret, E., Altisent, R., & Rocafort, J.,2016).

Competent: The collection and application of measurable knowledge, skills, abilities, judgment and attitudes required by a registered nurse throughout their professional career to practice safely and ethically (adapted from CCRNR, 2013).

Conflict Resolution: The various ways in which individuals or institutions address conflict (e.g., interpersonal, work) in order to move toward positive change and growth (College of Registered Nurses of Nova Scotia, 2012).

Continuous Quality Improvement: A philosophy of the quality management process that encourages all health care team members to continuously ask the questions, "How are we doing?" and "Can we do it better?" (Edwards, P. J., Huang, D. T., Metcalfe, L. N., & Sainfort, F., 2008).

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

Cultural Humility: Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience (First Nations Health Authority, 2018).

Culturally Safe: An outcome based on respectful engagement free from racism and discrimination, so that the patient is a powerful player, not a passive receiver, of health care (Yeung, 2016).

Determinants of Health: Many factors have an influence on health. In addition to our individual genetics and lifestyle choices, where we are born, grow, live, work and age also have an important influence on our health. The determinants of health are income and social status; social supports; education and literacy; employment/working conditions; physical environments; healthy behaviours; coping skills; childhood experiences; biology and genetic endowment; access to health services; gender; and culture (Government of Canada, 2018).

Duty to Report: A registered nurse who has knowledge, from direct observation or objective evidence, of conduct deserving of sanction of another registered nurse shall report the known facts to the Director of Professional Conduct Review (ARNNL, 2008).

Environmentally Responsible Practice: Practice which supports environmental preservation and restoration while advocating for initiatives that reduce environmentally harmful practices in order to promote health and well-being (CNA, 2017a).

Evidence-Informed: The ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other available resources to make nursing decisions with clients (CNA, 2010).

Fitness to Practice: All the qualities and capabilities of an individual relevant to their practice as a nurse, including but not limited to freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs their ability to practice nursing (CNA, 2017a).

Global Health: The optimal well-being of all humans from the individual and the collective perspective. Health is considered a fundamental right and should be equally accessible to all (CNA, 2017a).

Harm Reduction: Policies, programs and practices to reduce the adverse health, social and economic consequences of legal and illegal psychoactive drugs without necessarily reducing drug consumption (CNA, 2017c).

Harmful Incidence: A patient safety incident that resulted in harm to patient (Canadian Patient Safety Institute, 2009).

Health Care Team: A number of health-care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with persons, families, groups, communities or populations (CNA, 2017a).

Health Disparities: Differences in health status that occur among population groups defined by specific characteristics. Socio-economic status, Aboriginal identity, gender, ethnicity, and geographic location are the important factors associated with health disparities in Canada (Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security, 2004).

Health Inequities: Differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age (World Health Organization, 2017).

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

Health Promotion: Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions (World Health Organization, 2018a).

Holistic: A system of comprehensive or total patient care that considers the physical, emotional, social, economic, and spiritual needs of the person, the response to illness, and the effect of the illness to meet self-care needs (Jasemi, Valizadeh, Azmanzadeh & Keogh, 2017).

Information and Communication Technologies (ICTS): A diverse set of technological tools and resources used to communicate, and to create, disseminate, store, and manage information. They encompass all digital and analogue technologies that facilitate the capturing, processing, storage, and exchange of information via electronic communication (Canadian Association of Schools of Nursing, Canada Health Infoway, 2012).

Interpret: Health care professionals must be able to interpret diagnostic tests to develop a timely and effective treatment plan in today's complex environment (Pagana, K., Pagana, T., & Pike-MacDonald, S., 2012).

Interprofessional: Members of different healthcare disciplines working together towards common goals to meet the health care needs of the client. Work within the team is divided based on the scope of practice of each discipline included in the team. Team members share information to support one another's work and to coordinate the plan of care. Advanced or mature interprofessional teams include the client and family as key team members (Canadian Health Services Research Foundation, 2012).

Medical Assistance in Dying (MAID): The situation where a person seeks and obtains medical help to end their life. This can be achieved in one of two ways: (1) physician-assisted suicide; (2) voluntary euthanasia (Government of Canada, 2016).

Near Miss: An event with the potential for harm that did not result in harm because it did not reach the patient due to timely intervention or good fortune. The term "good catch" is a common colloquialism to indicate the just-in-time detection of a potential adverse event (Canadian Patient Safety Institute, 2009).

No Harm Incidence: A patient safety incident that reached the patient but no discernible harm resulted (Canadian Patient Safety Institute, 2009).

