



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

THE STANDARD OF CARE.

# Competencies

for entry-level  
Registered Nurse  
practice

Revised Jan. 2014

## Table of Contents

---

<b>Introduction</b>	<b>3</b>
<b>Purpose of the document</b>	<b>3</b>
<b>Document background</b>	<b>3</b>
<b>Guiding principles</b>	<b>4</b>
<b>Definition of competency</b>	<b>4</b>
<b>Conceptual framework</b>	<b>4</b>
<b>Professional responsibility and accountability</b>	<b>5</b>
<b>Knowledge-based practice</b>	<b>6</b>
<b>Specialized Body of Knowledge</b>	<b>6</b>
<b>Competent application of knowledge</b>	<b>7</b>
<b>Ethical practice</b>	<b>9</b>
<b>Service to the public</b>	<b>9</b>
<b>Self-regulation</b>	<b>10</b>
<b>Glossary of terms</b>	<b>11</b>
<b>References</b>	<b>13</b>

### Acknowledgments

The College of Nurses of Ontario would like to thank CNO members who participated in the review and revision of this document. The College also recognizes and thanks the Jurisdictional Collaborative Process committee for the foundational work on entry-level competencies.

*Competencies for entry-level Registered Nurse practice* Pub. No. 41037

ISBN 978-1-77116-009-4

Copyright © College of Nurses of Ontario, 2014.

Commercial or for-profit redistribution of this document in part or in whole is prohibited except with the written consent of CNO. This document may be reproduced in part or in whole for personal or educational use without permission, provided that:

- Due diligence is exercised in ensuring the accuracy of the materials reproduced;
- CNO is identified as the source; and
- The reproduction is not represented as an official version of the materials reproduced, nor as having been made in affiliation with, or with the endorsement of, CNO.

First Published March 1999 as *Entry to Practice Competencies For Ontario Registered Nurses* as of January 1, 2005, Updated June 2005, Revised February 2007. Revised June 2008 from the *Jurisdictional Competency Process: Entry-level Registered Nurses*. Revised February 2009 as *National Competencies in the context of entry-level Registering Nurse practice*. Adopted for Ontario Registered Nurses *Entry-to-Practice Competencies*.

Additional copies of this booklet may be obtained by contacting CNO's Customer Service Centre at 416 928-0900 or toll-free in Ontario at 1 800 387-5526.

College of Nurses of Ontario  
101 Davenport Rd.  
Toronto ON M5R 3P1

[www.cno.org](http://www.cno.org)

## Introduction

The College of Nurses of Ontario is the regulatory body for nursing in Ontario. Through provincial government legislation (the *Nursing Act, 1991* and *Regulated Health Professions Act, 1991*), the College is accountable for public protection by ensuring that nurses in Ontario are safe, competent and ethical practitioners. The College fulfills its mandate through a variety of regulatory activities including registration; maintaining standards of nursing practice and education; enforcement of nursing standards; conducting continuing competence reviews; and establishing competencies that are required for nursing practice.

This document outlines the competencies expected of registered nurses, upon entry and ongoing registration with the College. An entry-level registered nurse is one who has graduated from an approved baccalaureate nursing education program and is registering with the College for the first time. As such, these competencies serve as the criteria against which entry-level registered nurses are measured upon initial registration with the College and entry to practice in Ontario. The competencies are also used to guide the assessment of members' continuing competence for maintaining registration with the College.

## Purpose of the document

The competencies for entry-level registered nurse practice are established for the following purposes:

**Protection of the Public:** Through government legislation (*Regulated Health Professions Act, 1991*), the College is mandated by the public to promote and ensure safe, competent and ethical nurses in Ontario.

**Practice Reference:** The competencies are used as a reference or resource to assist registered nurses to understand entry-level practice expectations and ongoing application within their professional role.

### Approval of Nursing Education Programs:

The competencies are used by the College in the evaluation of baccalaureate nursing education programs to ensure that the curriculum prepares graduates to successfully achieve professional practice standards upon entry to practice.

### Registration and Membership Requirements:

The competencies are used by the College to inform registration eligibility decisions.

**Legal Reference:** The legal definition of nursing practice included in the *Nursing Act, 1991* establishes the basis for the scope of practice in which all nurses may engage. The competencies are the expectations for registered nurses upon entry to practice in Ontario, and are used as a reference when evaluating the standard of care of registered nurses.

