

ENTRY LEVEL COMPETENCIES FOR REGISTERED NURSES IN MANITOBA

PURPOSE OF THIS DOCUMENT

From a regulatory perspective the entry-level competencies serve the primary purpose of nursing education program approval by describing what is expected of entry-level registered nurses in order to provide safe, competent, ethical nursing care in a variety of practice settings. The competencies are used in the approval of nursing education programs leading to initial registration as a registered nurse. The competencies also serve as a guide to curriculum development in entry level nursing programs and inform the public and employer of the practice expectations of entry-level registered nurses.

DEFINITION OF ENTRY LEVEL REGISTERED NURSE

A registered nurse who has graduated from a basic nursing education program and is registering on the practicing register for the first time. The College of Registered Nurses of Manitoba Fact Sheet entitled *Profile of the Newly Graduated/Entry-Level Registered Nurse* (2007) presents a profile of newly graduated/entry level registered nurse practice and expectations for the employer, other nurses and health care providers.

INTERPRETING THIS DOCUMENT

All competencies may not be applicable to every practice setting but the competencies describe the full range of competencies that the entry level nurse possesses.

ASSUMPTIONS: THE ENTRY LEVEL REGISTERED NURSE

The following assumptions were made about the preparation and practice of entry-level registered nurses:

1. Entry-level registered nurses are beginning practitioners whose ability will develop through collaboration and support from registered nurse colleagues, managers, other health care team members and employers.
2. Entry-level registered nurses are prepared to consistently practice safely, competently and ethically in situations of health and illness with people of all ages and genders in a variety of health care environments.
3. Entry-level registered nurses are prepared to consistently practice safely, competently and ethically with the following possible recipients of care: individuals, families, groups, communities, and populations.
4. The practice environment of entry-level registered nurses can be any setting or circumstance where nursing is practiced. It includes the site of activity and programs designed to meet health care needs.
5. Entry-level registered nurses enter their career with competencies that are transferable across diverse practice settings.
6. Entry-level competencies have a strong basis in nursing knowledge, health and social sciences, humanities, research and ethics.

7. Entry-level registered nurses draw on multiple ways of knowing and possess diverse knowledge required to attain proficiency over time in demonstrating the wide range of competencies in this document. Entry-level registered nurses:
- Have the theoretical knowledge required to achieve a wide range of competencies.
 - Have theoretical understanding of diverse clinical situations.
 - Have a unique experiential knowledge base which has been shaped by specific practice experiences during the educational program.
 - Refine technical and time management skills and develop proficiency with practice experience.
 - Develop greater ability to individualize assessment and make decisions with clients about care plans through experience and by reflecting on practice experiences.
 - Use a critical inquiry process as a guide for practice, decision-making and reflect upon practice experiences.
 - Are guided by theoretical knowledge regardless of the context of the situation and, with experience, are able to recognize more subtle nuances of situations.
 - Through experience, enhance their confidence and ability to understand and manage complex clinical situations.
 - Recognize the limitations of their individual experience and knowledge, and seek guidance from experienced practitioners.
 - Recognize how their position of power and privilege influences their relationships with clients.
8. Entry level nurses' experiences vary significantly during their education. Some may have limited experiences in certain practice environments and with some clients.

ENTRY-LEVEL REGISTERED NURSE COMPETENCIES

The entry-level competency statements are organized into five categories:

- Professional Responsibility and Accountability
- Knowledge-based Practice
- Ethical Practice
- Service to the Public
- Self-regulation

It is recognized that safe, competent, ethical registered nursing practice requires the integration and performance of many competencies at the same time. The order in which the categories or competency statements are presented is not an indication of importance.

*Please note that anywhere in the document where examples are provided, it is intended to mean "including but not limited to" the examples stated.

EXPECTATIONS OF THE ENTRY LEVEL REGISTERED NURSE

The following overarching competency statement applies to all categories of competency statements. Therefore it is placed on its own at the outset because of its essential and overriding importance. This competency statement highlights the multiple professional, ethical, and legal sources of knowledge required for safe, competent, ethical registered nursing practice.

