



College of **Registered Nurses**  
of Newfoundland & Labrador

**2019**

**Nurse Practitioner  
Competency Validation  
Process**

Nurse Practitioner Re-Entry

---



THIS DOCUMENT WAS APPROVED BY ARNNL COUNCIL IN JUNE, 2019

This document replaces *Validation of Nurse Practitioner Competencies Process*(2015).



## Table of Contents

NP Competency Validation Process (NPCVP) Re-Entry.....	1
Overview.....	1
Process.....	2
Theoretical Courses.....	2
Clinical Practicum.....	3
NP Licensure Examination.....	4
Self-Assessment and Individual Learning Plan.....	5
Summary.....	5
Appendix A.....	7
Appendix B.....	11



The Nurse Practitioner (NP) Competency Validation Process - Re-entry (NPCVP - Re-entry) is required for registered nurses who have completed a NP education program approved by Council but who do not meet the NP practice hour requirements for licensure under section 8(1)(b)(ii) of the *Registered Nurses Regulations (2013)* (the "*Regulations*").

## Nurse practitioner licensure

8. (1) A licence issued to a registered nurse under section 5 may include licensure to practise as a nurse practitioner where the registered nurse provides the following:
  - (a) satisfactory proof of the successful completion of a nurse practitioner examination approved by the council; and
  - (b) proof that within the 36-month period immediately preceding the application for a licence he or she
    - (i) graduated from an approved nurse practitioner education program,
    - (ii) **practised as a nurse practitioner for at least 900 hours**, or
    - (iii) successfully completed a nurse practitioner competency validation process or a nurse practitioner re-entry program approved by the council;

The registered nurse seeking NP licensure who does not have the required 900 NP practice hours in accordance with the *Regulations* shall be required to complete the NPCVP - Re-entry. The registered nurse may also be required to write one of the nurse practitioner examinations approved by Council in accordance with section 8(1)(a) of the *Regulations* (a candidate who previously wrote and passed an NP examination approved by Council is considered to have met the examination requirement under section 8(1)(a) of the *Regulations*). Through successful completion of the NPCVP - Re-entry process, registered nurses demonstrate that they have the necessary competencies to be licensed as a NP and will be eligible for NP licensure in accordance with section 8(1)(b)(iii) of the *Regulations*.

For the purposes of this document the word "candidate" will be used to reference a registered nurse, licensed in Newfoundland and Labrador, who is completing the NPCVP - Re-entry. The candidate must hold and maintain a practicing RN license with ARNNL during completion of the NPCVP - Re-entry.

## Overview

The NPCVP - Re-entry includes three components, to be completed in consecutive order:

- 1) Theoretical courses
- 2) Clinical Practicum
- 3) NP Licensure Examination (required for candidates who have not previously written an NP licensure examination)

The candidate submits the NPCVP-Re-entry Application with required documents to ARNNL for review and receives ARNNL approval prior to commencing the process. All theoretical courses must be successfully completed prior to commencing the clinical practicum. Agency/Facility approval is obtained by the candidate prior to commencing the clinical practicum. Following ARNNL's receipt of documentation validating the candidate's successful completion of the clinical practicum, the candidate will be advised of their eligibility to write the NP licensure exam, where required, and directed to ARNNL's website for information on the process to apply to write the examination.

All required theory and clinical components must be successfully completed within a **maximum of 36**



**months from the start date**<sup>1</sup>. This includes any additional time required by the candidate to complete requirements or where additional clinical hours required/completed at recommendation of a preceptor or nursing faculty. The NP examination, where required, must be written in accordance with section 9(2) of the *Regulations*.

**Take Note: Candidates applying for a NPCVP- Re-entry must comply with any university requirements/policies for admission/course registration or other requirements. ARNNL is not part of any university admission process. Further, ARNNL does not guarantee that Courses or other requirements for the NPCVP-Re-entry will be available in Newfoundland and Labrador.**

### NPCVP Process

- 1) Theoretical courses: successful completion of specific university graduate/post bachelor's level (e.g., post Bachelor of Nursing) courses:
  - (a) Applied Pathophysiology
  - (b) Pharmacotherapy and Therapeutics;
  - (c) Controlled Drugs and Substances course;
  - (d) Advanced Health Assessment (appropriate to stream of practice the candidate is seeking to re-enter (i.e., Family All Ages (FAA), Adult, Pediatric)); and
  - (e) Advanced Clinical Decision Making.