**Public Information:** The competencies inform the public, employers, and other health care providers about registered nursing practice, and assist with accurate expectations for registered nursing practice at the entry level.

**Continuing Competence:** In accordance with the College's Quality Assurance Program, the competencies are used by members in the annual self-assessment of their nursing practice and development of professional learning goals.

## Document background

The entry-level competencies for registered nurses were first published by the College in 2005 to align with the regulation change towards a university baccalaureate education requirement for registered nurses in Ontario. Since then, the competencies have been revised by means of the Jurisdictional Collaborative Project (JCP), as represented by 10 provincial and territorial nursing regulatory bodies across Canada, whose aim is to:

- enhance jurisdictional consistencies in entry-level competencies for registered nurses that is based on a common competencies framework
- utilize the competencies framework to support the Mutual Recognition Agreement about reciprocity of registered nurse registration within Canada
- ensure that the entry-level competencies are evidence-informed and reflect new developments in society, health care, nursing knowledge and current best practice.

The initial framework development and revision process used by the JCP are published in *Competencies in the Context of Entry-Level Registered Nurse Practice: A Collaborative Project in Canada* (Black et al., 2008). Using the results

of environmental scanning, literature reviews and simultaneous stakeholder consultation within each jurisdiction, the JCP conducted their most recent review and revision of the entry-level competencies for registered nurses in 2012. These revisions provide the foundation for revisions to this College document so as to fall in alignment with the multi-jurisdictional work of the JCP, thus aligning the competency expectations of entry-level registered nurses with other Canadian nursing jurisdictions.

## Guiding principles

The competencies for the entry-level registered nurse are based on the following guiding principles:

1. Requisite skills and abilities are required to successfully attain the entry-level registered nurse competencies. Such requisite skills and abilities are outlined in the College document titled *Requisite Skills and Abilities for Nursing Practice in Ontario*.
2. Entry-level registered nurses have a strong foundation in nursing theory, concepts and knowledge, health and sciences, humanities, research, and ethics.
3. Entry-level registered nurses are prepared at the university baccalaureate education level as generalists to enter into practice safely, competently and ethically:
  - in situations of health and illness
  - with people of all genders and across the lifespan
  - in a variety of practice settings
  - with clients who are defined as individuals, families, groups, communities and populations
4. Competencies of the entry-level registered nurse are applicable across all practice settings.
5. Entry-level registered nurses are expected to practise in a manner consistent with provincial and federal legislation that directs nursing practice, in addition to the College's standards for professional practice and ethics.
6. Entry-level registered nurses are responsible for critical reflection and assessment of their practice in relation to their ability to meet the competencies, including obtaining the necessary education in order to attain and maintain competence.
7. Entry-level registered nurses actively engage in interprofessional collaborative practice essential

for improvement in client health outcomes.

8. Entry-level registered nurses are practitioners whose level of practice, autonomy and proficiency grow through collaboration, mentoring and support from registered nurse colleagues, leadership and the interprofessional health care team.

## Definition of competency

A competency is defined as the knowledge, skill, ability and judgment required for safe and ethical nursing practice.

The competencies outlined in this document frame the entry-level practice expectations of the registered nurse. These competencies are not tasks, but are behavioural actions that require the registered nurse to utilize a depth and breadth of knowledge, skill and judgment that allow them to safely practise and competently adapt to changes in the health care environment.

Please note that anywhere in the document where examples are provided for a competency, it is intended to mean “including, but not limited to” the examples stated.

## Conceptual framework

The competencies are organized into a conceptual framework from a regulatory perspective that depicts five broad competency categories that are expected of entry-level practice for registered nurses. These competency categories are interrelated, as illustrated in Figure 1, and include, **Professional Responsibility and Accountability, Knowledge-Based Practice, Ethical Practice, Service to the Public and Self-Regulation**

Safe and ethical registered nursing practice requires the assessment, integration and performance of many competencies at the same time. It is also dependant on the specific practice context and client needs for which the competencies are to be applied. Hence, the client is central to the conceptual framework. In this document, the client is defined as the recipient of nursing services and includes the individual, family, group, community or population. The number of competencies under each competency category, and the order in which they are presented, is not an indication of priority or importance.

---

Figure 1: Conceptual framework for Organizing Competencies

---



---

### Professional responsibility and accountability

---

Consistently demonstrates professional conduct in accordance with the College's standards for nursing practice and ethics; and that the primary duty is to the client to ensure safe, competent, ethical nursing care.