The entry-level registered nurse is expected to practice according to the following:

- College of Registered Nurses of Manitoba (CRNM) *Standards of Practice for Registered Nurses*;
- Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses*;
- Scope of practice as documented in the Registered Nurses Act;
- College of Registered Nurses of Manitoba *Professional Boundaries for Therapeutic Relationships*; and
- Common law, provincial and federal legislation that directs practice.

PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Demonstrates professional conduct; practices in accordance with the *Standards of Practice for Registered Nurses in Manitoba* as determined by the College of Registered Nurses of Manitoba and the practice setting expectations; and demonstrates that the primary duty is to the client to ensure consistently safe, competent, ethical registered nursing care.

Competencies: Professional Responsibility and Accountability

1. Is accountable and accepts responsibility for own actions and decisions, including personal safety.
2. Recognizes limitations of practice and seeks assistance as necessary.
3. Articulates the role and responsibilities of a registered nurse as a member of the health care team.
4. Demonstrates leadership in providing client care by promoting healthy and culturally safe work environments.
5. Displays initiative, a beginning confidence, self awareness, and encourages collaborative interactions within the nursing and health care team.
6. Demonstrates critical inquiry processes in relation to new knowledge and technologies that change, enhance or support nursing practice.
7. Exercises professional judgment when using agency policies and procedures, or when practicing in the absence of agency policies and procedures.
8. Organizes own workload and develops time-management skills for meeting responsibilities.
9. Demonstrates responsibility in completing assigned work and communicating about work completed and not completed.
10. Uses basic conflict resolution strategies in which situations of conflict are transformed into healthier interpersonal interactions.
11. Understands the concept of duty to report unsafe practice in the context of professional self-regulation.
12. Protects clients through recognizing and reporting unsafe practices when client or staff safety and well-being are potentially or actually compromised.
13. Questions as necessary and is prepared to challenge and take action on questionable orders, decisions or actions made by other health care team members.
14. Questions, recognizes and reports near misses, errors (own and others) and takes action to minimize harm arising from adverse events.
15. Identifies, reports, and takes action on actual and potential safety risks to clients, themselves or others.
16. Participates in the analysis, development, implementation and evaluation of clinical practices and policies that guide delivery of care.
17. Integrates quality improvement principles and activities into nursing practice.
18. Participates in a variety of professional activities related to registered nursing practice.

KNOWLEDGE-BASED PRACTICE

This 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, which includes the integration of nursing knowledge and critical inquiry along with knowledge from the sciences, humanities, research, ethics, and relational practice.

Competencies: Specialized Body of Knowledge

19. Has a knowledge base from nursing which is informed by other disciplines concerning current health care issues, (e.g. the health care needs of older people, aboriginal health, health promotion, pain prevention and management, end-of-life care, addictions, blood born pathogens, persons with disabilities and traumatic stress syndrome).
20. Has a knowledge base about human growth, development and role transitions for people of all ages and genders, especially how these impact various states of health and wellness.
21. Has a knowledge base in the health sciences including physiology, pathophysiology, pharmacology, microbiology, epidemiology, genetics, immunology and nutrition.

22. Has a knowledge base about workplace health and safety including body mechanics, safe work practices, prevention and management of aggressive or violent behaviour.
23. Has a knowledge base concerning the growth and development of groups and/or communities, and population health perspectives.
24. Has a theoretical and practical knowledge of relational practice and understands that relational practice is the foundation for all nursing practice.
25. Has a knowledge base in social sciences, the humanities, and health-related research, (e.g. culture, power relations, spirituality, philosophical and ethical reasoning).
26. Demonstrates awareness about emerging community disasters and global health issues.
27. Demonstrates knowledge of population health research and theory, (e.g. pandemic, emergency/disaster planning and food and water safety).
28. Knows how and where to find evidence to support the provision of safe, competent, ethical nursing care.
29. Knows how and where to find evidence to ensure personal safety and safety of other health care workers.
30. Understands the role of primary health care in health delivery systems and its significance for population health.
31. Understands the significance of nursing informatics and other information communications technology used in health care.
32. Engages in nursing or health research by reading and critiquing research reports and identifying research issues.
33. Supports involvement in nursing or health research through collaboration with others in conducting research, participating in research, and implementing research findings into practice.

