

COMPETENCY PROFILE:  
Scope of Practice for Licensed  
Practical Nurses

September 2019



COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR  
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

# College of Licensed Practical Nurses of Newfoundland and Labrador Competency Profile: Scope of Practice for Licensed Practical Nurses

## Table of Contents

<b>Introduction</b> .....	7
<b>A: Professionalism</b> .....	10
A-1: LPN Legislation/Regulation .....	11
A-2: Licensed Practical Nurse Scope of Practice .....	12
A-3: Professional Standards of Practice .....	13
A-4: Professional Ethics .....	14
A-5: Professional Accountability and Responsibility .....	16
A-6: Privacy & Confidentiality .....	18
A-7: Professional Boundaries .....	19
A-8: Fitness to Practice .....	20
A-9: Continuing Competence and Professional Development .....	21
A-10: Policy and Procedures .....	22
<b>B: Nursing Process</b> .....	23
B-1: Assessment .....	24
B-2: Diagnosis .....	27
B-3: Planning .....	28
B-4: Implementation .....	29
B-5: Evaluation .....	30
<b>C: Nursing Knowledge</b> .....	31
C-1: Anatomy and Physiology .....	32
C-2: Microbiology .....	33
C-3: Pathophysiology .....	34
C-4: Medical Terminology .....	36
C-5: Growth and Development .....	37
C-6: Nutrition .....	38
C-7: Pharmacology .....	39
C-8: Nursing Science .....	41
C-9: Best Practice and Research .....	43
<b>D: Safety</b> .....	44
D-1: Fire Emergency .....	45
D-2: Disaster Emergencies .....	46
D-3: Bomb Threat .....	47
D-4: Missing Client Situation .....	48
D-5: Personal Protective Equipment (PPE) .....	49
D-6: Standard Precautions .....	50

<b>D: Safety (continued)</b>	
D-7: Infection Control .....	51
D-8: Handling and Disposal of Sharps .....	52
D-9: WHMIS and Transportation of Dangerous Goods .....	53
D-10: Handling of Bio-Medical Waste .....	54
D-11: Refusal of Treatment .....	55
D-12: Maintain Physical Safety of Client .....	56
D-13: Safe Work Practices .....	58
D-14: Safety Reports and Documentation .....	59
<b>E: Communication and Interpersonal Skills</b> .....	60
E-1: Communication .....	61
E-2: Effective Communication .....	62
E-3: Therapeutic Nurse-Client Relationship .....	63
E-4: Functioning as an Effective Team Member .....	65
E-5: Client and Family Teaching .....	66
E-6: Legal Protocols, Documenting and Reporting .....	68
E-7: Accept, Transcribe and initiate Orders .....	69
E-8: Conflict Management .....	70
E-9: Time Management .....	71
<b>F: Nursing Practice</b> .....	72
F-1: Critical Thinking .....	73
F-2: Clinical Judgment and Decision Making .....	74
F-3: CPR and Code Procedure .....	75
F-4: Admission Procedures .....	76
F-5: Client Transfer, Discharge and Referral .....	77
F-6: Activities of Daily Living .....	78
F-7: Mobility of Clients .....	79
F-8: Nutrition/Hydration .....	80
F-9: Elimination .....	81
F-10: Medical/Surgical Asepsis .....	82
F-11: Peritoneal Dialysis .....	83
F-12: Foot Care .....	84
F-13: Advanced Foot Care .....	85
F-14: Wound Care .....	86
F-15: Specimen Collection and Testing .....	87
F-16: Phlebotomy for the Purpose of Drawing Blood .....	88
F-17: Post-Mortem Care .....	89
F-18: Resource Utilization .....	90
<b>G: Respiratory Care</b> .....	91
G-1: Airway Management .....	92
G-2: Oxygen Therapy .....	93
G-3: Suctioning .....	94