#### Competencies

The entry-level registered nurse:

1. Demonstrates accountability and acceptance of responsibility for one's own actions and decisions.
2. Recognizes individual competence within legislated scope of practice and seeks support and assistance as necessary.
3. Articulates the role and responsibilities of a registered nurse as a member of the nursing and health care team.
4. Demonstrates a professional presence and models professional behaviour.
5. Consistently identifies self by first and last name, and appropriate professional designation (protected title) to clients and the health care team.
6. Displays initiative, confidence and self-awareness, and encourages collaborative interactions within the nursing and health care team, with the client as the centre of the health care team.
7. Advocates for clear and consistent roles and responsibilities within the health care team.
8. Demonstrates effective collaborative problem-solving strategies, including conflict resolution.
9. Advocates and intervenes, as needed, to ensure client safety.
10. Demonstrates critical inquiry in relation to new knowledge and technologies that change, enhance or support nursing practice.

11. Promotes current evidence-informed practices.
12. Identifies actual and potentially abusive situations and takes action to protect the client, self and others from harm.
13. Reports unsafe practice or professional misconduct of a health care provider to appropriate authorities.
14. Questions and takes action on unclear orders, decisions or actions made by other health care team members that are inconsistent with client outcomes, best practices and health safety standards.
15. Protects clients through recognizing and reporting near misses and errors (the RN's own and others) and takes action to stop and minimize harm arising from adverse events.
16. Utilizes a systems approach to patient safety and participates with others in the prevention of near misses, errors and adverse events.
17. Continuously integrates quality improvement principles and activities into nursing practice.
18. Participates in the analysis, development, implementation and evaluation of practice and policy that guide delivery of care.
19. Exercises professional judgment when using organizational policies and procedures, or when practising in the absence of organizational policies and procedures.
20. Organizes own workload and develops time-management skills for meeting responsibilities.
21. Demonstrates responsibility in completing assigned work and communicates work that is completed and not completed.
22. Fulfills the self-assessment requirements of the College's Quality Assurance Program.
23. Demonstrates professional leadership by:
  - a) building relationships and trust with clients and members of the health care team
  - b) creating healthy and culturally safe practice environments
  - c) supporting knowledge development and integration within the health care team
  - d) balancing competing nursing care values and priorities.

## **Knowledge-based practice**

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

## **Specialized Body of Knowledge**

Draws on diverse sources of knowledge and ways of knowing; including the integration of nursing knowledge from the sciences, humanities, research, ethics, spirituality, relational practice, critical inquiry and primary health care principles.

### **Competencies**

The entry-level registered nurse:

24. Demonstrates knowledge of the way in which registered nursing practice can facilitate positive client health outcomes.
25. Demonstrates a body of knowledge from nursing and other disciplines concerning current and emerging health care issues (e.g., health care needs of older adults, vulnerable and/or marginalized populations, health promotion, obesity, pain prevention and pain management, end-of-life care, addiction, mental health).
26. Demonstrates a body of knowledge in the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology and nutrition.
27. Demonstrates a body of knowledge in nursing science, social sciences, humanities and health-related research (e.g., nursing theories; leadership and change theories; communication and learning; crisis intervention; loss, grief and bereavement; systems theory; diversity; power relations)
28. Demonstrates a body of knowledge about safe and healthy work environments (e.g., ergonomics, safe work practices/techniques, prevention and management of disruptive behaviour, issues of horizontal violence or aggressive behaviour, patient safety principles).
29. Demonstrates knowledge of relational practice by utilizing relational skills as the foundation for nursing practice.
30. Demonstrates knowledge about human growth and development, role transitions and population health, including the social determinants of health.
31. Demonstrates knowledge of the role of primary health care in health delivery systems and its significance for population health.
32. Demonstrates knowledge about emerging community, population and global health

- issues and research (e.g., pandemic, mass immunizations, emergency/disaster planning, food and water safety).
33. Proactively seeks new information, knowledge and best practices for use in the provision of nursing care.
  34. Contributes to a culture that supports involvement in nursing or health research through collaboration with others in conducting, participating in and implementing research findings into practice.
  35. Demonstrates knowledge of and utilizes nursing informatics and other information and communications technology in promoting and providing safe nursing care.