COMPETENT APPLICATION OF KNOWLEDGE

Demonstrates competence in the provision of nursing care.

The competency statements in this section are grouped into four areas and while linear in nature, the actuality of providing nursing care reflects a critical inquiry process that embraces all competency statements.

AREA 1) ON-GOING HOLISTIC ASSESSMENT

Incorporates critical inquiry and relational process to conduct an organized and comprehensive assessment that emphasizes client input and the determinants of health.

Competencies: On-going Holistic Assessment

34. Uses appropriate assessment tools and techniques in consultation with clients and other health care team members.
35. Engages clients in an assessment of the following: physical, emotional, spiritual, cognitive, developmental, environmental, social, and information or learning needs, along with their meaning of health.
36. Collects information on client status using assessment skills of observation, interview, history taking, interpretation of laboratory data, mental status assessment and physical assessment, including inspection, palpation, auscultation and percussion.
37. Uses anticipatory planning to guide an on-going assessment of client health status and health care needs.
38. Analyzes and interprets data obtained in client assessments to draw conclusions about client health status and make a nursing diagnosis where appropriate.
39. Articulates the potential that personal values, beliefs and positional power can influence or bias client assessment and care.
40. Engages clients in identifying their health needs, strengths, capacities and goals, (e.g. the use of community development and empowerment principles, networking strategies, understanding of relational power, and community capacity assessment).
41. Collaborates with other health care team members to identify actual and potential client health care needs, strengths, capacities and goals.
42. Completes assessment in a timely manner.
43. Completes assessment in accordance with agency policies and protocols.
44. Uses existing health and nursing information systems to manage nursing and health care data during client care.

AREA II) COLLABORATES WITH CLIENTS TO DEVELOP PLANS OF CARE

Within the context of critical inquiry, relational and caring approaches, plans nursing care appropriate for clients which draws on knowledge from nursing, health sciences and other related disciplines as well as knowledge from practice experiences; clients' knowledge and preferences; and factors within the health care setting, including client and staff safety.

Competencies: Collaborates With Clients to Develop Plans of Care

45. Uses a critical inquiry process to support professional judgment and reasoned decision-making to develop plans of care.
46. Uses principles of primary health care in developing plans of care.
47. Facilitates the appropriate involvement of clients in identifying their preferred health outcomes.
48. Negotiates priorities of care with clients while demonstrating an awareness of the influence of existing positional power relationships.
49. Anticipates potential health problems or issues and their consequences for clients.
50. Anticipates potential staff safety concerns and initiates appropriate action.
51. Explores and develops a range of possible alternatives and approaches for care with clients.
52. Facilitates client ownership of plans of care.
53. Develops plans of care with other health care team members to promote continuity for clients as they receive conventional and complementary health care.
54. Collaborates to determine when consultation is required with other team members or health related sectors and assists clients to access resources available.
55. Consults with other health care team members as needed to analyze complex health challenges into manageable components for health care planning.

AREA III) PROVIDES REGISTERED NURSING CARE WITH CLIENTS

Within the context of critical inquiry, relational and caring approaches, uses multiple sources of knowledge (knowledge from nursing science, health sciences, other related disciplines, practice knowledge, clients' knowledge and preferences, and factors within the health care setting) to consistently provide individualized nursing care for people of all ages and genders in situations related to:

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

Competencies: Provides Registered Nursing Care With Clients

56. Provides nursing care that is informed by a variety of theories relevant to health and healing (e.g. nursing theories, family theories, communication and learning theories, systems theory, cultural theories, community development, population health theories).
57. Incorporates evidence from research, clinical practice, client preference, staff safety and other available resources to make decisions about client care.
58. Offers culturally safe nursing care.
59. Supports clients through developmental and role transitions from birth to death.
60. Manages multiple nursing interventions for clients with co-morbidities, complex, and rapidly changing health status.
61. Applies knowledge consistently when providing care for physiological needs to prevent development of complications (e.g. optimal ventilation and respiration, circulation, fluid and electrolyte imbalance, nutrition, urinary elimination, bowel elimination, body alignment, mobility, tissue integrity, comfort, sensory stimulation).
62. Recognizes, seeks immediate assistance, and helps others in a rapidly changing situation that could affect client health or safety, (e.g. in situations of myocardial infarction, surgical complications, acute neurological event, shock, anaphylactic shock, acute respiratory event, cardiopulmonary arrest, perinatal crisis, premature birth, diabetes crisis, mental health crisis, and trauma).

63. Applies principles of population health by collaborating to implement strategies to prevent illness and injury (e.g. immunization, communicable disease control measures, strategies to prevent violence, abuse, neglect, addictive behaviours, risks of mental health problems).
64. Collaborates with clients to achieve mutually agreed upon health outcomes within the context of care.
65. Assists and supports clients to make informed choices based on life circumstances and draw on personal strength and resources to modify practices for self-care and health promotion.
66. Assists clients to understand the link between health promotion strategies and health outcomes (e.g. physical activity and exercise, nutrition, stress management strategies, personal or community hygiene practices, family planning, sexual activity, community development).
67. Develops and implements learning plans to meet identified client learning needs.
68. Assists clients to identify and access health and other resources in their communities (e.g. other health disciplines, community health services, support groups, home care, relaxation therapy, meditation, and information resources).
69. Provides supportive care to clients with chronic and persistent health challenges (e.g. mental health/addictions, dementia, cardiovascular conditions and diabetes).
70. Consistently applies safety principles, evidence-informed practices and appropriate protective devices when providing nursing care to prevent injury to clients, self, and other health care workers.
71. Implements preventive and therapeutic interventions related to the safe and appropriate use of medication.
72. Manages therapeutic interventions safely (e.g. medications, positioning, managing intravenous therapies, drainage tubes, skin and wound care).
73. Applies evidence-informed practices of pain prevention and management with clients in various states of health and illness using pharmacological and non-pharmacological measures.

74. Prepares the client for diagnostic procedures and treatments; performs procedures and interprets findings and provides follow-up care as appropriate.
75. Provides nursing care to meet hospice, palliative or end-of-life care needs (e.g. symptom control, spiritual care, advocacy, support for clients, and significant others).

AREA IV) ON-GOING EVALUATION OF CLIENT CARE

Collaborates with clients and members of the health care team while conducting an on-going organized and comprehensive evaluation to inform future care planning.

Competencies: On-Going Evaluation of Client Care

76. Uses a critical inquiry process to evaluate client care in a timely manner.
77. Monitors the effectiveness of client care in collaboration and consultation with individuals, families, groups and communities, and other members of the health care team.
78. Modifies and individualizes client care based on the emerging priorities of the health situation, and in collaboration with clients and other members of the health care team.
79. Verifies that clients have and understand essential information and skills.
80. Reports and documents client care and its ongoing evaluation in a clear, concise, accurate and timely manner.

ETHICAL PRACTICE

Demonstrates competence in professional judgments and practice decisions by applying the principles implied in the *Code of Ethics for Registered Nurses* and by utilizing knowledge from many sources. Engages in a critical inquiry process to inform clinical decision-making and establishes therapeutic, caring, and culturally safe relationships with clients and health care team members based on appropriate relational boundaries and respect.

Competencies: Ethical Practice

81. Establishes and maintains a caring environment that supports clients to achieve optimal health outcomes, goals to manage illness, or a peaceful death.

