

**Canadian Practical Nurse
Registration Examination
Blueprint**

Effective January 2007



*Assessment Strategies
Stratégies en évaluation*

Developed by Assessment Strategies Inc. All rights reserved. No part of this document may be reproduced, stored in a retrieval system, or transcribed, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without written permission of the publisher.



Assessment Strategies
Stratégies en évaluation

© Assessment Strategies Inc.
1400 Blair Place, Suite 210
Ottawa ON K1J 9B8
Tel: (613) 237-0241 or 1-888-900-0005
Fax: (613) 237-6684
E-mail: corporate@ASInc.ca
Web site: www.ASInc.ca

Assessment Strategies Inc. would like to thank the members of the CPNRE Competency Review Committee, the Blueprint Committee, and the Client Advisory Group for their contribution to the development of this document.

CPNRE Competency Review Committee

Rita McGregor	Alberta
Barbara Neeve	British Columbia
Pat MacDonald	Manitoba
Wayne Brown	New Brunswick
Janice O'Neill	Newfoundland and Labrador
Matthew Nimegeers	Northwest Territories
Betty Cutcliffe	Nova Scotia
Sandra Brewer	Ontario
Rachel Matheson	Prince Edward Island
Tanny Herman	Saskatchewan
Colleen Kelly	Yukon

CPNRE Blueprint Committee

Pam Lammiman	Alberta
Janice Joyce	British Columbia
Sylvia Ptashnik	Manitoba
Deborah O'Brian	New Brunswick
Ann Marie Tracey	Newfoundland and Labrador
Rebecca Getzinger	Northwest Territories
Linda Sibley	Nova Scotia
Barbara O'Neil	Ontario
Muriel Steele	Prince Edward Island
Cindy Kuster-Orban	Saskatchewan
Karen Gilbert	Yukon

CPNRE Client Advisory Group

Pat Fredrickson	Alberta
Gordon MacDonald	British Columbia
Verna Holgate	Manitoba
Kevin Symes	New Brunswick
Paul Fisher	Newfoundland and Labrador
Jeannette Hall	Northwest Territories
Ann Mann	Nova Scotia
Kathie Conlin-Saindon	Ontario
Genevieve Poole	Prince Edward Island
Chris Bailey	Saskatchewan
Janet Zral	Yukon

TABLE OF CONTENTS

PREFACE	iii
INTRODUCTION	1
UNDERSTANDING COMPETENCIES	2
TECHNICAL SPECIFICATIONS	3
1. Developing the Set of Competencies	3
2. Assumptions.....	4
3. Competency Framework.....	5
4. Sampling of Competencies by Importance and Frequency	6
GUIDELINES.....	7
Structural Variables.....	7
1. Examination Length and Format	7
2. Setting the Standard	7
3. Test Equating	7
4. Question Presentation	8
5. Cognitive Levels	8
Contextual Variables.....	9
1. Client Type.....	9
2. Client Age and Gender.....	9
3. Client Culture.....	9
4. Client Health Situation.....	10
5. Health Care Environment	10
CONCLUSION.....	11
GLOSSARY	12
APPENDIX A: REGULATORY AUTHORITIES	14
APPENDIX B: DEVELOPMENT AND ADMINISTRATION	16
APPENDIX C: LIST OF COMPETENCIES	18
APPENDIX D: COMPETENCIES BY GROUP	24
APPENDIX E: SUMMARY CHART GUIDELINES	34



LIST OF TABLES

TABLE 1.	CPNRE WEIGHTINGS BY COMPETENCY FRAMEWORK CATEGORY	5
TABLE 2.	COMPETENCY GROUPINGS FOR THE CPNRE	6
TABLE 3.	WEIGHT BY GROUPS: COMPETENCY SAMPLING FOR THE CPNRE	6
TABLE 4.	DISTRIBUTION OF QUESTIONS BY COGNITIVE LEVEL	8
TABLE 5.	DISTRIBUTION OF CLIENT AGE AND GENDER	9

LIST OF FIGURES

FIGURE 1.	COMPETENCIES ASSESSED BY THE CPNRE.....	2
-----------	---	---



Assessment Strategies Inc. (ASI) is pleased to present the *Canadian Practical Nurse Registration Examination Blueprint*¹. Beginning in January 2007, this document replaces the previous document entitled *Blueprint for the Canadian Practical Nurse Registration Examination* (2001).

The need for a new Blueprint arose from a comprehensive review of entry-level competencies required of practical nurses beginning to practise in the year 2007. Administration of the first examination developed from the new Blueprint is targeted for January 2007. For examinations administered before this date, the 2001 edition of the Blueprint applies.

The Blueprint was developed by the *Canadian Practical Nurse Registration Examination* (CPNRE) Blueprint Committee. This group was comprised of representatives from all provincial/territorial regulatory authorities that administer the examination, as well as from the areas of practice and education. This committee created the Blueprint to guide those involved in the development of the *Canadian Practical Nurse Registration Examination* and to provide the public with practical information about the examination. The decisions of the committee were guided by the competencies, definitions, assumptions, and results of a national validation survey entitled *The Canadian Practical Nurse Registration Examination Competency Review Project: A national assessment of the entry-level competencies for practical nurses beginning to practise in the year 2007*.

ASI wishes to thank all the practical nurses and other health care professionals who have contributed to the creation of this Blueprint. In particular, thanks are extended to the following: the regulatory authorities; the CPNRE Competency Review Committee; the practical nurses and the educators and administrators of practical nurses across Canada who responded to the competency validation survey; the CPNRE Blueprint Committee; the CPNRE Examination Committee; and, finally, the Client Advisory Group for the CPNRE.

As part of the process to ensure the continued validity of the CPNRE, a comprehensive review of the *Canadian Practical Nurse Registration Examination Blueprint* (2007) is planned for 2010. In addition, the Blueprint will be evaluated annually to reaffirm that the competencies and the guidelines for examination development continue to reflect what is expected of an entry-level practical nurse beginning to practise.

ASI encourages all users of this document to provide feedback that may be useful in future revisions of the Blueprint. Please forward all such comments to the address presented on the inside cover of this document.

¹ The term Practical Nurse used in this document refers to Licensed Practical Nurse and Registered Practical Nurse. For the purpose of this document, the term nurse includes Licensed Practical Nurses, Registered Practical Nurse, Registered Nurse, and Registered Psychiatric Nurse.



INTRODUCTION

Each province and territory is responsible for ensuring that graduates of practical nursing programs in Canada, and practical nurses educated in other countries, applying for registration as a practical nurse meet an acceptable level of competence before they begin to practise. This level of competence is measured, in part, by the *Canadian Practical Nurse Registration Examination* (CPNRE) administered by the provincial and territorial regulatory authorities (see Appendix A for contact information). Assessment Strategies Inc. (ASI), produces the CPNRE by working in collaboration with practical nurses as well as educators and administrators of practical nurses from across Canada who serve as the content experts in developing and validating the CPNRE on behalf of the regulatory authorities. An overview of the development and administration process for the CPNRE is presented in Appendix B.