<b>G: Respiratory Care (continued)</b>	
G-4: Respiratory Treatments .....	95
G-5: Tracheostomy Care .....	96
G-6: Chest Tubes .....	97
<b>H: Surgical Nursing</b> .....	100
H-1: Knowledge of Surgical Procedures .....	101
H-2: Pre and Post-Operative Teaching .....	102
H-3: Pre-Operative Care .....	103
H-4: Post-Operative Care .....	104
H-5: Wounds, Tubings and Drains .....	105
<b>I: Orthopedic Nursing</b> .....	106
I-1: Care of Orthopedic Client .....	107
I-2: Cast Care .....	110
I-3: Traction and External Fixators .....	112
I-4: Splints and Braces .....	113
<b>J: Neurological/Neurovascular Nursing</b> .....	114
J-1: Neurological/Neurovascular Assessment .....	115
J-2: Seizures .....	117
J-3: Spinal Precautions .....	118
J-4: Support to the Client/Family .....	119
<b>K: Cardiovascular Nursing</b> .....	120
K-1: Cardiovascular Disorders and Diseases .....	121
<b>L: Maternal/Newborn Care</b> .....	123
L-1: Prenatal Care, Assessment and Teaching .....	124
L-2: Assessment of Labour .....	127
L-3: Assist with Managing Labour .....	128
L-4: Assist with Delivery .....	129
L-5: Postpartum Care and Teaching .....	130
L-6: Newborn Care .....	132
L-7: Neonatal Resuscitation (NRP) .....	134
<b>M: Pediatrics</b> .....	135
M-1: Care of Pediatric Client/Family .....	136
M-2: Interventions and Safety Procedures .....	138
M-3: Support and Teaching to Client/Family .....	139
M-4: Knowledge and Use of Pediatric Equipment .....	140
<b>N: Mental Health and Addictions</b> .....	141
N-1: Mental Health and Illness .....	142
N-2: Behaviour Management .....	145
N-3: Prevention and Intervention in Suicide .....	146

## **N: Mental Health and Addictions (Continued)**

N-4: Addiction Interventions .....	147
N-5: Mental Health Treatments and Interventions .....	148

## **O: Emergency Nursing** .....

O-1: Emergency Care .....	150
---------------------------	-----

## **P: Gerontology Nursing** .....

P-1: Aging Process and Health Problems .....	152
P-2: Dementia Care .....	154
P-3: Support and Teaching .....	156
P-4: Nursing Interventions .....	157
P-5: Assessment for Continuing Care .....	160
P-6: Safety Procedures .....	161
P-7: Communication and Advocacy .....	162

## **Q: Palliative Care** .....

Q-1: Palliative Principles and Values .....	164
Q-2: Physical Changes .....	165
Q-3: Physical and Psychosocial Care .....	166
Q-4: Post-Mortem Care .....	168
Q-5: MAID – Medical Assistance in Dying .....	169

## **R: Rehabilitation** .....

R-1: Rehabilitation Nursing .....	171
-----------------------------------	-----

## **S: Community Health** .....

S-1: Knowledge of Community Health .....	175
S-2: Nursing Process and Community Health .....	176
S-3: Client Services .....	178
S-4: Primary Health Care/Health Promotion .....	179
S-5: Community Health .....	180
S-6: Public Health .....	181
S-7: Health Teaching .....	182
S-8: Case Management .....	183

## **T: Clinic Based Nursing** .....

T-1: Knowledge of Clinic Based Nursing .....	186
T-2: Assessment and Prioritizing of Client Needs .....	187
T-3: Nursing Interventions .....	188
T-4: Ear Syringing .....	190

## **U: Occupational Health and Safety** .....

U-1: Occupational Health and Safety Nursing .....	192
U-2: Application of Nursing Process .....	193

## **U: Occupational Health and Safety (Continued)**

U-3: Health and Safety Promotion .....	194
U-4: Collaborate with Health Professionals .....	195
U-5: Respond to Emergency Situations .....	196
U-6: Provision of Support for Program .....	197

## **V: Medication Management .....**

V-1: Pharmacology and Principles of Administration of Medication .....	199
V-2: Assess Client Need for Medication .....	202
V-3: Medication Preparation and Administration .....	203
V-4: Nitrous Oxide .....	205
V-5: Diagnostic Imaging Contrast Agents .....	206
V-6: Immunizations .....	207