82. Identifies effects of own values, beliefs and experiences concerning relationships with clients, and uses this self-awareness to support offering culturally safe client care.
83. Establishes and maintains appropriate boundaries with clients and other team members, including maintaining the distinction between social interaction and professional relationships.
84. Engages in relational practice with clients through a variety of approaches that demonstrates caring behaviours appropriate for clients (e.g. speech, touch, active listening, reflecting, empathy, disclosure, confrontation, counselling).
85. Promotes an environment for clients, themselves, and other health care workers that addresses the unique needs of clients while ensuring safety within the context of care.
86. Takes into consideration the spiritual and religious beliefs and practices of clients.
87. Demonstrates knowledge of the distinction between ethical and legal rights and their relevance when providing nursing care.
88. Respects and preserves client rights based on the *CNA Code of Ethics* (e.g. the right to safe, competent and ethical care; health and well-being; choice; dignity; confidentiality; and justice).
89. Demonstrates an understanding of informed consent as it applies in multiple contexts (e.g. consent for care; refusal of treatment; release of health information; and consent for participation in research).
90. Uses a principled ethical reasoning and decision-making process to address situations of ethical distress and dilemmas.
91. Accepts and provides care for all clients respectful of diverse health/illness status or diagnosis; or experiences, beliefs, and health practices.
92. Supports clients in making informed decisions about their health care, and then respects those decisions.
93. Advocates for clients or their representatives especially when they are unable to advocate for themselves.
94. Demonstrates an understanding of and respect for the confidentiality of health information and maintains client confidentiality in all forms of communication: written, oral, and electronic.
95. Uses relational knowledge and ethical principles when working with students and other health care team members to maximize collaborative client care.

SERVICE TO THE PUBLIC

Understands the concept of public protection and the duty to practice registered nursing in collaboration with clients and other members of the health care team to provide and improve health care services in the best interests of the public.

Competencies: Service to the Public

96. Enacts the principle that the primary purpose of the registered nurse is to practice in the best interests of the public and to protect the public from harm.
97. Demonstrates basic knowledge about the structure of the health care system at the:
 - a) national/international level;
 - b) provincial/territorial level;
 - c) regional/municipal level;
 - d) agency level; and
 - e) clinical practice or program level.
98. Demonstrates awareness of the impact of organizational culture on the provision of health care and acts to enhance the presence of a culturally safe practice environment.
99. Collaborates with all members of the health care team to facilitate:
 - a) assignment and monitoring of appropriate workloads to selected health care team members;
 - b) delegation to and on-going monitoring of the performance of delegated nursing activities by selected health care team members including unregulated health care providers;
 - c) maintenance of professional boundary and accountability for decisions concerning selected team members; and
 - d) direction and coordination for selected team members in emergency situations.
100. Participates and contributes to nursing and health care team development by:
 - a) building partnerships with health care team members based on respect for the unique and shared competencies of each member;

- b) recognizing that their values, assumptions and positional power affects team interactions, and uses this self-awareness to facilitate team interactions;
 - c) contributing nursing perspectives on issues being addressed by other health care team members;
 - d) knowing and supporting the full scope of practice of various team members;
 - e) using appropriate channels of communication;
 - f) providing and encouraging constructive feedback amongst team members; and
 - g) demonstrating respect for diversity and viewing difference as an opportunity to learn.
101. Collaborates with health care team members to respond to changes in the health care system by:
 - a) recognizing and analysing changes that affect own practice and client care;
 - b) developing strategies to manage changes affecting one's practice and client care;
 - c) implementing changes developed by others when appropriate; and
 - d) evaluating effectiveness of strategies implemented to change nursing practice.
 102. Uses established communication protocols within and across health care agencies, and with other service sectors.
 103. Uses safety measures to protect self and colleagues from injury or potentially abusive situations (e.g. aggressive clients, appropriate disposal of sharps, lifting devices, low staffing levels, increasing workload and acuity of care).
 104. Manages physical resources to provide effective and efficient care (e.g. equipment, supplies, medication, linen).
 105. Uses health care resources appropriately to ensure a culture of safety (e.g. patient lifting devices, safer sharps).
 106. Supports professional efforts in nursing to achieve a healthier society (e.g. lobbying, conducting health fairs, and promoting principles of the Canada Health Act).
 107. Demonstrates awareness of healthy public policy and social justice.
 108. Demonstrates understanding that policies can influence attitudes, beliefs, and practices of health care providers, who must be advocates for access to health care resources.