## Competent application of knowledge

Demonstrates competency in the provision of nursing care. The competency statements in this section apply to the four areas of nursing care: Assessment, Planning, Implementation of Care and Evaluation. The provision of nursing care is an iterative process of critical inquiry and is not linear in nature.

### i) Ongoing Comprehensive Assessment

The entry-level registered nurse incorporates critical inquiry and relational practice to conduct a client-focused assessment that emphasizes client input and the determinants of health.

#### Competencies

The entry-level registered nurse:

36. Uses appropriate assessment tools and techniques in consultation with clients and other health care team members.
37. Facilitates client engagement in identifying their health needs, strengths, capacities and goals.
38. In collaboration with the client, conducts an assessment of physical, emotional, spiritual, cognitive, developmental, environmental, social and learning needs, including the client's beliefs about health and wellness.
39. Collects information on client status using assessment skills such as observation, interview, history taking, interpretation of data and physical assessment, including inspection, palpation, auscultation and percussion.
40. Analyzes and interprets data obtained in client assessments to draw conclusions about client health status.
41. Incorporates knowledge of the health disparities and inequities of vulnerable populations (e.g., sexual orientation, persons with disabilities, ethnic minorities, poor, homeless, racial minorities, language minorities) and the contributions of nursing practice to achieve positive health outcomes.
42. Coordinates collaboration with clients and other health care team members to identify actual and potential client health care needs, strengths, capacities and goals.
43. Documents assessment data in accordance with evidence-informed practice.
44. Uses existing health and nursing information systems to manage nursing and health care data during client care.

### ii) Collaborating with Clients to Develop Health Care Plans

The entry-level registered nurse plans nursing care in collaboration with clients, integrating 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.

#### Competencies

The entry-level registered nurse:

45. Uses critical inquiry to support professional judgment and evidence-informed decision-making to develop health care plans.
46. Uses principles of primary health and client-centred care in developing health care plans.
47. Facilitates the involvement of clients in identifying their preferred health outcomes.
48. Negotiates priorities of care and desired outcomes with clients while demonstrating an awareness of cultural safety and the influence of existing positional power relationships.
49. Anticipates potential health problems or issues for clients and their consequences and initiates appropriate planning.
50. Collaborates with other health care team members to develop health care plans that promote continuity for clients as they receive conventional, social, complementary and alternative health care.

51. Coordinates the health care team to address clients' health challenges and identify strategies for health care planning.
52. Collaborates with other health care team members or health-related sectors to assist clients in accessing resources.
53. Facilitates client ownership of direction and outcomes of care developed in their health care plans.

### iii) Providing Registered Nursing Care

The entry-level registered nurse provides holistic individualized nursing care with clients and families across the lifespan, to meet mutually agreed upon outcomes along the continuum of care.

#### Competencies

The entry-level registered nurse:

54. Utilizes knowledge of theories and frameworks relevant to health and healing as rationale for providing nursing care.
55. Provides nursing care that is based on critical inquiry and evidence-informed decision making.
56. Coordinates and provides timely nursing care for clients with various co-morbidities, complexity and rapidly changing health statuses.
57. Determines and implements preventive, therapeutic and safety strategies based on ongoing client assessments, to prevent injury and the development of client complications.
58. Applies nursing knowledge when providing care to clients with acute, chronic, and/or persistent health challenges (e.g., stroke, cardiovascular conditions, mental health and addiction, dementia, arthritis, diabetes).
59. Applies workplace health and safety principles, including bio-hazard prevention and infection control practices, and appropriate protective devices when providing nursing care to prevent harm to clients, self, other health care workers and the public.
60. Recognizes, seeks immediate assistance and helps others in a rapidly changing client condition affecting health or patient safety (e.g., myocardial infarction, surgical complications, acute health events and crises).
61. Performs therapeutic interventions safely (e.g., positioning, skin and wound care, management of intravenous therapy and drainage tubes, and psychosocial interaction).
62. Implements safe and evidence-informed medication practices.
63. Implements evidence-informed practices of pain prevention and pain management with clients while using pharmacological and non-pharmacological measures.
64. Collaborates with clients to implement learning plans that address identified client learning needs.
65. Supports clients through developmental and role transitions across the lifespan (e.g., pregnancy, infant nutrition, well-baby care, child development stages, family planning and relations, geriatric care).
66. Applies principles of population health to implement strategies that promote health and disease prevention (e.g., promoting hand washing, immunization, helmet safety, safe sex).
67. Assists clients to understand how social and lifestyle factors impact health (e.g., physical activity and exercise, sleep, nutrition, stress management, personal and community hygiene practices, family planning, high risk behaviours).
68. Works with clients and families to identify and access health and other resources in their communities (e.g., other health disciplines, community health services, rehabilitation services, support groups, home care, relaxation therapy, meditation, information resources).
69. Provides pain and symptom management, psychosocial and spiritual support, and support for significant others to meet clients' palliative care or end-of-life care needs.