Nursing Informatics: Nursing informatics science and practice integrates nursing, its information and knowledge, and their management, with information and communication technologies to promote the health of people, families, and communities worldwide (Canadian Nurses Association, 2017b; Canadian Association of Schools of Nursing, Canada Health Infoway, 2012).

Organizational Culture: Member held assumptions and values about their organization that is different form one organization to the next (Sullivan, E.J., 2012).

Palliative Care: An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of pain and other problems (e.g., physical, psychosocial and spiritual) (World Health Organization, 2018b).

Plan of Care: A plan to guide nursing care that supports interprofessional practice and collaboration. Priority nursing interventions supporting each client's unique care and focused on the achievement of client centered goals provide a map that guides care (College of Registered Nurses of Nova Scotia, 2017b).

Population Health: An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health (Public Health Agency of Canada, 2012).

Positional Power: The assumed authority or influence a person holds over others by virtue of the title of his or her position (College of Registered Nurses of Nova Scotia, 2017b).

Primary Health Care: A philosophy and approach that is integral to improving the health of all people living in Canada and the effectiveness of health service delivery in all care settings. Primary health care focuses on the way services are delivered and puts the people who receive those services at the centre of care. [Essential principles include] accessibility; active public participation; health promotion and chronic disease prevention and management; use of appropriate technology and innovation; and intersectoral cooperation and collaboration. (CNA, 2015b).

Procedures: Procedures are a set of actions that are the official or accepted way of doing something (Cambridge online).

Professional Boundaries: Defining lines which separate the therapeutic behaviour of registered nurses from any behaviour which, well-intentioned or not, could reduce the benefit of care to clients. Staying within appropriate boundaries promotes safe and effective care that meets clients' needs (College of Registered Nurses of Nova Scotia, 2017; College and Association of Registered Nurses of Alberta, 2011).

Professional Presence: The demonstration of confidence, integrity, optimism, passion, and empathy, in accordance with legislation, practice standards, and ethics. This includes the registered nurses' verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of name and title (Canadian Patient Safety Institute, 2017).

Recovery-Oriented Nursing Care: A perspective that recognizes recovery as a personal process that people with mental health conditions or addictions experience to gain control, meaning and purpose in their lives. Recovery involves different things for different people and is not the same as being cured. For some, recovery means the complete absence of the symptoms of mental health conditions or addiction. For many affected people, recovery constitutes living a satisfying, hopeful, and productive life with continued limitations caused by mental health conditions or addiction (Mental Health Commission of Canada, 2015).

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, G.H., & Varcoe, C., 2007).

Research Skills: The level of "research skills" expected of entry-level RNs from BScN degrees are such things as literature searches related to practice and critical appraisal of search results (not necessarily actual research projects). All BScN programs expect students to have this skill.

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

Scope of Practice: The range of roles, functions, responsibilities, and activities which registered nurses are educated and authorized to perform (ARNNL, 2006).

Social Justice: The fair distribution of society's benefits and responsibilities and their consequences. It focuses on the relative position of one social grouping in relation to others in society as well as in root causes of disparities and what can be done to eliminate them (CNA, Code of Ethics, 2017).

Social Media: Social media can be understood as software applications (web-based and mobile) that allow for creation, engagement, and sharing of new or existing content, through messaging or video chat, texting, blogging, and other social media platforms (Bodell, S. & Hook, A., 2014).

Therapeutic Nursing Intervention: Any treatment based on clinical judgement and knowledge which a nurse performs to enhance client outcomes (Butcher, G.M., et al., 2019).

Therapeutic Relationship: A relationship the nurse establishes and maintains with a client, through the use of professional knowledge, skills and attitudes, in order to provide nursing care that is expected to contribute to the client's well-being (CNA, 2017a).

Trauma-Informed Care: Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on trauma survivors' safety, choice and control. They create a treatment culture of nonviolence, learning and collaboration. Working in a trauma-informed way does not necessarily require disclosure of trauma. Rather, services are provided in ways that recognize needs for physical and emotional safety, as well as choice and control in decisions affecting one's treatment. In trauma-informed services, there is attention in policies, practices and staff relational approaches to safety and empowerment for the service user. Safety is created in every interaction and confrontational approaches are avoided. Key principles include:

1. Trauma awareness
2. Emphasis on safety and trustworthiness
3. Opportunity for choice, collaboration and connection
4. Strengths-based and skill building

(Canadian Centre on Substance Abuse, 2014)

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