The courses must be at graduate/post bachelor (e.g., post Bachelor of Nursing) level at a university and provided to students enrolled in an approved NP program<sup>2</sup> in Canada. Courses that are provided in an entry level RN program or continuing RN education program will not be accepted (e.g., health assessment for registered nurses). Candidates must submit course name and course descriptions to ARNNL for approval prior to commencement of courses.

Consideration may be given to course(s) completed within the previous 12-month period where the course(s) is at a graduate/post BN level and designed as an entry level NP course or a course for NPs seeking re-licensure/re-entry in Canada. Course name, outline and documentation validating successful course completion must be submitted to ARNNL for review.

Documentation validating successful completion<sup>3</sup> of courses must be provided to ARNNL prior to the commencement of the required clinical practicum.

---

<sup>1</sup> The start date of the NPCVP-Re-Entry is defined as the date the candidate commences the first theoretical course.

<sup>2</sup> Approved NP Program - A Canadian NP program approved by a Canadian RN Regulatory Body for entry to practice as a Nurse Practitioner. The NP program is identified by the candidate and is not limited to the university where the candidate completed their NP education program.

<sup>3</sup> Successful completion - achievement of the grade required to pass the course as set by the university for a student enrolled in the NP program.



2) Clinical Practicum<sup>4</sup> (minimum hours – 400 hours)

The clinical settings must provide clinical experiences appropriate to the stream of practice where the candidate is seeking licensure. Candidates must reflect on the range of clinical experiences available in a particular setting as it relates to the stream of practice that they are seeking to re-enter when seeking a practicum placement. It may be necessary to arrange clinical time in multiple settings within an organization in order to meet learning requirements (e.g., candidate re-entering the Adult stream of practice may need to complete clinical hours in more than one clinical area. ARNNL will review the candidate's proposed placement location(s) and discuss with a candidate as required). Candidates Re-entering the FAA stream will be required to complete 80 of the 400 hours with the client populations/settings as specified below:

- Pediatrics Clients - 20 hours
- Obstetrical/Maternity Clients - 20 hours
- Older Adults (65+) Clients - 20 hours
- Emergency/Urgent Care Clients - 20 hours

A candidate may be required to complete additional hours in one or more of the above client populations/settings based on the preceptor evaluation or self-identified need.

Where clinical hours are required as part of one or more of the courses required under #1, these hours will be counted towards the total number of clinical practicum hours where the candidate successfully passes the course(s).

Where a candidate is completing all or a portion of clinical hours outside of a structured university course(s) (e.g., required under #1) the candidate must submit documentation to ARNNL validating that the candidate is permitted by an Agency/Facility to complete a clinical practicum within the organization. A letter (the "Preceptor Information Form") is also required from a NP or physician who meets the criteria to act as NP preceptor (See Appendix A), validating a commitment to act as a preceptor. ARNNL will forward the preceptor the *Clinical Practicum Evaluation Form* (Appendix B) on receipt of the Preceptor Information Form.

**NOTE:** *Clinical practicum hours completed as part of a university course will be evaluated via the course evaluative framework set by the Faculty/School of Nursing. In this circumstance the ARNNL Clinical Practicum Evaluation Form is not required.*

The Clinical Practicum is graded as a Pass or Fail by the Preceptor. There are two evaluation points, mid-practicum (e.g., at 200 hours) and final evaluation (e.g., at the conclusion of 400 hours). The mid-practicum evaluation with the preceptor will provide candidates feedback on their performance to date and offer suggestions for areas where they may need to improve. Additional practice opportunities to ensure that all the competency(s) can be evaluated prior to the end of the clinical practicum will be discussed and agreed upon by the candidate and preceptor. This may include extending the clinical hours beyond the minimum 400 hours. Candidates must also consult with Agency/Facility management when extending a clinical practicum, as applicable.