The complexity of this process reflects that registration examinations have a well-defined purpose: to protect the public by ensuring that registered professionals possess sufficient knowledge and skills to perform important occupational activities safely and effectively. In the case of the CPNRE, the purpose of the examination is to protect the public by ensuring that the entry-level practical nurse possesses the competencies required to practise safely and effectively.

The primary function of the *Canadian Practical Nurse Registration Examination Blueprint* is to describe how the examination is to be developed. Specifically, the Blueprint provides explicit instructions and guidelines on how the competencies (i.e., the integrated knowledge, skills, behaviours, and clinical judgment expected of an entry-level practical nurse in order to provide safe, competent, and ethical care) are to be expressed within the examination in order for accurate decisions to be made on the candidates' readiness to practise safely and effectively.

Prior to producing this Blueprint, ASI conducted an extensive study to identify the competencies required for the safe and effective practice of entry-level practical nurses in Canada. Provincial and territorial regulatory authorities were active participants in all phases of the investigation, which served to identify and validate a comprehensive set of competencies expected of the entry-level practical nurse. With this set of competencies and the validation data, the essential components of the CPNRE were assembled.

Because of ongoing changes that occur in the practical nursing profession, a validation study of the competencies is conducted at least every five years. By periodically conducting a comprehensive review of the competencies measured by the CPNRE, ASI is able to maintain the validity of the examination and ensure that it is psychometrically sound and legally defensible. In addition to the periodic comprehensive review and validation study, the competencies are reviewed and evaluated annually by content experts.

UNDERSTANDING COMPETENCIES

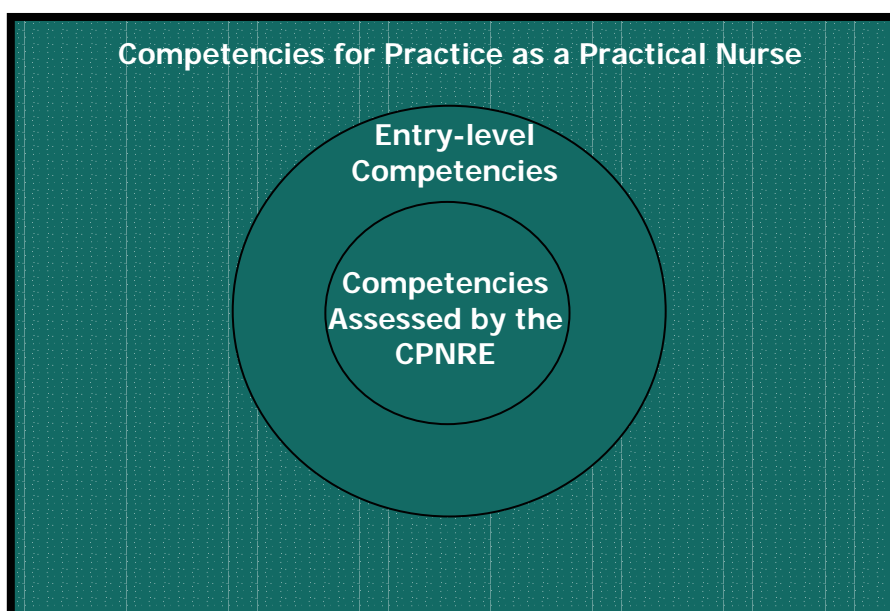
A fundamental component of a formal approach to examination development is a thorough description of the content domain being measured. In the case of the CPNRE, the content domain of interest consists of the competencies an entry-level practical nurse is required to possess in order to practise safely and effectively.

The CPNRE competencies found in this Blueprint have the primary purpose of defining the content domain for the examination. Users of the Blueprint should recognize that the competencies are not intended to supersede or replace competency lists or standards of practice for practical nurses that have been established by regulatory authorities throughout Canada. In fact, the CPNRE competencies are designed to represent only a subset of the competencies required by the regulatory authorities.

To illustrate this point, Figure 1 presents the full complement of competencies required of practical nurses as the shaded area within the rectangle. The rectangle, of course, is broader than the first enclosed circle, which represents the complement of entry-level competencies expected upon successful completion of a practical nurse education program. This is to be expected, as graduates will continue to expand their knowledge, skills, behaviours, and clinical judgment with acquired experience.

The innermost circle represents the entry-level competencies related to safe and effective practice that are common across the Canadian jurisdictions and that can be measured on a multiple-choice examination. Competencies that are unique to some provinces or territories are not assessed by the CPNRE nor are competencies unsuitable for multiple-choice questions. As a result, the circle representing the competencies assessed by the examination is smaller than the circle representing entry-level competencies.

Figure 1. Competencies assessed by the CPNRE.



TECHNICAL SPECIFICATIONS

COMPETENCIES

The foundation to the examination development process is a thorough description of the competencies an entry-level practical nurse is required to possess in order to practise safely and effectively. The process to develop the competencies for the CPNRE is presented below.

1. Developing the Set of Competencies

Initial Competency Review

As a starting point for developing the set of competencies, the CPNRE Competency Review Committee was formed with representation from all the regulatory authorities for practical nurses in Canada that use the CPNRE. This committee evaluated the set of competencies developed in 2001, as well as many other relevant documents that addressed the current and future practice of the practical nurse. Based on this review, the committee developed a preliminary set of competencies and a three-category framework for grouping these competencies.

Jurisdictional Review

The initial set of competencies was first evaluated by focus groups of practical nurses and educators selected by the regulatory authorities. The competencies were further refined by the CPNRE Competency Review Committee based on this feedback.

Competency Validation Survey

The competencies were then distributed to a sample of approximately 1,050 Canadian participants, including entry-level and experienced practical nurses, educators, and administrators in a survey entitled *The Canadian Practical Nurse Registration Examination Competency Review Project: A national assessment of the entry-level competencies for practical nurses beginning to practise in the year 2007*. Participants were asked to rate each competency in terms of its applicability, importance, and frequency for the entry-level practical nurse.

Approval

Based on survey data and the jurisdictional feedback, the CPNRE Competency Review Committee and the CPNRE Client Advisory Group formally adopted the new set of 94 competencies. With this information, the CPNRE Blueprint Committee outlined the specifications for the new examination for the 2007-2011 administration cycle.

2. Assumptions

In developing the competencies for entry-level practical nurses, the following assumptions were made.