### iv) Ongoing Evaluation of Client Care

The entry-level registered nurse collaborates with clients and members of the interprofessional health care team while conducting an ongoing comprehensive evaluation to inform current and future care planning.

#### Competencies

The entry-level registered nurse:

70. Utilizes a critical inquiry process to continuously monitor the effectiveness of client care.
71. Utilizes the results of outcome evaluation to modify and individualize client care.
72. Verifies that clients have an understanding of essential information and skills to be active participants in their own care.



73. Reports and documents client care and its ongoing evaluation clearly, concisely and accurately.
74. Advocates for change where optimum client care is impeded.

## Ethical practice

Demonstrates competency in professional judgment and practice decisions by applying the ethical values and responsibilities in the College's standards for ethics. The registered nurse also engages in critical inquiry to inform clinical decision-making, and establishes therapeutic, caring, and culturally safe relationships with clients and the interprofessional health care team.

### Competencies

The entry-level registered nurse:

75. Demonstrates honesty, integrity and respect in all professional interactions.
76. Identifies the effect of own values, beliefs and experiences in relationships with clients, and recognizes potential conflicts while ensuring culturally safe client care.
77. Establishes and maintains appropriate professional boundaries with clients and other health care team members, including the distinction between social interaction and therapeutic relationships.
78. Promotes a safe environment for clients, self, health care providers and the public that addresses the unique needs of clients within the context of care.
79. Provides care for clients while demonstrating respect for their health/illness status, diagnoses, life experiences, spiritual/religious/cultural beliefs and practices and health choices.
80. Demonstrates knowledge of the difference between ethical and legal considerations and their relevance when providing nursing care.
81. Ensures that informed consent is provided as it applies to multiple contexts (e.g., consent for care; refusal of treatment; release of health information; consent for participation in research).
82. Supports clients in making informed decisions about their health care.
83. Advocates for clients or their representatives, especially when they are unable to advocate for themselves.
84. Respects and preserves clients' choices based on an ethical framework.
85. Uses an ethical framework and evidence-informed decision-making process to address situations of ethical distress and dilemmas.
86. Demonstrates ethical responsibilities and legal obligations related to maintaining client privacy, confidentiality and security in all forms of communication, including social media.

## Service to the public

Demonstrates an understanding of the concept of public protection and the duty to provide and improve health care services in collaboration with clients and other members of the interprofessional health care team, stakeholders and policy makers.

### Competencies

The entry-level registered nurse:

87. Utilizes knowledge of the health care system to improve health care services at the:
  - a) national/international level
  - b) provincial/territorial level
  - c) regional/municipal level
  - d) agency level
  - e) point of care or program level
88. Recognizes the impact of organizational culture on the provision of health care and acts to promote the quality of a professional and safe practice environment.
89. Demonstrates leadership in the coordination of health care by:
  - a) advocating for client care in the client's best interest
  - b) delegating and evaluating the performance of selected health care team members in carrying out delegated nursing activities
  - c) facilitating continuity of client care
90. Participates and contributes to nursing and health care team development by:
  - a) recognizing that one's values, assumptions and positional power affects team interactions, and uses this self-awareness to facilitate team interactions
  - b) building partnerships based on respect for the unique and shared competencies of each team member
  - c) promoting interprofessional collaboration through application of principles of role