<sup>4</sup> Clinical practicum - ARNNL's jurisdiction with respect to regulation of RN and NP practice is within NL, candidates seeking to complete clinical hours in another jurisdiction must contact the RN regulatory body in the other jurisdiction to determine regulatory requirements to complete clinical hours in that province (e.g., requirement to hold RN licensure in the jurisdiction).



Each competency is rated as “Met”, “Unmet” or “O” (not observed) as set out in the *Clinical Practicum Evaluation Form* (Appendix B). On the final evaluation the candidate must achieve a rating of “Met” in all evaluation indicators in each competency sub-categories under “Client Care”<sup>5</sup> (e.g., A to F) to receive a Pass. A rating of “Unmet” on any of the evaluation indicators will result in the candidate receiving a Fail in the clinical practicum.

The Clinical Practicum may be terminated at any time by a preceptor where a client safety concern is validated. The preceptor shall provide written notice to ARNNL of the termination with reasons (the “Termination of Clinical Practicum Form”). ARNNL will provide a copy of this notification to the candidate.

The *Clinical Practicum Evaluation Form* **must be returned directly to ARNNL by the preceptor.** Evaluations forwarded by the candidate will not be accepted.

***NOTE: Candidates completing a clinical practicum as part of the NPCVP – Re-entry cannot independently diagnose, prescribe, order diagnostics or forms of energy (radiology) independently. Co-signature of a licensed NP or licensed physician is required.***

### ***Inconclusive Clinical Practicum Final Evaluation***

Where a candidate’s final Clinical Practicum Evaluation is inconclusive (i.e., the candidate receives “O” on one or more competency indicators; a preceptor’s comments indicate they were unable to determine a candidate competently demonstrated the NP Entry Level Competencies (ELC) following all required clinical hours (including where clinical hours have been extended); or the candidate did not achieve the minimum number of practice hours with the client populations listed at page 4, an Observed Structural Clinical Evaluation (OSCE)<sup>6</sup> will be required to further evaluate the candidate’s ability to meet specific client care competency/competencies or with a specific client population (e.g., maternity client). The OSCE will assist in making a final decision with respect to the candidate successfully meeting all required competencies of the Clinical Practicum requirement.

The ARNNL will notify the candidate of the requirement for an OSCE. The ARNNL may consult with the candidate’s preceptor or other persons (e.g., Nurse Practitioner Program faculty) in relation to the OSCE requirement. All costs associated with an OSCE are the responsibility of the candidate.

**TAKE NOTE: ARNNL does not guarantee that an OSCE will be available at a candidate’s preferred time or preferred location. The process for scheduling, availability and access to an OSCE will be governed by the policies of a University. For information of candidates, the approved NP Program in Newfoundland and Labrador offers a program for the Adult and Family All Ages streams.**

#### 4) NP Licensure Examination.

Candidates who did not write a NP licensure examination as part of the process to obtain their first NP

---

<sup>5</sup> Client Care - Client relationship building and communication; assessment; diagnosis; management; collaboration, consultation and referral; and health promotion.

<sup>6</sup> OSCE - The Observed Structured Clinical Evaluation administered to Nurse Practitioner students at the conclusion of the Nurse Practitioner program (i.e., administered following completion of all theoretical courses and clinical practicum hours).



license, following completion of the NPCVP-Re-entry, are required to write the NP licensing examination<sup>7</sup> relevant to the stream of practice that they are reentering. This is a requirement of section 8(1)(a) of the *Regulations*.

Candidates are advised to review the NP licensure examination blueprint/test in preparation for writing the NP examination. See ARNNL website for information on the approved NP licensure examinations.

**NOTE:** The candidate is responsible for any costs associated with the NPCVP - Re-entry process set out in numbers 1, 2 and 3;

## Self-Assessment and Individual Learning Plan (LP)

All candidates are encouraged as part of the NPCVP - Re-entry process to complete a self-assessment to identify their individual learning needs with respect to the NP ELCs (ARNNL does not require the candidate to submit documentation of a self-assessment). This will assist the candidate to establish individual learning goals that may be used in addition to required course work and during the clinical practicum (e.g., discussions with their preceptor).