1. The competencies represent the combined nursing knowledge, skills, behaviours, and clinical judgments that entry-level practical nurses require for safe, competent, and ethical practice.
2. The foundation of practical nursing is defined by Legislation, Scope of Practice, Standards of Practice, and the Code of Ethics.
3. Practical nurses are accountable for their decisions and actions.
4. Practical nurses maintain competence through lifelong learning.
5. The core of nursing practice is the nurse/client relationship, whereby the practical nurse creates and maintains a caring environment through connecting and sharing and exploring in a collaborative relationship with the client.
6. Practical nurses care for clients throughout the life span and follow a systematic approach to nursing care, through critical thinking and clinical judgment, in the application of their knowledge of assessment, planning, implementation, and evaluation.
7. Practical nurses are committed to provide, facilitate, and promote safe, competent, and ethical care.
8. Educational programs prepare practical nurses to practise in a variety of settings and contexts including, but not limited to, acute care, maternal/child, pediatrics, continuing care, long-term care, mental health, public health, and community agencies.
9. Practical nurses practise collaboratively with other members of the interdisciplinary health care team to meet the physical, psychosocial, and spiritual needs of clients.
10. Practical nurses respect the diversity of clients.
11. Practical nurses respect the shared and unique competencies of other members of the interdisciplinary health care team.
12. Practical nurses demonstrate openness to change that enhances and supports nursing practice.
13. Practical nurses recognize that the Canadian health care system is evolving to a Primary Health model and are knowledgeable of trends and issues that have an impact on clients and other members of the interdisciplinary health care team.

3. Competency Framework

A framework was developed to identify and organize the competencies the CPNRE should measure. The framework and definitions of the three framework categories are as follows:

1. Professional, Ethical, and Legal Practice

The practical nurse has a responsibility to provide safe, competent, and ethical nursing care while respecting the rights of the client. The Code of Ethics provides direction for the practical nurse to uphold the highest standard of care as defined by the Scope of Practice. The practical nurse is legally accountable to the client, the employer, and the profession.

2. Foundations of Practice

The practical nurse, as a member of the interdisciplinary health care team, is integral in the assessment, planning, provision, and evaluation of nursing care. The practical nurse supports the principle that health care is based on the spirit of self-reliance and self-determination, and promotes client self-care and wellness to achieve optimum health outcomes. The practical nurse applies critical thinking skills and evidence-based knowledge in the formulation of clinical judgments that are consistent with individual needs and priorities, while demonstrating sensitivity to client diversity. The practical nurse applies the principles of safe care when practising nursing within the Scope of Practice.

3. Collaborative Practice

The practical nurse works collaboratively and respectfully with other members of the interdisciplinary health care team while maintaining autonomy within the Scope of Practice. The practical nurse uses therapeutic communication techniques to provide safe, competent, and ethical care. The practical nurse demonstrates leadership qualities in direction, assessment, and evaluation while fostering continued growth of self and others to meet the challenges of the evolving health care system.

Each of these framework categories contains a different number of competencies that vary by importance. To ensure that each category receives an appropriate number of questions on the examination, the following target weights from Table 1 are applied.

Table 1. CPNRE Weightings by Competency Framework Category

Competency Category	Number (and Percentage) of Competencies	Percentage on Examination
Professional, Ethical, and Legal Practice	28 (30%)	25-35%
Foundations of Practice	46 (49%)	45-55%
Collaborative Practice	20 (21%)	15-25%

4. Sampling of Competencies by Importance and Frequency

To ensure that the examination places an appropriate emphasis on the integrated knowledge, skills, behaviours, and clinical judgment expected of an entry-level practical nurse in order to provide safe, competent, and ethical care, the competencies have been weighted in terms of their relative frequency of use and relative importance. These weightings were based on information gathered through the competency validation survey. This information was confirmed through a qualitative analysis by the CPNRE Blueprint Committee and the CPNRE Client Advisory Group.

The resulting competency groups establish the relative weights allocated to the competencies of the CPNRE. Table 2 presents the final distribution of the competencies. A full listing of these competencies is provided in Appendix C. The competencies organized by groups (importance and frequency) are provided in Appendix D.

Table 2. Competency Groupings for the CPNRE

	Very Important	Important
High Frequency	Group 1-A (35 competencies)	Group 2-A (26 competencies)
Low Frequency	Group 1-B (10 competencies)	Group 2-B (23 competencies)

Based on the competency grouping data and the length of the examination, the CPNRE will consist of 230-250 multiple-choice items. The sampling scheme presented in Table 3 was created as a guideline to place appropriate emphasis on the competencies according to relative importance and frequency. This guideline will be reviewed and confirmed annually by the CPNRE Examination Committee.

Table 3. Weight by Groups: Competency Sampling for the CPNRE

	Very Important	Important
High Frequency	Group 1-A (55-65% of the CPNRE)	Group 2-A (18-22% of the CPNRE)
Low Frequency	Group 1-B (10-15% of the CPNRE)	Group 2-B (5-10% of the CPNRE)

GUIDELINES

In addition to the specifications related to the competencies, other variables must be considered during the development of the CPNRE. These variables are categorized as structural or contextual variables.

Structural Variables

Structural variables include those characteristics that determine the general design and appearance of the examination. They define the length of the examination, establishing and maintaining the standard, the format/presentation of the examination questions (i.e., multiple-choice format), and special functions of examination questions (e.g., to measure a competency within the cognitive domain).

- 1. Examination Length and Format:** The examination will consist of between 230 and 250 objective questions (i.e., multiple-choice) that meet the Blueprint guidelines. With 94 competencies to measure and a sound sampling approach for these competencies, an examination of this length is sufficient to make both reliable and valid decisions about a candidate's readiness to practise nursing safely and effectively.
- 2. Setting the Standard:** The standard or pass mark is set in reference to the content and the difficulty of the examination questions. The standard is set by a panel of content experts (i.e., the CPNRE Examination Committee) from across Canada using the modified-Angoff technique. In addition to this technique, various relevant data (e.g., information on the preparation of candidates, data on results from previously administered examinations) are carefully considered to ensure the standard that candidates must achieve on the examination is valid and fair. Based on this information, an appropriate standard or pass mark is set at a level that represents the performance expected of a competent entry-level practical nurse.
- 3. Test Equating:** Once an acceptable standard has been determined on a form of the examination, a statistical procedure can be performed to establish a corresponding standard on subsequent forms of the examination. This procedure, known as test equating, takes into account the difficulty of the set of questions on the original and subsequent forms as well as any differences that exist in candidate performance. The pass mark of the original form is then carried forward and adjusted to reflect the differences in content difficulty and candidate performance on the new form of the examination. This statistical procedure ensures that all candidates, regardless of which examination form they write, must achieve an equivalent standard to successfully pass the examination.

- 4. Question Presentation:** The multiple-choice questions are presented either within a case-based scenario or as an independent question.

The case-based format consists of a set of approximately three to five questions that are associated with a brief health care scenario. Independent questions are stand-alone questions that contain all the necessary information without reference to a case. For the 230–250 questions on the CPNRE, 60 to 80 percent are presented as independent questions and 20 to 40 percent are presented within cases.

- 5. Cognitive Levels:** To ensure that competencies measure different levels of cognitive ability, each question on the CPNRE is classified into one of three categories adapted from Bloom’s Taxonomy of Cognitive Abilities. Specifically, each question is categorized into one of the following levels.