109. Demonstrates an awareness of emergency preparedness planning and works collaboratively with others to develop and implement plans to facilitate protection of the public.

SELF-REGULATION

Demonstrates an understanding of professional self-regulation by developing and enhancing own competence, ensuring consistently safe practice, and ensuring and maintaining own fitness to practice.

Competencies: Professional Self-Regulation

110. Demonstrates understanding of the mandates of regulatory bodies, professional associations and unions.
111. Demonstrates knowledge of the registered nursing profession as a self-regulating and autonomous, profession mandated by provincial/territorial legislation to protect the public.
112. Distinguishes between the legislated scope of practice for the registered nursing profession and the registered nurses' individual scope of practice based on own level of competence.
113. Demonstrates self-regulation by assessing one's level of competence for safe, ethical practice in a particular context, and practices safely within the parameters of their own level of competence and legislated scope of practice.
114. Demonstrates understanding of the significance of the concept of fitness to practice in the context of individual self-regulation and public protection.
115. Identifies and implements activities that maintain one's fitness to practice.
116. Develops support networks with RN colleagues, other care team members, and community supports.
117. Demonstrates understanding of the concept of continuing competence, its role in self-regulation at the individual and professional levels and its significance for public protection.
118. Demonstrates continuing competence by:
 - a) committing to life-long learning;
 - b) assessing one's practice to identify individual learning needs;
 - c) obtaining feedback from peers and other sources to augment one's assessment and develop a learning plan;
 - d) seeking and using new knowledge that may enhance, support or influence competency in practice;

- e) implementing and evaluating the effectiveness of one's learning plan and developing future learning plans to maintain and enhance one's competence as a registered nurse; and
- f) meeting regulatory requirements for continuing competence.

GLOSSARY OF TERMS

Accountability: The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties (Ellis & Hartley, 2005).

Adverse Event: An unintended injury or complication that results in disability at the time of discharge, death or prolonged hospital stay, and that is caused by health care management rather than by the patient's underlying disease process (Baker et al., 2004; CRNBC 2005c).

Approval of Nursing Education Program: The mandatory and legal assessment and approval or recognition of a registered nurse education program by the provincial or territorial regulatory body. The program review is for the purpose of establishing the eligibility of program graduates to proceed in the registration process with the provincial or territorial regulatory body.

Boundary: Professional boundaries are the defining lines which separate the therapeutic behavior of a registered nurse from any behavior which, well-intentioned or not, could reduce the benefit of nursing care to clients, families and communities (CRNNS, 2002).

Client: Individuals, families, groups, entire communities who require nursing expertise. In some clinical settings, the client may be referred to as a patient or resident (CRNBC, 2005a).

Community: An organized group of persons bound together by ties of social, ethnic, cultural, occupational origin or geographic location (Canadian Public Health Association, as cited in CNA, 2004).

Competence: The ability of a registered nurse to integrate and apply the knowledge, skills, judgments,

and personal attributes required to practice safely and ethically in a designated role and setting. Personal attributes include but are not limited to attitudes, values and beliefs (NANB, 1998).

Conflict Resolution: The various ways in which people or institutions deal with social conflict; it is based on the belief that conflict is valued and valuable and moves through predictable phases in which relationships and social organizations are transformed and that conflict has the potential to change parties' perceptions of self and others. Transformative effects of conflict should be channelled toward producing positive systematic change and growth. Conflict transformation begins before there is conflict in a group by practicing critical reflection and practicing ways of valuing diverse perspectives, interests and talents (Barsky as cited in Hibberd, Valentine & Clark, 2006; Chinn, 2004; Lederach, 1995).

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, 2005).

Culture: Includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability (New Zealand Nurses Organization, 1995).