The following is suggested:

- Review the ARNNL NP ELCs: Client Care category and self-assess ability to meet competencies (e.g., assess your strengths and areas for development this may include knowledge, application or skill development);
- Identify learning needs (for candidates required to write an NP licensure exam they may elect to identify learning needs for each NP ELC category);
- Document a Learning Plan (LP) including learning opportunities provided through required courses and those that will be sought in the clinical practicum; and
- Review LP with preceptor and others (e.g., faculty) to identify opportunities to meet learning objectives.

## NPCVP - Re-entry: Summary

The candidate will:

- Submit the NPCVP - Re-entry application and required documentation to ARNNL
  - Documentation includes:
    - Application
    - Agency/Facility letter advising ARNNL candidate permitted to complete clinical practicum within organization (required if clinical hours will be completed outside of a structured university clinical course);

---

<sup>7</sup> NP licensure examination - The NP licensure exams approved by Council are the Canadian Nurse Practitioner Examination Family All Ages (CNPE: F/AA), American Academy of Nurse Practitioners Certification Board Adult-Gerontology Nurse Practitioner Exam (AANPCB); Certified Pediatric Nurse Practitioner - Primary Care (CPNP® - PC) Exam.





- Preceptor Information Form advising ARNNL of commitment to act as the candidate's preceptor;
- Course descriptions/name(s) and name of university
- Receive approval from ARNNL prior to commencing the NPCVP-Re-entry including commencing courses or clinical placement;
- Complete theoretical courses and submit transcripts to ARNNL;
- Commence and successfully complete clinical practicum (a clinical practicum outside of a structured university course cannot commence until a candidate receives confirmation from the Agency/Facility that the candidate is authorized to complete a clinical placement in the setting(s)<sup>8</sup>). The Clinical Practicum Final Evaluation is submitted directly to ARNNL by preceptor.; and
- Receive approval from ARNNL to write NP licensure exam (where required).

---

<sup>8</sup> Candidates must adhere/practice in accordance with agency policies during clinical placements



## APPENDIX A

### NURSE PRACTITIONER COMPETENCY VALIDATION PROCESS

Criteria for Preceptors

Preceptor Information Form

Preceptor Declaration Form



## Nurse Practitioner Competency Validation Process (NPCVP) Instructions for Preceptor Selection Process

1. Candidate identifies and contacts potential preceptors(s)<sup>1</sup>
  - (a) Candidate provides preceptor a copy of the Nurse Practitioner Competency Validation Process (NPCVP) Preceptor Criteria and Declaration
  - (b) Candidate provides preceptor(s) a copy of the ARNNL Nurse Practitioner Competency Validation Process (NPCVP)
2. Candidate checks preceptor's license (i.e., completes a license search on the appropriate website.) Candidate prints a copy of the preceptor's license information and attach to the "Preceptor Information Form".
3. Candidate provides information on the preceptor information form and attaches completed form to NPCVP application.
4. Candidate arranges for return of the completed "Preceptor Criteria and Declaration Forum" to ARNNL. (registration@arnnl.ca)
5. Candidate verifies with clinical agency(s) that candidate is authorized to complete clinical placement(s) in the agencies and arranges for agency/facilities to forward a letter to ARNNL to validate this authority. *NOTE: Candidates are advised that receipt of agency approvals for clinical placements may take time. Candidates are encouraged to consider this factor in their planning and discuss anticipated timelines with appropriate persons (e.g., Agency management responsible for clinical placements, School of Nursing Faculty).*

Note: Multiple preceptor(s) maybe required particularly for a candidate in the Family All Ages (FAA) stream as clinical hours are required with different populations (e.g., pediatric, obstetric/maternity clients, older adults 65+ and emergency/urgent care). Provide information for each preceptor and corresponding clinical setting(s) as applicable.