1. Knowledge/Comprehension

This level combines the ability to recall previously learned material and to understand its meaning. It includes such mental abilities as knowing and understanding definitions, facts, and principles, and interpreting data (e.g., knowing the effects of certain procedures or interventions, understanding a change in a client’s vital signs).

2. Application

This level refers to the ability to apply knowledge and learning to new or practical situations. It includes applying rules, methods, principles, and nursing theories in providing care to clients (e.g., applying principles of drug administration and concepts of comfort and safety to the nursing care of clients).

3. Critical Thinking

The third level deals with higher-level thinking processes. It includes the ability to judge the relevance of data, to deal with abstractions, and to solve problems (e.g., identifying priorities of care, evaluating the effectiveness of nursing actions). The practical nurse should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions, and make judgments concerning the needs of clients.

Based on these definitions, the distribution of questions by cognitive level is provided in Table 4.

Table 4. Distribution of Questions by Cognitive Level

Cognitive Level	Percentage of Questions on the CPNRE
Knowledge/Comprehension	15-25%
Application	45-65%
Critical Thinking	20-30%

Contextual Variables

Contextual variables qualify the content domain by specifying the nursing contexts in which the examination questions will be set (e.g., client type, age and gender of the individual client, client culture, client health situation, and health care environment).

1. **Client Type:** For the purpose of the CPNRE, the client is defined as the individuals, families, or groups that access the services of the entry-level practical nurse.
2. **Client Age and Gender:** Two of the contextual variables specified for the CPNRE are the age and gender of individual clients. The use of these variables ensures that the individual clients described in the examination represent the demographic characteristics of the population encountered by the entry-level practical nurse. Available statistics (e.g., Canadian hospital separations by age and gender, and Canadian population by age and gender) were used to determine specifications for these variables. These specifications, listed in Table 5 as percentage ranges, serve as guidelines for test development.

Table 5. Distribution of Client Age and Gender

Age Range	Group Description	Target Percentage	Target Population	
			Female	Male
0-12 mo	Neonate to infant	4-7%	Not Applicable	
1-10 years	Child	5-10%	Not Applicable	
11-22 years	Adolescent to young adult	12-16%	6-9%	5-7%
23-40 years	Adult	12-16%	7-9%	5-7%
41-69 years	Mature adult	30-40%	15-20%	15-20%
70+ years	Independent older adult	8-10%	6-8%	2-4%
	Dependent older adult	12-20%	8-12%	4-8%

3. **Client Culture:** The CPNRE is designed to include questions representing the variety of cultural backgrounds encountered while providing nursing care in Canada. While the examination does not test candidate knowledge of specific values, beliefs, and practices linked to individual cultures, it is intended to measure awareness, sensitivity, and respect for diverse cultural values, beliefs, and practices. Cultural issues are integrated within the examination without introducing cultural stereotypes.

- 4. Client Health Situation:** In the development of the CPNRE, the client is viewed holistically. Thus, the client’s biophysical, psychosocial, and spiritual dimensions form the basis of every health situation. The particular client health situations depicted on the examination will be based on the relevant assumptions that underlie the competencies (see Assumptions 6 and 8 on page 4).

On the basis of the specified contextual variables and the elements mentioned above, a range of examination questions is developed to test a cross-section of client health situations.

- 5. Health Care Environment:** As stated in Assumption 8 on page 4, “Educational programs prepare practical nurses to practise in a variety of settings and contexts.” Therefore, for the CPNRE, the health care environment will be specified only where it is required in order to provide guidance to the candidate.

CONCLUSION

The *Canadian Practical Nurse Registration Examination Blueprint* is the product of a collaborative effort between Assessment Strategies Inc., practical nurses, educators, and administrators of practical nurses throughout Canada. This process has resulted in a compilation of the competencies required of the safe and effective entry-level practical nurse and of the guidelines that determine how the competencies will be measured on the CPNRE. A summary of these guidelines can be found in Appendix E in the Summary Chart Guidelines.

It is recognized that the practical nursing profession will continue to evolve. As this occurs, the Blueprint (i.e., both the competencies and the test development guidelines) may require revision so that it accurately reflects the scope of practice, the roles, and the responsibilities of the entry-level practical nurse. Under the guidance of the CPNRE Client Advisory Group and practical nurse educators, clinicians and administrators, Assessment Strategies Inc. will ensure that this revision takes place in a timely manner and is communicated in updated editions of this document.

GLOSSARY

Below are the terms and definitions as they are used in this document.

advocate:	To speak or act on behalf of clients by respecting their decisions and enhancing their autonomy.
autonomy:	Having the ability to make decisions and independently carry out nursing responsibilities.
client:	Refers to individuals, families, or groups.
clinical judgment:	Refers to reasoning processes that rely on critical thinking to reflect the complex, intuitive, and conscious thinking strategies that are used to make nursing decisions.
collaborate:	To work in partnership with members of the interdisciplinary health care team while maintaining autonomy within one's own Scope of Practice.
competencies:	The integrated knowledge, skills, behaviours, and clinical judgment expected of an entry-level practical nurse in order to provide safe, competent, and ethical care.
designated representative:	A person who acts in a formal capacity, for a specific purpose, on behalf of the client.
entry-level practitioner:	The practical nurse at the point of registration, following graduation from an approved practical nurse program or equivalent.
evidence-based practice:	The identification, evaluation, and application of current research findings to guide practice decisions.
family:	Two or more individuals, who may or may not be related by blood, marriage, or adoption, bound by strong emotional ties, a sense of belonging, and a commitment to live with or care for one another over time.
health assessment:	A process by which the practical nurse obtains data concerning the client that includes a complete history of the client's health status as well as a comprehensive physical assessment. The practical nurse is prepared to complete health assessments on neonates, children, and adults.

**interdisciplinary health
care team:**

The client, regulated health care professionals, unregulated health care providers, and all others who are involved in the provision of care.

nursing diagnosis:

A statement about the client's actual or potential health concerns that can be managed through independent nursing interventions.

risk management:

The ability to utilize a system of identifying potential risks, recognizing legal implications, and responding appropriately.

Scope of Practice:

The roles and responsibilities of the practical nurse to perform safe, competent, and ethical care as defined by legislation and the regulatory authorities.

APPENDIX A: REGULATORY AUTHORITIES

To obtain information on writing the Canadian Practical Nurse Registration Examination, contact the regulatory authority for your province or territory.