- clarification, team functioning, conflict resolution, shared problem-solving and decision-making
  - d) contributing nursing perspectives on issues being addressed by the health care team
  - e) knowing and supporting the full scope of practice of team members
  - f) providing and encouraging constructive feedback
  - g) demonstrating respect for diversity
91. Collaborates with the health care team to proactively respond to changes in the health care system by:
    - a) recognizing and analysing changes that affect one's practice and client care
    - b) developing strategies to manage changes affecting one's practice and client care
    - c) implementing changes when appropriate
    - d) evaluating the effectiveness of strategies implemented to change nursing practice
  92. Manages resources in an environmentally and fiscally responsible manner to provide effective and efficient client care.
  93. Advocates and promotes healthy public policy and social justice.
  94. Participates in emergency preparedness and disaster planning and works collaboratively with others to develop and implement plans that facilitate protection of the public.
99. Articulates the significance of continuing competence requirements within professional self-regulation.
  100. Demonstrates continuing competence and preparedness to meet regulatory requirements by:
    - (a) reflecting on one's practice and individual competence to identify learning needs
    - (b) developing a learning plan using a variety of sources (e.g., self-evaluation and peer feedback)
    - (c) seeking and using new knowledge that may enhance, support, or influence competence in practice
    - (d) 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.

## Self-regulation

Demonstrates an understanding of professional self-regulation by advocating in the public interest, developing and enhancing one's own competence, and ensuring safe practice.

### Competencies

The entry-level registered nurse:

95. Articulates the scope, authority and regulation of nursing practice as outlined by legislation (e.g. *Regulated Health Professions Act, 1991* and *Nursing Act, 1991*).
96. Practises within the scope of registered nursing practice as defined in the *Nursing Act, 1991*.
97. Articulates and differentiates between the mandates of regulatory bodies, professional associations and unions.
98. Articulates the concept and significance of fitness to practice in the context of nursing practice, self-regulation and public protection.

## Glossary of terms

**Accountability:** An obligation to the public to accept responsibility for (explain) one's actions and conduct, in accordance with legislative requirements and standards of the nursing profession. Accountability resides in a role and can never be delegated away (adapted from CNO, 2002; CRNNS, 2012).

**Adverse Event:** An event that results in unintended harm to the patient, and is related to the care and/or services provided to the patient rather than to the patient's underlying medical condition (CPSI, 2009).

**Client:** A person with whom the nurse is engaged in a therapeutic relationship. In most circumstances, the client is an individual, but the client may also include family members/and or substitute decision-makers. The client can also be a group (e.g., therapy), community (e.g., public health) or population (e.g., children with diabetes) (CNO, 2002).

**Competencies:** The integrated knowledge, skills, abilities and judgment required to practise nursing safely and ethically.

**Competent:** The demonstration of integrated knowledge, skills, abilities and judgment required to practise nursing safely and ethically.

**Individual Competence:** The nurse's independent ability to use her/his knowledge, skill, judgment, attitudes, values and beliefs to perform in a given role, situation and practice setting (adapted from CNO, 2002).

**Complementary and Alternative Therapies:** Complementary therapies are used together with conventional medical treatments, while alternative therapies are used in place of conventional medical treatments (adapted from CARNA, 2011).

**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. Effective conflict resolution requires critical reflection, diplomacy and respect for diverse perspectives, interests, skills and abilities (CRNNS, 2012).

**Continuing Competence:** The ongoing commitment of a registered nurse to integrate and apply the knowledge, skills and judgment with the attitudes, values and beliefs required to practice safely, effectively and ethically in a designated role and setting (Di Leonardi & Biel, 2012).

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

**Culture:** A dynamic process inclusive of beliefs, practices and values, and comprising multiple variables that are inseparable from historical, economic, political, gender, religious, psychological and biological conditions (adapted from ANAC, 2009).

**Cultural Safety:** Addresses power differences inherent in health service delivery and affirms, respects and fosters the cultural expression of clients. This requires nurses to reflect critically on issues of racialization, institutionalized discrimination, culturalism, and health and health care inequities, and practise in a way that affirms the culture of clients and nurses (adapted from ANAC, 2009; Browne et al., 2009; IPAC-AFMC, 2008).

**Determinants of Health:** Health of individuals is determined by a person's social and economic factors, the physical environment, and the person's individual characteristics and behaviour. The determinants are income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture (Public Health Agency of Canada, 2012a).

**Evidence-Informed Practice:** 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:** The necessary physical or mental capacity to practise competently, safely and ethically (adapted from CNA, 2008; CNO, 2009; 2013).

**Generalist:** A registered nurse prepared to practise safely, competently and ethically along the continuum of care in situations of health and illness throughout a client's lifespan.

**Global Health:** The optimal well-being of all humans from the individual and the collective perspective and is considered a fundamental human right, which should be accessible to all (CNA, 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 individuals, families, groups, populations or communities (Canadian Nurses Association, 2008).