---

<sup>1</sup> As a preceptor(s) will participate in the evaluation process, to avoid concerns of bias, a preceptor should not have a close personal or working relationship with the candidate



## Nurse Practitioner Competency Validation Process Preceptor Information Form

Candidate Name	
NP Stream of Practice (Adult, Pediatric or FAA)	
<b>Preceptor Contact Information</b>	
Name of Clinical Site/Medical Group	
Full Name of Preceptor	
Street Address	
City, Province	
Postal Code	
Office Phone	
E-mail Address	
<b>Preceptor Licensure/ Specialty Information</b>	
Specialty / NP Stream of Practice	
Preceptor License #	
Licensure Expiry Date	
<b>Clinical Setting</b> (FAA Candidate includes information for pediatrics, obstetric/maternity clients, older adults 65+ and emergency /urgent care settings)	
Clinical Setting(s) Hospital/Community Outpatient Clinic, please specify:	

NB. Adapted from Memorial University School of Nursing

Please complete for all preceptor(s) who will participate in your evaluation during clinical practicum



## Nurse Practitioner Competency Validation Process

### Preceptor Criteria and Declaration

A Nurse Practitioner (NP) preceptor is a health professional with clinical expertise and ongoing responsibility for direct client care who can assist the candidate<sup>1</sup> in developing client care competencies. Preceptors also play an important role in developing the candidate's practice and sense of professionalism.

As a preceptor(s) also participates in the evaluation process, to avoid concerns of bias, a preceptor should not have a close personal or working relationship with the candidate.

The following criteria are **required** for those health professionals participating in this process:

A preceptor:

1. Must be a NP (Masters prepared preferred), or a physician if a NP is not available.
2. Must have at least **two** years of clinical experience.
3. Must be knowledgeable regarding the requirements and expectations for oversight of NP Competency Validation candidate.
4. Must be willing to participate in the education and evaluation process (i.e., provide an independent objective evaluation and complete *NP Competency Validation Evaluation Form* and submit to ARNNL) of the candidate seeking to relicense as a NP or to change stream of NP practice.
5. Must not be the candidate's immediate supervisor at his or her place of employment or another health professional who the Nurse Practitioner has a close personal or working relationship.

Other **recommended** attributes may include:

- ability to build a workable, satisfying learner/preceptor relationship
- interest in preceptor role
- previous experience as a preceptor for NPs
- strong communication skills, highly developed diagnostic skills, patience, flexibility, ability to provide feedback in a supportive manner,
- positive and supportive attitude toward NP practice
- ability to teach through demonstration and role modeling
- ability to give positive feedback and constructive criticism
- appropriate type of practice and setting for candidate to meet process requirements
- interest in professional growth and continued learning

The following links to documents are attached for the information of preceptors

1. [Standards for Nurse Practitioner Practice in Newfoundland and Labrador](#)
2. [Entry-Level Competencies for Nurse Practitioners in Newfoundland and Labrador](#)

---

<sup>1</sup> Candidate – a registered nurse who is completing the NPCVP



## Nurse Practitioner Competency Validation Process Preceptor Signature and Declaration

I \_\_\_\_\_ declare that I have agreed to preceptor \_\_\_\_\_.  
(preceptor name) (candidate name)

for the purpose of \_\_\_\_\_ completing the required clinical placement.  
(candidate name)

Under the ARNNL Nurse Practitioner Competency Validation Process.

\_\_\_\_\_ Re-entry Nurse Practitioner Licensure; or

\_\_\_\_\_ Nurse Practitioner change of Stream.