Alberta

College of Licensed Practical Nurses of Alberta
Suite 230
10403 - 172nd Street
Edmonton AB T5S 1K9
1-800-661-5877
(780) 484-8886
Fax: (780) 484-9069
Web: www.clpna.com

Manitoba

College of Licensed Practical Nurses of Manitoba
463 St. Anne's Rd
Winnipeg MB R2M 3C9
1-877-663-1212
(204) 663-1212
Fax: (204) 663-1207
E-mail: info@clpnm.ca
Web: www.clpnm.ca

Newfoundland and Labrador

Council for Licensed Practical Nurses
9 Paton Street
St. John's NL A1B 4S8
1-888-579-2576
(709) 579-3843
Fax: (709) 579-8268
E-mail: info@clpnnl.ca
Web: www.clpnnl.ca

Nova Scotia

College of Licensed Practical Nurses of Nova Scotia
Cogswell Tower
Suite 1212, 2000 Barrington Street
Halifax NS B3J 3K1
(902) 423-8517
Fax: (902) 425-6811
E-mail: info@clpnns.ca
Web: www.clpnns.ca

British Columbia

College of Licensed Practical Nurses of British Columbia
217-3823 Henning Drive
Burnaby BC V5C 6P3
1-888-440-6900
(604) 660-5750
Fax: (604) 660-2899
E-mail: info@clpn.bc.ca
Web: www.clpnbc.org

New Brunswick

Association of New Brunswick Licensed Practical Nurses
384 Smythe Street
Fredericton NB E3B 3E4
(506) 453-0747
Fax: (506) 459-0503
E-mail: general@anblpn.ca
Web: www.anblpn.ca

Northwest Territories

Government of Northwest Territories
Dept. Health & Social Services
Centre Square Tower #8
Box 1320
Yellowknife NT X1A 2L9
(867) 920-8058
Fax: (867) 873-0484

Ontario

College of Nurses of Ontario
101 Davenport Road
Toronto ON M5R 3P1
1-800-387-5526
(416) 928-0900
Fax: (416) 928-6507
E-mail: exams@cnomail.org
Web: www.cno.org

Prince Edward Island

Prince Edward Island Licensed Practical
Nurses Registration Board
P.O. Box 3235
Charlottetown PE C1A 7N9
(902) 566-1512
Fax: (902) 892-6315
E-mail: registrar@peilpnrb.com
Web: www.peilpn.com

Saskatchewan

Saskatchewan Association of Licensed
Practical Nurses
2310 Smith Street
Regina SK S4P 2P6
1-888-257-2576
(306) 525-1436
Fax: (306) 347-7784
E-mail: exdir@salpn.com
Web: www.salpn.com

Yukon

Registrar of Nursing Assistants
Department of Justice
Consumer Services
PO Box 2703
Whitehorse YT Y1A 2C6
(867) 667-5257
Fax: (867) 667-3609
E-mail: consumer@gov.yk.ca

APPENDIX B: DEVELOPMENT AND ADMINISTRATION

The activities associated with the development and administration of the CPNRE are described below.

Competency Study	As the foundation for a criterion-referenced examination, the competencies (e.g., knowledge, skills, behaviours, and clinical judgment) required for safe and effective practice are identified by a special committee with a representative from each provincial and territorial jurisdiction. The competencies undergo an extensive study in which they are validated in terms of relevant criteria (e.g., applicability, importance, and frequency for the entry-level practical nurse). The competencies are reviewed periodically to confirm their validity over time.
Blueprint Development	<p>A Blueprint outlining the content to be tested in the examination is developed by a Blueprint Committee. The Blueprint includes the competencies—that is, the content domain that forms the basis for test development. It specifies variables that provide structure for the examination, as well as guidelines and weightings for test development.</p> <p>This step, like the competency study, is not included in each cycle of the test development process. A Blueprint is developed for the first examination and is revised periodically at appropriate intervals (approximately every 5 years).</p>
Question Development	Examination questions are developed by groups of content experts. These groups write examination questions to measure the specific competencies and to fulfil the guidelines identified in the examination Blueprint.
Monitoring of Experimental Questions	Early in the development process, examination questions are monitored (reviewed) by the Examination Committee, which consists of representatives of the regulatory authorities. Questions that do not reflect current practice or standards in all jurisdictions are referred for question revision.
Test Fairness Review	Representatives from minority groups (e.g., Aboriginals, visible minorities, individuals with disabilities) review questions to ensure that stereotypes are not present in the examination and that examinees who belong to such groups are not disadvantaged by examination content.

Jurisdictional Review	Jurisdictions review questions to ensure that they measure content consistent with the current practice and standards of practice for the entry-level practical nurse. These reviews can be used as an opportunity to address any special jurisdictional practices. (As with all committees and groups that are exposed to the content of the examination, stringent measures are taken to protect the security of the material during the jurisdictional reviews.)
Experimental Testing and Item Analysis	All questions are tested experimentally and analyzed statistically to determine their suitability for inclusion in the examination.
Revision of Questions	Certain experimental questions may have content problems or may not meet established criteria at particular checkpoints in the development cycle. For example, they may not meet statistical criteria established for item analysis, or they may not meet the approval of groups and committees (i.e., Jurisdictional Review, Test Fairness Panel, Examination Committee). Questions requiring revision before they can be included in an examination are refined by a group of content experts highly experienced in developing and revising questions.
Question Banking	Test questions are stored in a bank of questions and are drawn upon for constructing future examinations.
Monitoring of Operational Questions	Each version of the CPNRE is constructed from a bank of available questions to meet the specifications of the Blueprint. Final approval of the examination is given by the Examination Committee at the end of the monitoring process, during which the entire examination is reviewed.
Setting of Pass Mark	<p>To determine the standard (i.e., pass mark) for an examination, ASI uses a systematic procedure in which panels of content experts provide ratings associated with the competent entry-level practical nurse. In addition to these expert ratings, a variety of relevant data is carefully considered to ensure that the standard is valid and fair.</p> <p>A standard or pass mark is established for the first version of each new examination series. Subsequent versions of the examination are equated with the first version so that a candidate would achieve the same result regardless of which version was written.</p>
Administration and Scoring of Examinations	When test development activities are complete, an examination is ready for administration by the regulatory authorities. Examinations are scored by ASI and the results are sent to the jurisdictions for communication to candidates. A performance profile is provided to candidates who are unsuccessful on the examination.

APPENDIX C: LIST OF COMPETENCIES

PROFESSIONAL

Competent entry-level practical nurses:

PR-1 are accountable for their own decisions and actions.

- a. practise within their Scope of Practice. 01-01a
- b. verify policies, procedures, and orders. 01-01b
- c. provide care using clinical judgment for decision making. 01-01c

PR-2 identify effects of their own values and assumptions on interactions with clients and other members of the interdisciplinary health care team.

- a. provide client care in a non-judgmental manner. 01-02a
- b. respect clients' right to self-determination, informed decisions, and directives. 01-02b
- c. recognize and implement steps toward a resolution of ethical dilemmas. 01-02c

PR-3 assess their own competence.

- a. continuously evaluate knowledge and skills. 01-03a
- b. recognize when to seek assistance and guidance. 01-03b

PR-4 demonstrate professional conduct.