## **W: Infusion Therapy .....**

W-1: Knowledge of Infusion Therapy .....	209
W-2: Peripheral Intravenous Therapy .....	210
W-3: Care of a Central Venous Catheter .....	211
W-4: Hypodermoclysis .....	212
W-5: Blood Transfusion .....	213
W-6: Parenteral Nutrition .....	215
W-7: Epidural and Spinal Infusions .....	216

## **X: Oncology .....**

X-1: Oncology Nursing .....	218
X-2: Oncology Interventions .....	219

## **Y: Leadership Role .....**

Y-1: Leadership .....	222
Y-2: Mentoring .....	226
Y-3: Team Lead Role .....	227
Y-4: Organizational Structure .....	228
Y-5: Risk Management .....	229
Y-6: Planning Process .....	230
Y-7: Manager/Administrator .....	231
Y-8: Assignment/Delegation to Unregulated Health Care Providers .....	232

## **Z: Perioperative Nursing .....**

Z-1: Authorizations and Standards .....	234
Z-2: Knowledge and Application of Perioperative Nursing .....	235
Z-3: Knowledge and Application of the Scrub Role .....	237
Z-4: Knowledge and Application of the Circulating Role .....	239
Z-5: Knowledge and Assistance to the Anaesthetist .....	242
Z-6: Knowledge and Application of the Prep Room Role .....	243

<b>AA: Dialysis Nursing</b> .....	244
AA-1: Knowledge of Dialysis Nursing .....	245
AA-2: Assessment and Nursing Care of Dialysis Client .....	246
AA-3: Initiate, Monitor and Discontinue Dialysis Treatment .....	247
<b>BB: Educator</b> .....	248
BB-1: Adult Learning Principles .....	249
BB-2: Design and Delivery of Education .....	250
<b>CC: Ophthalmic Nursing</b> .....	252
CC-1: Knowledge of Ophthalmology and Surgical Procedures .....	253
CC-2: Assess and Care for Ophthalmic Client .....	254
CC-3: Assist with Laser Procedures .....	255
<b>Glossary of Terms</b> .....	256
<b>References and Resources</b> .....	259
<b>Appendix A: Description of Licensed Practical Nurse Practice</b> .....	260
<b>Appendix B: Delegation of Function to a Licensed Practical Nurse</b> .....	262
<b>Appendix C: Advancing the Scope of Practice for the Profession</b> .....	264

## Introduction

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNL) has the legislative responsibility to regulate the practice of Licensed Practical Nurses (LPNs) in Newfoundland and Labrador (NL) in accordance with the *Licensed Practical Nurses' Act (2005)*. The mission of CLPNL is to protect the public by actively promoting safe, competent, and ethical nursing care<sup>1</sup> by LPNs.

**Competencies**<sup>2</sup> are the integrated knowledge, skills, judgments and attitudes required of LPNs in order to practice safely and effectively.

The purpose of this Competency Profile is to articulate the skills that are approved<sup>3</sup> to be within the **scope of practice** of the profession of practical nursing in NL. Scope of practice refers to the range of roles, functions, responsibilities and activities that LPNs are educated, authorized, and competent to perform. The outer boundaries of the scope of practice of the profession are guided by the LPN Act (2005), the Standards of Practice and Code of Ethics for LPNs in Canada (2013) and the Entry Level Competencies for LPNs (2019).

The competencies outlined in this document must always be considered in relation to the context of a LPN's practice, including a reflection of the education the LPN has obtained, the complexity of the required client care, the environment in which care is provided, and the authorization of an employer to permit an activity in the practice setting. A description of LPN practice is included in **Appendix A**.

Many of the skills approved to be within the scope of practice for the practical nursing profession are included in the educational program for entry to practice<sup>4</sup> in NL. There are additional competencies approved for LPN practice that may be acquired over time and build upon entry-to-practice education. These additional competencies require additional education and are referred to as **post-basic**. This competency profile includes skills included in the entry-to-practice education as well as post-basic skills.

No one LPN is expected to demonstrate all the competencies set out in this document. Each individual LPN's competencies, while falling within the outer boundaries of the profession, will be determined by their unique basic and post-basic education, training, practice experience and employer policies. Each LPN is accountable to know the competencies they have attained and are competent and authorized to perform. LPNs have a responsibility to maintain and increase their knowledge, skill and ability to provide safe, competent and ethical nursing care to clients. In addition to practice experience, LPNs are expected to build on their basic education and foundational knowledge.