Preceptor Name (print): \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

Licensure/Registration Number: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return completed form to [registration@arnnl.ca](mailto:registration@arnnl.ca)*



**Association of Registered Nurse of Newfoundland and Labrador  
Nursing Practitioner Competency Validation  
Process Termination of Clinical Practicum**

This document is notification to the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) of the termination of the clinical practicum, required under the ARNNL's NP Competency Validation Process,

for \_\_\_\_\_ on \_\_\_\_\_  
(candidate name) (date)

Comments/Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Clinical Practicum Commenced: \_\_\_\_\_

Total practicum hours completed: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

*Note: ARNNL will provide a copy of this notification to the candidate*

**Association of Registered Nurses of Newfoundland and Labrador****Nurse Practitioner Competency Validation Process****NPCVP – Re-Entry****Clinical Evaluation Form**

This form provides the framework to evaluate the candidate's ability to demonstrate the Nurse Practitioner Entry Level Competencies<sup>1</sup> (ELCs) in the Client Care Category and their components (sub-competencies). A minimum of 400 clinical hours of practice is required as part of the Nurse Practitioner Competency Validation Process – Re-entry.

The Clinical Practicum is graded as a Pass or Fail. The mid-practicum evaluation is a summation of performance after 50% of the clinical hours (i.e. 200 hours) has been completed. At that point, preceptors should discuss with the candidate their strengths and weakness or any areas of difficulty or concern. Candidates and preceptors may make comments and sign the form at the end of this evaluation tool. Rating levels should be assigned at mid-practicum. You may attach additional pages for comments. The final evaluation is completed on the last clinical day.

NOTE: A preceptor (physician or nurse practitioner) who is contributing to the candidate's practicum by precepting a portion of clinical hours will also use this form.

**Clinical Practicum Outcomes****PASS**

A rating of "MET" (M) in **ALL** of the evaluation indicators under the competency category "Client Care" (A, B, C, D, E & F) at the final practicum evaluation. If the competency was not observed assign the indicator "0".

**FAIL**

A rating of "UNMET" (UM) on **any** of the evaluation indicators under the competency category "Client Care" (A,B,C,D,E & F) at the final practicum evaluation.

**INCONCLUSIVE**

A rating of "0" (No opportunity to observe competency) on one or more evaluation indicators under the competency category "Client Care" (A,B,C,D,E & F) or a preceptor comments at the final practicum evaluation indicated the preceptor is unable to determine a candidate ability to demonstrate the NP ELC's following all required clinical hours (including where clinical hours have been extended).

---

<sup>1</sup> NP Entry Level Competencies (ELCs): The ELC categories are Client Care, Quality Improvement and Research, Education and Leadership. [https://www.arnnl.ca/sites/default/files/documents/RD\\_ARNNL\\_Entry-Level\\_Registered\\_Nurse\\_Competencies.pdf](https://www.arnnl.ca/sites/default/files/documents/RD_ARNNL_Entry-Level_Registered_Nurse_Competencies.pdf)



## Evaluation Key

*Please rate each competency using the following criteria.*

### Demonstrates Competence = MET (M)

The candidate demonstrates competence in a particular skill/ELC.

### Does Not Demonstrate Competence = UNMET (UM)

The candidate does not demonstrate competence in a particular skill/ELC; (i.e. needs constant or ongoing one-to-one assistance, guidance, review and/or supervision in any of these areas:

- omits task or procedure which is appropriate to client or complaint
- unsafe with clients
- unable to improve interview and physical assessment skills as expected
- does not apply knowledge base and/or lacks knowledge base for clinical management)

### Not Observed = 0

The candidate did not have opportunity to complete a particular skill/ELC or have a particular skill/ELC observed by their preceptor.

The requirement for the end of this evaluation period is that the candidate can function safely and competently demonstrate the NP entry-level competencies. The candidate will be competent at synthesizing theoretical, scientific, and contemporary clinical knowledge for the assessment and management of health and illness states. The preceptor will be utilized as a consultant, validating management plans and serving as a resource.