- a. adhere to standards of practice of the profession. 01-04a
- b. respond professionally to unacceptable behaviour. 01-04b
- c. identify and respond to incidents of unsafe practice or professional misconduct. 01-04c
- d. document incidents and actions taken. 01-04d
- e. participate in quality improvement activities. 01-04e

ETHICAL**Competent entry-level practical nurses:****ET-1 understand the ethical framework of the nurse-client relationship.**

- | | | |
|----|--|--------|
| a. | establish and maintain respect, empathy, trust, and honesty in interactions with the client. | 02-01a |
| b. | recognize, understand, and respect the values, opinions, needs and ethnocultural beliefs of self and client. | 02-01b |
| c. | establish and maintain the therapeutic nurse-client relationship. | 02-01c |

ET-2 promote clients' rights and responsibilities.

- | | | |
|----|---|--------|
| a. | obtain client consent prior to initiating nursing care. | 02-02a |
| b. | protect clients' rights by including confidentiality, privacy, dignity, and self-determination as part of the plan of care. | 02-02b |
| c. | advocate for clients. | 02-02c |

LEGAL**Competent entry-level practical nurses:****LE-1 adhere to the legal requirements of practice.**

- | | | |
|----|--|--------|
| a. | adhere to all aspects of provincial and federal legislation relating to health information such as incidents of abuse and reportable diseases. | 03-01a |
| b. | recognize and respond to questionable orders, actions, or decisions. | 03-01b |
| c. | practise within established policies and procedures of employing agencies. | 03-01c |

LE-2 disclose relevant information to the appropriate individual.

- | | | |
|----|--|--------|
| a. | respect and maintain client confidentiality. | 03-02a |
| b. | provide relevant information to the client. | 03-02b |

LE-3 adhere to legal requirements regarding documentation.

- | | | |
|----|--|--------|
| a. | document client information in a timely manner. | 03-03a |
| b. | document in an accurate, clear, concise, and legible manner. | 03-03b |
| c. | complete incident reports as required. | 03-03c |
| d. | demonstrate the knowledge of the process of receiving, transcribing, and verifying orders. | 03-03d |

ASSESSMENT

Competent entry-level practical nurses:

AS-1 provide care that demonstrates sensitivity to client diversity.

- a. take responsibility to expand one's own understanding of individual diversity. 04-01a
- b. demonstrate awareness of individual diversity in client responses. 04-01b
- c. accommodate individual diversity without compromising client safety. 04-01c

AS-2 perform comprehensive health assessments throughout the life span.

- a. individualize standard assessment tools to meet the needs of the client. 04-02a
- b. consult with other sources in selecting additional assessment tools and techniques when further client data are required. 04-02b
- c. use interviewing techniques to complete a history of a client's health status. 04-02c
- d. perform physical assessments, including observation, inspection, auscultation, and palpation. 04-02d
- e. perform mental, spiritual, and psychosocial assessments. 04-02e

PLANNING & IMPLEMENTATION

Competent entry-level practical nurses:

PI-1 use effective time management skills to organize nursing care.

- a. organize multiple needs into manageable nursing interventions. 05-01a
- b. set priorities that reflect individual client needs. 05-01b

PI-2 promote client self-care and wellness to achieve mutually agreed upon health outcomes.

- a. encourage clients to assume responsibility for their own health. 05-02a
- b. assist the client to identify actual and potential health needs. 05-02b
- c. involve client/family/designated representative in setting objectives and goals. 05-02c
- d. collaborate with client to promote independence. 05-02d
- e. develop and prioritize the individual plan of care. 05-02e
- f. provide information and identify resources that assist clients in the promotion and maintenance of health. 05-02f

-
- PI-3 select health teaching strategies.**
- a. collaborate with the client in discharge planning. 05-03a
 - b. provide health information to the client to meet identified outcomes. 05-03b
 - c. plan and implement teaching strategies to enhance client learning. 05-03c
 - d. evaluate client learning. 05-03d
- PI-4 formulate clinical judgments that are consistent with client needs and priorities.**
- a. respond to changing situations that affect client health, safety, or both. 05-04a
 - b. use evidence-based knowledge to develop individualized nursing interventions. 05-04b
- PI-5 perform nursing interventions based on nursing assessment.**
- a. identify and utilize the nursing diagnoses. 05-05a
 - b. select interventions based on the client, client needs, and available resources. 05-05b
 - c. implement the plan of care. 05-05c
 - d. review and revise the plan of care. 05-05d
- PI-6 apply principles of safe care.**
- a. implement Standard Precautions. 05-06a
 - b. maintain a safe work environment. 05-06b
 - c. apply the principles of asepsis. 05-06c
 - d. implement strategies to prevent the spread of communicable diseases. 05-06d
 - e. apply knowledge of risk management. 05-06e
- PI-7 demonstrate the knowledge of pharmacology.**
- a. apply the principles of medication administration. 05-07a
 - b. apply the knowledge of pharmacology. 05-07b
 - c. prepare and administer enteral, percutaneous, and parenteral (S/C, IM, and ID) medications. 05-07c
 - d. assess and document client response to medication. 05-07d

- PI-8 apply the principles of peripheral infusion therapy (IV).**
- a. apply the knowledge surrounding infusion therapy. 05-08a
 - b. manage infusion therapy including changing IV solution and tubing, assessing insertion site, regulating flow rate, and discontinuing. 05-08b
 - c. demonstrate knowledge of the implications to the client receiving medication via IV (excluding IV push). 05-08c
 - d. assess and document client response to infusion therapy. 05-08d
- PI-9 demonstrate the knowledge of infusion therapy to blood and blood products.**
- a. apply the standards for the administration of blood and blood products. 05-09a
 - b. monitor infusion therapy including assessment of insertion site, regulation of flow, adverse reaction, and discontinuation. 05-09b
 - c. adhere to policies for administration of blood and blood products. 05-09c
 - d. assess and document client response to infusion of blood and blood products. 05-09d

EVALUATION

Competent entry-level practical nurses:

- EV-1 assess and evaluate the effectiveness of nursing interventions.**
- a. compare actual outcomes to anticipated outcomes. 06-01a
 - b. verify evaluation findings with the client, other members of the interdisciplinary health care team, or both. 06-01b
 - c. review and revise the plan of care. 06-01c

COLLABORATIVE PRACTICE

Competent entry-level practical nurses:

- CP-1 establish and maintain a caring environment to foster partnerships with clients.**
- a. establish therapeutic relationships. 07-01a
 - b. promote client safety and comfort. 07-01b
 - c. reinforce information given to clients by other health care professionals. 07-01c
 - d. provide client and family with emotional support. 07-01d
 - e. provide opportunities that encourage clients to interact socially. 07-01e

-
- CP-2 utilize effective therapeutic communication techniques with the client and other members of the interdisciplinary health care team.**
- a. provide relevant health information. 07-02a
 - b. provide education to facilitate the client's understanding. 07-02b
 - c. gather relevant information from family/designated representative. 07-02c
 - d. use a variety of communication techniques to provide effective interpersonal interaction. 07-02d
 - e. use established lines of communication. 07-02e
 - f. provide an environment that encourages and supports the opportunity for the client to express feelings. 07-02f
 - g. utilize conflict resolution skills. 07-02g
- CP-3 demonstrate leadership skills within the interdisciplinary health care team.**
- a. collaborate with other members of the interdisciplinary health care team. 07-03a
 - b. demonstrate leadership in initiating the revision of goals, priorities, and nursing interventions. 07-03b
 - c. use leadership skills effectively to teach, implement, guide, and assess care interventions. 07-03c
 - d. provide direction and assessment of care assigned to unregulated care workers. 07-03d
 - e. facilitate problem solving and decision making. 07-03e
 - f. provide constructive feedback. 07-03f
 - g. direct and coordinate actions of others, as appropriate, in emergency situations. 07-03g
 - h. integrate research findings in consultation with other members of the interdisciplinary health care team. 07-03h

APPENDIX D: COMPETENCIES BY GROUP

GROUP 1-A COMPETENCIES

PROFESSIONAL

Competent entry-level practical nurses:

PR-1 are accountable for their own decisions and actions.