---

<sup>1</sup> In this context, 'care' is interpreted as a broad range of functions and roles including direct client care, leadership, education, administration or policy development.

<sup>2</sup> Bolded words are defined in the glossary and are bolded when they first appear in the document.

<sup>3</sup> For information about adding new competencies see Appendix C.

<sup>4</sup> For more information see the *Entry-to-Practice Competencies for Licensed Practical Nurses* <https://www.clpnl.ca/sites/default/files/2016-11/entry.pdf>



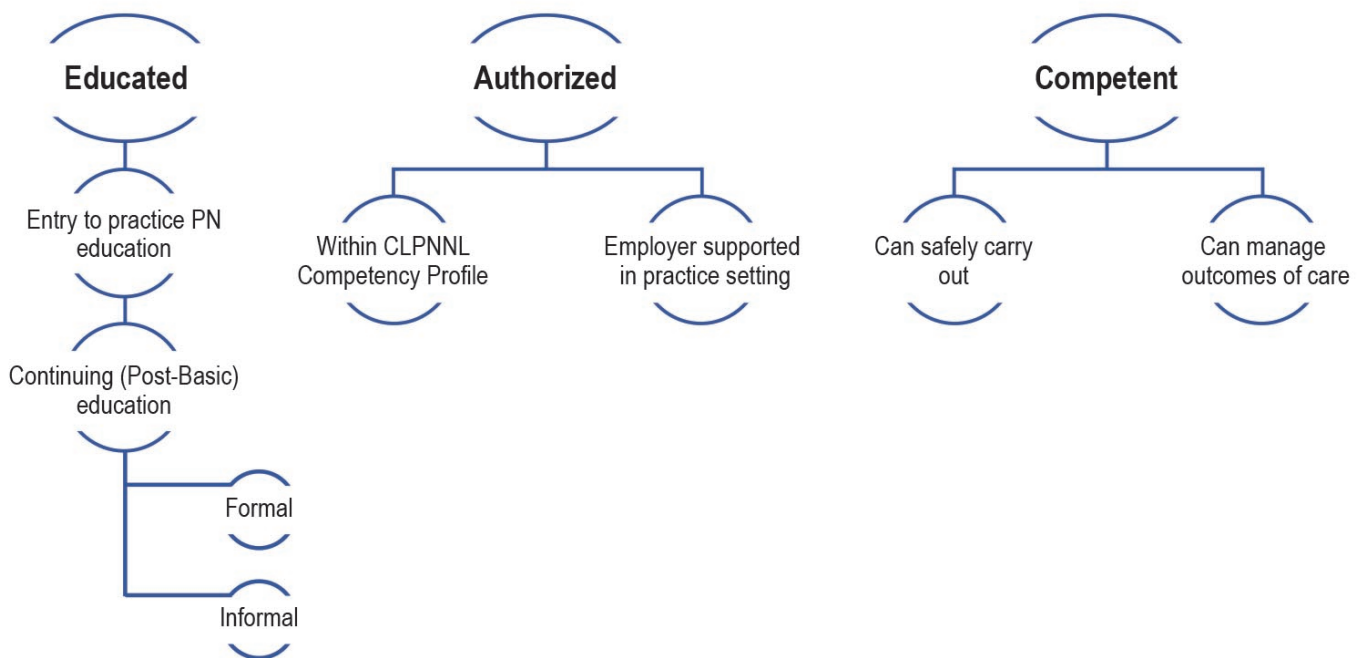
There may be skills not reflected in this profile being performed by individual LPNs in 'one-of' practice contexts or where a formal authorization through a **delegation of function** has been established.

Delegation of function is a method that can be used to permit a LPN to carry out a competency not currently within the CLPNNL approved scope of practice for the profession. The process to follow in establishing a delegation of function is outlined in **Appendix B**.

The process to follow when requesting CLPNNL to consider including a new competency into the scope of practice of the profession is outlined in **Appendix C**.