Cultural Safety: A manner that affirms, respects and fosters the cultural expression of clients. This usually requires registered nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practice in a way that affirms the culture of clients and registered nurses. Unsafe cultural practice is any action which demeans, diminishes or disempowers the cultural identity and well being of people. Cultural safety addresses power relationships between the service provider and the people who use the service (Papps & Ramsden, 1996; Smye & Browne, 2002).

Delegation: The act of transferring to a competent individual the authority to perform a selected nursing task in a selected situation, while the registered nurse retains accountability for the delegated task.

Determinants of Health: At every stage of life, health is determined by complex interactions among social and economic factors, the physical environment, and individual behaviour. These factors are referred to as determinants of health. They do not exist in isolation from each other. These determinants, in combination, influence health status. The key determinants are income and social status, social support networks, education, employment or working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture (CNA, 2004).

Evidence-Informed Practice: Practice which is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (CRNBC, 2005d; 2005e, CHSRF, 2005).

Fitness to Practice: All the qualities and capabilities of an individual relevant to his or her capacity to practice as a registered nurse, including, but not limited to, freedom from any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practice nursing (CRNBC, 2006).

Health Care Team: Clients, families, health care professionals, paraprofessionals, students, volunteers and others who may be involved in providing care (CRNBC, 2005a).

Leadership: Process of influencing people to accomplish common goals. The attributes of leadership include self-awareness, commitment to individual growth, ethical values and beliefs, presence, reflection and foresight, advocacy, integrity, intellectual energy, being involved, being open to new ideas, having confidence in one's own capabilities and a willingness to make an effort to guide and motivate others. Leadership is not limited to formal leadership roles (CRNNS, 2004).

Population: All people sharing a common health issue, problem, or characteristic. These people may or may not come together as a group (CNA, 2004).

Primary Health Care: Primary health care (PHC) is essential health care (promotive, preventive, curative, rehabilitative, and supportive) that focuses on preventing illness and promoting health with optimal individual and community involvement. It is both a philosophy and an approach that provides a framework for health care delivery systems. The five principles of PHC are accessibility, public participation, health promotion, appropriate technology, and inter-sectorial collaboration (CNA, 2004; WHO, 1978).

Relational Practice: An inquiry that is guided by conscious participation with clients using a number of relational skills including listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection and a sensitivity to emotional contexts. Relational practice encompasses therapeutic nurse client relationships and relationships among health care providers (Doane & Varcoe, 2005; Fletcher, 1999).

Safety: The reduction and mitigation of unsafe acts within the health care system, and refers to both staff and patient safety. Staff safety includes but is not limited to, prevention of musculoskeletal injury, prevention and management of aggressive behaviour, and infection control. Patient safety is the state of continuously working toward the avoidance, management and treatment of unsafe acts. Patient and staff safety can only occur within a supportive and non-blaming environment that looks at systems issues rather than blame individuals. The health and well-being of all clients and staff is a priority in a culture of safety environment (CRNBC, 2005b; CRNBC, 2005c; National Steering Committee for Patient Safety, 2003; Nicklin, et al. 2004).

Scope of Practice: Activities that registered nurses are educated and authorized to perform as set out in jurisdictional legislation.

Spirituality: Values, beliefs, practices and concerns about meaning and purpose in life.

Therapeutic Relationship: A relationship that is professional and therapeutic, and ensures the client's needs are first and foremost. The relationship is based on trust, respect, and intimacy, and requires the appropriate use of the power inherent in the care provider's role. The professional relationship between registered nurses and their clients is based on a recognition that clients (or their alternative decision-makers) are in the best position to make decisions about their own lives when they are active and informed participants in the decision making process (College of Nurses of Ontario, 2004; RNABC, 2000).

Unregulated Care Provider: Paid providers who are neither registered nor licensed by a regulatory body. They have no legally defined scope of practice. Unregulated care providers do not have mandatory education or practice standards. Unregulated care providers include, but are not limited to, resident care attendants, home support workers, mental health workers, teaching assistants and community health representatives (CRNBC, 2005f).

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*For more information, please contact a Nursing Practice Consultant at
(204) 774-3477 or (800) 665-2027 (Manitoba toll-free).*

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