- a. practise within their Scope of Practice. 01-01a
- b. verify policies, procedures, and orders. 01-01b
- c. provide care using clinical judgment for decision making. 01-01c

PR-2 identify effects of their own values and assumptions on interactions with clients and other members of the interdisciplinary health care team.

- b. respect clients' right to self-determination, informed decisions, and directives. 01-02b

PR-3 assess their own competence.

- b. recognize when to seek assistance and guidance. 01-03b

PR-4 demonstrate professional conduct.

- a. adhere to standards of practice of the profession. 01-04a

ETHICAL

Competent entry-level practical nurses:

ET-2 promote clients' rights and responsibilities.

- a. obtain client consent prior to initiating nursing care. 02-02a
- c. advocate for clients. 02-02c

LEGAL

Competent entry-level practical nurses:

LE-1 adhere to the legal requirements of practice.

- c. practise within established policies and procedures of employing agencies. 03-01c

LE-3 adhere to legal requirements regarding documentation.

- a. document client information in a timely manner. 03-03a
 b. document in an accurate, clear, concise, and legible manner. 03-03b

ASSESSMENT

Competent entry-level practical nurses:

AS-2 perform comprehensive health assessments throughout the life span.

- c. use interviewing techniques to complete a history of a client's health status. 04-02c
 d. perform physical assessments, including observation, inspection, auscultation, and palpation. 04-02d

PLANNING & IMPLEMENTATION

Competent entry-level practical nurses:

PI-1 use effective time management skills to organize nursing care.

- a. organize multiple needs into manageable nursing interventions. 05-01a
 b. set priorities that reflect individual client needs. 05-01b

PI-4 formulate clinical judgments that are consistent with client needs and priorities.

- a. respond to changing situations that affect client health, safety, or both. 05-04a

PI-5 perform nursing interventions based on nursing assessment.

- b. select interventions based on the client, client needs, and available resources. 05-05b
 c. implement the plan of care. 05-05c

PI-6 apply principles of safe care.

- a. implement Standard Precautions. 05-06a
- b. maintain a safe work environment. 05-06b
- c. apply the principles of asepsis. 05-06c
- d. implement strategies to prevent the spread of communicable diseases. 05-06d

PI-7 demonstrate the knowledge of pharmacology.

- a. apply the principles of medication administration. 05-07a
- b. apply the knowledge of pharmacology. 05-07b
- c. prepare and administer enteral, percutaneous, and parenteral (S/C, IM, and ID) medications. 05-07c
- d. assess and document client response to medication. 05-07d

PI-8 apply the principles of peripheral infusion therapy (IV).

- a. apply the knowledge surrounding infusion therapy. 05-08a
- b. manage infusion therapy including changing IV solution and tubing, assessing insertion site, regulating flow rate, and discontinuing. 05-08b
- c. demonstrate knowledge of the implications to the client receiving medication via IV (excluding IV push). 05-08c
- d. assess and document client response to infusion therapy. 05-08d

COLLABORATIVE PRACTICE

Competent entry-level practical nurses:

CP-1 establish and maintain a caring environment to foster partnerships with clients.

- b. promote client safety and comfort. 07-01b

CP-3 demonstrate leadership skills within the interdisciplinary health care team.

- a. collaborate with other members of the interdisciplinary health care team. 07-03a
- d. provide direction and assessment of care assigned to unregulated care workers. 07-03d
- e. facilitate problem solving and decision making. 07-03e
- f. provide constructive feedback. 07-03f

GROUP 1-B COMPETENCIES

PROFESSIONAL

Competent entry-level practical nurses:

PR-4 demonstrate professional conduct.

- c. identify and respond to incidents of unsafe practice or professional misconduct. 01-04c

LEGAL

Competent entry-level practical nurses:

LE-1 adhere to the legal requirements of practice.

- b. recognize and respond to questionable orders, actions, or decisions. 03-01b

PLANNING & IMPLEMENTATION

Competent entry-level practical nurses:

PI-2 promote client self-care and wellness to achieve mutually agreed upon health outcomes.

- a. encourage clients to assume responsibility for their own health. 05-02a

PI-4 formulate clinical judgments that are consistent with client needs and priorities.

- b. use evidence-based knowledge to develop individualized nursing interventions. 05-04b

PI-9 demonstrate the knowledge of infusion therapy to blood and blood products.

- a. apply the standards for the administration of blood and blood products. 05-09a
- b. monitor infusion therapy including assessment of insertion site, regulation of flow, adverse reaction, and discontinuation. 05-09b
- c. adhere to policies for administration of blood and blood products. 05-09c
- d. assess and document client response to infusion of blood and blood products. 05-09d

COLLABORATIVE PRACTICE

Competent entry-level practical nurses:

- CP-2 utilize effective therapeutic communication techniques with the client and other members of the interdisciplinary health care team.**
- g. utilize conflict resolution skills. 07-02g
- CP-3 demonstrate leadership skills within the interdisciplinary health care team.**
- g. direct and coordinate actions of others, as appropriate, in emergency situations. 07-03g

GROUP 2-A COMPETENCIES

PROFESSIONAL

Competent entry-level practical nurses:

- PR-2 identify effects of their own values and assumptions on interactions with clients and other members of the interdisciplinary health care team.**
- a. provide client care in a non-judgmental manner. 01-02a
- PR-3 assess their own competence.**
- a. continuously evaluate knowledge and skills. 01-03a

ETHICAL

Competent entry-level practical nurses:

- ET-1 understand the ethical framework of the nurse-client relationship.**
- a. establish and maintain respect, empathy, trust, and honesty in interactions with the client. 02-01a
 - b. recognize, understand, and respect the values, opinions, needs and ethnocultural beliefs of self and client. 02-01b
 - c. establish and maintain the therapeutic nurse-client relationship. 02-01c
- ET-2 promote clients' rights and responsibilities.**
- b. protect clients' rights by including confidentiality, privacy, dignity, and self-determination as part of the plan of care. 02-02b

LEGAL

Competent entry-level practical nurses:

- LE-2 disclose relevant information to the appropriate individual.**
- a. respect and maintain client confidentiality. 03-02a
 - b. provide relevant information to the client. 03-02b
- LE-3 adhere to legal requirements regarding documentation.**
- d. demonstrate the knowledge of the process of receiving, transcribing, and verifying orders. 03-03d

PLANNING & IMPLEMENTATION

Competent entry-level practical nurses:

- PI-2 promote client self-care and wellness to achieve mutually agreed upon health outcomes.**
- b. assist the client to identify actual and potential health needs. 05-02b
 - d. collaborate with client to promote independence. 05-02d
- PI-5 perform nursing interventions based on nursing assessment.**
- a. identify and utilize the nursing diagnoses. 05-05a
 - d. review and revise the plan of care. 05-05d
- PI-6 apply principles of safe care.**
- e. apply knowledge of risk management. 05-06e

EVALUATION

Competent entry-level practical nurses:

- EV-1 assess and evaluate the effectiveness of nursing interventions.**
- a. compare actual outcomes to anticipated outcomes. 06-01a
 - b. verify evaluation findings with the client, other members of the interdisciplinary health care team, or both. 06-01b
 - c. review and revise the plan of care. 06-01c

COLLABORATIVE PRACTICE

Competent entry-level practical nurses:

- CP-1 establish and maintain a caring environment to foster partnerships with clients.**
- a. establish therapeutic relationships. 07-01a
 - c. reinforce information given to clients by other health care professionals. 07-01c
 - d. provide client and family with emotional support. 07-01d

CP-2 utilize effective therapeutic communication techniques with the client and other members of the interdisciplinary health care team.

- a. provide relevant health information. 07-02a
- b. provide education to facilitate the client's understanding. 07-02b
- d. use a variety of communication techniques to provide effective interpersonal interaction. 07-02d
- e. use established lines of communication. 07-02e
- f. provide an environment that encourages and supports the opportunity for the client to express feelings. 07-02f

CP-3 demonstrate leadership skills within the interdisciplinary health care team.

- c. use leadership skills effectively to teach, implement, guide, and assess care interventions. 07-03c

GROUP 2-B COMPETENCIES

PROFESSIONAL

Competent entry-level practical nurses:

- PR-2 identify effects of their own values and assumptions on interactions with clients and other members of the interdisciplinary health care team.**
- c. recognize and implement steps toward a resolution of ethical dilemmas. 01-02c
- PR-4 demonstrate professional conduct.**
- b. respond professionally to unacceptable behaviour. 01-04b
 - d. document incidents and actions taken. 01-04d
 - e. participate in quality improvement activities. 01-04e

LEGAL

Competent entry-level practical nurses:

- LE-1 adhere to the legal requirements of practice.**
- a. adhere to all aspects of provincial and federal legislation relating to health information such as incidents of abuse and reportable diseases. 03-01a
- LE-3 adhere to legal requirements regarding documentation.**
- c. complete incident reports as required. 03-03c

ASSESSMENT

Competent entry-level practical nurses:

- AS-1 provide care that demonstrates sensitivity to client diversity.**
- a. take responsibility to expand one's own understanding of individual diversity. 04-01a
 - b. demonstrate awareness of individual diversity in client responses. 04-01b
 - c. accommodate individual diversity without compromising client safety. 04-01c
- AS-2 perform comprehensive health assessments throughout the life span.**
- a. individualize standard assessment tools to meet the needs of the client. 04-02a
 - b. consult with other sources in selecting additional assessment tools and techniques when further client data are required. 04-02b
 - e. perform mental, spiritual, and psychosocial assessments. 04-02e

PLANNING & IMPLEMENTATION**Competent entry-level practical nurses:**

- PI-2 promote client self-care and wellness to achieve mutually agreed upon health outcomes.**
- c. involve client/family/designated representative in setting objectives and goals. 05-02c
 - e. develop and prioritize the individual plan of care. 05-02e
 - f. provide information and identify resources that assist clients in the promotion and maintenance of health. 05-02f
- PI-3 select health teaching strategies.**
- a. collaborate with the client in discharge planning. 05-03a
 - b. provide health information to the client to meet identified outcomes. 05-03b
 - c. plan and implement teaching strategies to enhance client learning. 05-03c
 - d. evaluate client learning. 05-03d

COLLABORATIVE PRACTICE**Competent entry-level practical nurses:**

- CP-1 establish and maintain a caring environment to foster partnerships with clients.**
- e. provide opportunities that encourage clients to interact socially. 07-01e
- CP-2 utilize effective therapeutic communication techniques with the client and other members of the interdisciplinary health care team.**
- c. gather relevant information from family/designated representative. 07-02c
- CP-3 demonstrate leadership skills within the interdisciplinary health care team.**
- b. demonstrate leadership in initiating the revision of goals, priorities, and nursing interventions. 07-03b
 - h. integrate research findings in consultation with other members of the interdisciplinary health care team. 07-03h

APPENDIX E: SUMMARY CHART GUIDELINES

COMPETENCIES					
Competency Framework Categories and Weightings	Professional, Ethical and Legal Practice:	25-35%			
	Foundations of Practice:	45-55%			
	Collaborative Practice:	15-25%			
Competency Groupings by Importance and Frequency	Group 1-A:	55-65% of items			
	Group 1-B:	10-15% of items			
	Group 2-A:	18-22% of items			
	Group 2-B:	5-10% of items			
STRUCTURAL VARIABLES					
Examination Length and Format	Book 1:	115-125 objective items			
	Book 2:	115-125 objective items			
	Total:	230-250			
Test Equating	Anchor items are used to accomplish test equating.				
Item Presentation	Independent items:	60-80%			
	Case-based items:	20-40%			
Cognitive Level	Knowledge/Comprehension:	15-25% of items			
	Application:	45-65% of items			
	Critical Thinking:	20-30% of items			
CONTEXTUAL VARIABLES					
Client Age and Gender	Age Range	Group Description	Target Percentage	Target Percentage	
				Female	Male
	0-12 mo	Neonate to infant	4-7 %	Not applicable	
	1-10 yrs	Child	5-10 %	Not applicable	
	11-22 yrs	Adolescent to young adult	12-16%	6-9%	5-7%
	23-40 yrs	Adult	12-16%	7-9%	5-7%
	41-69 yrs	Mature adult	30-40%	15-20%	15-20%
	70 +	a) Independent older adult	8-10%	6-8%	2-4%
b) Dependent older adult		12-20%	8-12%	4-8%	
Client Culture	Items will be included that measure awareness, sensitivity, and respect for different cultural values, beliefs, and practices, without introducing stereotypes.				
Client Health Situation	The contextual variables are used when applying the elements below in different combinations to develop a <i>cross-section</i> of items. A. Biophysical, psychosocial, spiritual B. Care for clients throughout the life cycle C. Application of the nursing process				
Health Care Environment	Because practical nurses are prepared to work in a variety of settings and contexts, and because most of the competencies are <i>not</i> setting-dependent, the health care environment is <i>only</i> specified where necessary.				