**Association of Registered Nurses of Newfoundland and Labrador  
NPCVP-Re-Entry**

Candidate Name: \_\_\_\_\_

Stream of Practice: \_\_\_\_\_

Date Clinical Commenced: \_\_\_\_\_

Location: \_\_\_\_\_

COMPETENCY CATEGORY			
<p><b>A. Client Relationship Building and Communication</b> The competent, entry-level nurse practitioner uses appropriate communication strategies to create a safe and therapeutic environment for client care.</p>			
Competencies Demonstrated	Mid Practicum Rating	Final Practicum Rating	Comments Provide explanation
1. Clearly articulate the role of the nurse practitioner when interacting with the client.			
2. Uses developmentally and culturally appropriate communication techniques and tools.			
3. Creates a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained.			
4. Uses relational strategies (e.g., open-ended questioning, fostering partnerships) to establish therapeutic relationships.			
5. Provides culturally safe care, integrating client's cultural beliefs and values in all client interactions.			
6. Identifies personal beliefs and values and provides unbiased care.			
7. Recognizes moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system).			
8. Documents relevant aspects of client care in client record.			

**COMPETENCY CATEGORY**

**B. Assessment**

*The competent, entry-level nurse practitioner integrates an evidence-informed knowledge base with advanced assessment skills to obtain the necessary information to identify client diagnoses, strengths, and needs.*

Competencies Demonstrated	Mid Practicum Rating	Final Practicum Rating	Comments Provide explanation
1. Establishes the reason for the client encounter <ul style="list-style-type: none"> <li>a. Reviews information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available.</li> <li>b. Performs initial observational assessment of the client's condition.</li> <li>c. Asks pertinent questions to establish the context for client encounter and chief presenting issue.</li> <li>d. Identifies urgent, emergent, and life-threatening situations.</li> <li>e. Establishes priorities of client encounter.</li> </ul>			
2. Completes relevant health history appropriate to the client's presentation <ul style="list-style-type: none"> <li>a. Collects health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescription and OTC medications, and complementary therapies.</li> <li>b. Collects relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health.</li> <li>c. Determines the client's potential risk profile or actual risk behaviors (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections).</li> <li>d. Assesses client's strengths and health promotion, illness prevention, or risk reduction needs.</li> </ul>			

**COMPETENCY CATEGORY**

<p>3. Performs assessment</p> <p>a. Based on the client's presenting condition and health history, identifies level of assessment (focused or comprehensive) required, and perform review of relevant systems.</p> <p>b. Selects relevant assessment tools and techniques to examine the client.</p> <p>c. Performs a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental level, functional ability).</p> <p>d. Assesses mental health, cognitive status, and vulnerability using relevant assessment tools.</p> <p>e. Integrates laboratory and diagnostic results with history and physical assessment findings.</p>			
--	--	--	--

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

Competencies Demonstrated	Mid Practicum Rating	Final Practicum Rating	Comments Provide explanation
<p>1. Determines differential diagnoses for acute, chronic, and life-threatening conditions.</p> <p>a. Analyzes and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination.</p> <p>b. Synthesizes assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, and health risks.</p> <p>c. Generates differential diagnoses.</p> <p>d. Informs the patient of the rationale for ordering diagnostic tests.</p> <p>e. Determines most likely diagnoses based on clinical reasoning and available evidence.</p> <p>f. Orders and/or perform screening and</p>			

**COMPETENCY CATEGORY**

<p>diagnostic investigations using best available evidence to support or rule out differential diagnoses.</p> <p>g. Assumes responsibility for follow-up of test results.</p> <p>h. Interprets the results of screening and diagnostic investigations using evidence-informed clinical reasoning.</p> <p>i. Confirms most likely diagnoses.</p>			
<p>2. Explains assessment findings and communicate diagnosis to client.</p> <p>a. Explains results of clinical investigations to client.</p> <p>b. Communicates diagnosis to client, including implications for short- and long-term outcomes and prognosis.</p> <p>c. Ascertains client understanding of information related to findings and diagnoses.</p>			

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

Competencies Demonstrated	Mid Practicum Rating	Final Practicum Rating	Comments Provide explanation
<p>1. Initiates interventions for the purpose of stabilizing the client in, urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation).</p>			
<p>2. Formulates plan of care based on diagnosis and evidence-informed practice.</p> <p>a. Determines and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, and developmental stage).</p> <p>b. Selects appropriate interventions, synthesizing information including determinants of health, evidence-informed practice, and client</p>			