**Information and Communication Technologies (ICT):** Encompasses all digital and analogue technologies that facilitate the capturing, processing, storage and exchange of information via electronic communication (CASN, 2012).

**Interprofessional Collaboration:** A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues (Orchard, Curran, & Kabene, as cited in the Canadian Interprofessional Health Collaborative, 2010).

**Leadership:** A relational process in which an individual seeks to influence others towards a mutually desirable goal (RNAO, 2013).

**Near Miss (also called Close Call):** 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 (CPSI, 2009).

**Nursing Informatics:** A science and practice which integrates nursing, its information and knowledge, and their management, with information and communication technologies to promote the health of people, families, and communities worldwide (CASN, 2012).

**Patient Safety:** The pursuit of the reduction and mitigation of unsafe acts within the health care system, as well as the use of best practices shown to lead to optimal patient outcomes (CPSI, 2008; 2009).

**Population Health:** An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. Action is directed at the health of an entire population or sub-population, rather than individuals (Public Health Agency of Canada, 2012b).

**Primary Health Care:** An approach to health and a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education and environment. Primary care is the element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury (Health Canada, 2012).

**Professional Boundaries:** The point at which the relationship changes from professional and therapeutic to unprofessional and personal. It defines the limits of the professional role. Crossing a boundary means that the care provider is misusing the power in the relationship to meet personal needs, rather than the needs of the client, or behaving in an unprofessional manner with the client. The misuse of power does not have to be intentional to be considered a boundary crossing (CNO, 2006; RNAO, 2006).

**Professional Practice:** The care and/or services that nurses provide to clients. Care/services is the process of working with clients to identify care needs, and to establish, implement and continually evaluate plans of care (CNO, 2002).

**Professional Presence:** The professional manner of registered nurses, how they carry themselves

and their verbal and non-verbal behaviours; respect, transparency, authenticity, honesty, empathy, integrity and confidence are some of the characteristics that demonstrate professional presence. In addition, it is demonstrated by the way nurses use language, particularly how they refer to their own professional status and that of others by using first and last name and title in their communications (adapted from Ponte, et al., 2007).

**Protected Title:** Protected titles are enshrined in legislation and used only by individuals who have met the requirements for registration/licensure within their jurisdiction. Protected titles are used by health professionals to indicate their professional designation to clients and the public (adapted from The Council for Healthcare Regulatory Excellence, 2010).

**Relational Practice:** An inquiry that is guided by conscious participation with clients using a number of relational skill 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, 2007).

**Requisite Skills and Abilities:** The necessary skills and abilities required to achieve entry-level competencies for safe, competent and ethical nursing practice (CNO, 2012).

**Safety:** Freedom from the occurrence or risk of injury, danger or loss (CPSI, 2009).

**Scope of Practice:** Roles, functions, and accountabilities that registered nurses are legislated, educated, and authorized to perform, as defined in Section 3 of the *Nursing Act, 1991*: “The practice of nursing is the promotion of health and assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.”

**Social Justice:** The fair distribution of society’s benefits and responsibilities and their consequences. It focuses on the relative position of

one social group in relation to others in society, as well as the root causes of disparities and what can be done to eliminate them (CNA, 2008).

**Systems Approach:** A framework for analysis of relationships that includes an understanding of the relationships between policies and procedures, resource allocation and work cultures (adapted from CPSI, 2009).

**Therapeutic Relationships:** A purposeful, goal-directed relationship that is directed at advancing the best interest and outcome of the client. The therapeutic relationship is grounded in an interpersonal process that occurs between the nurse and the client(s), and is based on trust, respect, empathy, professional intimacy and the appropriate use of the nurse’s inherent power. (CNO; 2013; RNAO, 2006).