COMPETENCY CATEGORY			
<p>preferences.</p> <p>c. Initiates appropriate plan of care (e.g. non-pharmacological, pharmacological, diagnostic tests, referral).</p> <p>d. Considers resource implications of therapeutic choices (e.g. cost, availability).</p>			
<p>3. Provides pharmacological interventions, treatment, or therapy</p> <p>a. Selects pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference.</p> <p>b. Counsels client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up.</p> <p>c. Completes accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements.</p> <p>d. Establishes a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response.</p> <p>e. Applies strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion.</p>			
<p>4. Provides non-pharmacological interventions, treatments, or therapies.</p> <p>a. Selects therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence informed practice, and client preference</p> <p>b. Counsels client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up.</p> <p>c. Orders required treatments (e.g., wound care, phlebotomy).</p> <p>d. Discusses and arrange follow-up.</p>			
<p>5. Performs invasive and non-invasive</p>			

**COMPETENCY CATEGORY**

<p>procedures.</p> <p>a. Informs client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up.</p> <p>b. Obtains and document informed consent from the client.</p> <p>c. Performs procedures safely using evidence-informed techniques.</p> <p>d. Reviews clinical findings, aftercare, and follow-up.</p>			
<p>6. Provides oversight of care across the continuum for clients with complex and/or chronic conditions.</p>			
<p>7. Follow up and provide ongoing management.</p> <p>a. Develop a systematic and timely process for monitoring client progress</p> <p>b. Evaluate response to plan of care in collaboration with the client</p> <p>c. Revise plan of care based on client's response and preference.</p>			

**E. Collaboration, Consultation, and Referral**

*The competent, entry-level nurse practitioner identifies when collaboration, consultation, and referral are necessary for safe, competent, and comprehensive client care.*

Competencies Demonstrated	Mid Practicum Rating	Final Practicum Rating	Comments Provide explanation
<p>1. Establishes collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care).</p>			
<p>2. Provides recommendations or relevant treatment in response to consultation requests or incoming referrals.</p>			
<p>3. Identifies need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice).</p>			
<p>4. Initiates a consultation and/or referral, specifying relevant information (e.g.,</p>			

COMPETENCY CATEGORY			
client history, assessment findings, diagnosis) and expectations.			
5. Reviews consultation and/or referral recommendations with the client and integrate into plan of care as appropriate.			
<b>F. Health Promotion</b> <i>The competent, entry-level nurse practitioner uses evidence and collaborates with community partners and other healthcare providers to optimize the health of individuals, families, communities, and populations.</i>			
Competencies Demonstrated	Mid Practicum Rating	Final Practicum Rating	Comments Provide explanation
1. Identifies individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues.			
2. Analyzes information from a variety of sources to determine population trends that have health implications.			
3. Selects and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention.			
4. Evaluates outcomes of selected health promotion strategies and revise the plan accordingly.			





**NPCVP-Re-Entry Clinical Practicum Mid-Practicum Summary:**

Total number of clinical hours: \_\_\_\_\_

Number of competencies rated "UNMET": \_\_\_\_\_

Number of competencies rated "O": \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Preceptor Signature:**

Preceptor Name (please print): \_\_\_\_\_

Registration/ Licensure #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**Candidate Signature:**

Candidate Name (please print): \_\_\_\_\_

Registration/Licensure #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**NPCVP-Re-Entry Clinical Practicum Final Practicum Summary:**

Number of competencies rated "UNMET" or less: \_\_\_\_\_

Number of competencies rated "O": \_\_\_\_\_

Clinical Practicum Final Grade: PASS \_\_\_\_\_ FAIL \_\_\_\_\_ INCONCLUSIVE \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Preceptor Signature:**

Preceptor Name (please print): \_\_\_\_\_

Registration/Licensure #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Candidate Signature:**

Candidate Name (please print): \_\_\_\_\_

Registration/Licensure #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



55 Military Road  
St. John's  
NL | Canada  
A1C 2C5  
Tel (709) 753-6040  
1 (800) 563-3200 (NL only)  
Fax (709) 753-4940  
crnnl.ca | @crnnlca