## REFERENCES

- Aboriginal Nurses Association of Canada (2009). *Cultural Competence and Cultural safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing*. Ottawa: Author.
- Black, J., Allen, D., Redford, L., Muzio, L., Rushowick, B., Balaski, B., Martens, P., Crawford, M., Conlin-Saindon, K., Chapman, L., Gautreau, G., Brennan, M., Gosbee, B., Kelly, C., and Round, B. (2008). "Competencies in the context of entry-level registered nurse practice: A collaborative project in Canada." *International Nursing Review*, 55(2), 171-178.
- Browne, A.J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M.J., & Wong, S. (2009). "Cultural safety and the challenges of translating critically oriented knowledge in practice." *Nursing Philosophy*, 10, 167-179.
- Brunt, B.A. (2005). "Critical thinking in nursing: An integrated review." *The Journal of Continuing Education in Nursing*, 36(2), 60-67.
- Canadian Association of Schools of Nursing, (2012). *Nursing Informatics: Entry-to-Practice Competencies for Registered Nurses*. Ottawa: Author.
- Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Vancouver: Author.
- Canadian Nurses Association. (2008). *Code of Ethics for Registered Nurses*. Ottawa: Author.
- Canadian Nurses Association. (2009). *Position Statement: Global Health and Equity*. Ottawa: Author.
- Canadian Nurses Association. (2010). *Position Statement: Evidence-Informed Decision-Making and Nursing Practice*. Ottawa: Author.
- Canadian Patient Safety Institute (2009). *The Safety Competencies: Enhancing Patient Safety Across the Health Professions* (1st ed). Ottawa: Author.
- College and Association of Registered Nurses of Alberta. (2011). *Complementary and/or Alternative Therapy and Natural Health Products: Standards for Registered Nurses*. Edmonton: Author.
- College of Registered Nurses of Nova Scotia. (2012). *Standards of Practice for Registered Nurses*. Halifax: Author.
- College of Nurses of Ontario (2002). Practice standard: *Professional standards, revised 2002*. Toronto: Author.
- College of Nurses of Ontario (2006). Practice standard: *Therapeutic Nurse-Client Relationships, Revised 2006*. Toronto: Author.
- College of Nurses of Ontario (2009). *Incapacity: A Process Guide*. Toronto: Author.
- College of Nurses of Ontario (2012). Fact sheet: *Requisite Skills and Abilities for Nursing Practice*. Toronto: Author.
- College of Nurses of Ontario (2013). *Mandatory reporting: A process Guide for Employers, Facility Operators and Employers*. Toronto: Author.
- Di Leonardi, B.C. & Biel, M. (2012). "Moving forward with a clear definition of continuing competence." *Journal of Continuing Education in Nursing*, 43(8): 346-351.
- Doane, G. H., & Varcoe, C. (2007). "Relational practice and nursing obligations." *Advances in Nursing Science*, 30(3), 192-205.
- Health Canada. (2012). *About Primary Health Care: What is Primary Health Care?*. Retrieved on September 13, 2013, from <http://www.hc-sc.gc.ca/hcs-sss/prim/about-apropos-eng.php>.
- Indigenous Physicians Association of Canada and Association of Faculties of Medicine of Canada. (2008). *First Nations, Inuit, Métis health Core Competencies: A Curriculum Framework for Undergraduate Medical Education*. Ottawa: Authors.

- Ponte, P., Glazer, G., Dann, E., McCollum, K., Gross, A., Tyrrell, R., Branowicki, P., Noga, P., Winfrey, M., Cooley, M., Saint-Eloi, S., Hayes, c., Nicolas, P.K., and Washington, D. (2007). "The Power of professional Nursing Practice – An Essential Element of Patient and Family Centered Care." *The Online Journal of Issues in Nursing*, 12(1).
- Public Health Agency of Canada. (2012). *What Determines Health? Key determinants*. Retrieved on September 13, 2013, from [http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key\\_determinants](http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key_determinants)
- Public Health Agency of Canada. (2012). *What is the Population Health Approach?- Population Health*. Retrieved on September 13, 2013, from <http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php#What>.
- Registered Nurses Association of Ontario (2006). Best practice guideline: *Establishing Therapeutic Relationships*. Toronto: Author.
- Registered Nurses Association of Ontario (2013). Best practice guideline: *Developing and Sustaining Leadership*. Toronto: Author.
- The Council for Healthcare Regulatory Excellence. (2010). *Protecting the Public from Unregistered practitioners: Tackling Misuse of Protected Title*. London, UK: Author.



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

THE STANDARD OF CARE.

101 Davenport Rd.  
Toronto, ON  
M5R 3P1  
[www.cno.org](http://www.cno.org)  
Tel.: 416 928-0900  
Toll-free in Ontario: 1 800 387-5526  
Fax: 416 928-6507  
E-mail: [cno@cnoemail.org](mailto:cno@cnoemail.org)