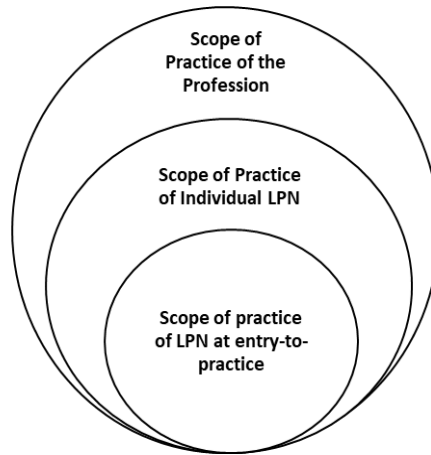
## Scope of Practice

Scope of practice refers to the range of roles, functions, responsibilities and activities that LPNs are educated, authorized, and competent to perform.



To consider a competency within one's scope of practice, the LPN must have attained the appropriate education, either through their entry to practice practical nursing education program or through additional (post-basic) education. Further, they must validate that the competency they wish to perform is authorized to be within the scope of the profession in NL, as well as permitted by their employer in their particular practice setting. And, a LPN must be able to safely carry out that competency and manage the outcomes of the care they provide.

## The Scope of Practice of the Profession Versus Individual LPN Scope of Practice <sup>5</sup>



Over time, and with additional education and practice experience a LPN's practice will expand to include more and more competencies. The scope of practice of any one individual LPN must always be within the outer limits of the scope of practice of the profession. The competencies within the outer limits of the scope of practice of the profession are articulated in this competency profile.

### Organization of the Competencies

Competencies in this profile are assigned an alphanumeric code and are grouped into like areas of practice under headings and subheadings. For example, the competency statement related to changing a tracheostomy dressing (G-5-2) is located under the sub-heading Tracheostomy Care (G-5) which is located under the heading Respiratory Care (G). Some competencies are common to more than one heading and may be repeated.

Plus symbols (+) and *italics* are used to identify the competencies that are currently<sup>6</sup> considered post-basic, and thus are not currently included in the entry level practical nursing education program in Newfoundland and Labrador. Plus (+) symbols are placed next to post-basic competencies. When a competency statement includes sub-elements, and when only some of the sub-elements are post-basic, a plus symbol (+) is placed next to post-basic sub-element and the post-basic sub-element is also *italicized*. Additional education and practice experience are required for a LPN to attain these post-basic competencies.

It is important to note that entry level education changes over time; thus, current practitioners may not have had all the same competencies as part of their entry-to-practice education. Each LPN is accountable to know the competencies they have attained.

---

<sup>5</sup> Circles are used to represent the relationship between an individual's scope of practice and the scope of the profession. The circles are not proportionate, nor do they represent the size of one's scope of practice compared to their scope of practice at entry to practice.

<sup>6</sup> As of the date of publication of this document



# A: Professionalism

Major Competency Area: **A**

**Professionalism**

Competency: **A-1**

**LPN Legislation/Regulation**

- A-1-1 Understand the Licensed Practical Nurse Act (2005) and Regulations (2011).**
- A-1-2 Understand the role of the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL).**
- A-1-3 Understand key components of the LPN Act, and Regulations, including:**
- registration
  - protected titles
  - continuing competence
  - mandatory participation in the ongoing and annual Continuing Competency Program (CCP)
  - disciplinary process/alternative dispute resolution
  - examination
  - professional conduct.

Major Competency Area: **A**  
**Professionalism**

Competency: **A-2**  
**Licensed Practical Nurse  
Scope of Practice**

- A-2-1      Understand the scope of practice as outlined in the LPN Act, Regulations and the Competency Profile for LPNs.**
  
- A-2-2      Understand CLPNNL’s documents and guidelines that give guidance and direction on LPN Scope of Practice.**

Major Competency Area: **A**

**Professionalism**

Competency: **A-3**

**Professional Standards of Practice**

**A-3-1 Understand the Canadian Council for Practical Nurse Regulators (CCPNR)/CLPNNL's Standards of Practice for Licensed Practical Nurses in Canada**

- professional accountability and responsibility
- knowledge-based practice
- service to the public and self-regulation
- ethical practice.

**A-3-2 Understand the principles that provide the foundation on which the Standards of Practice were developed:**

- LPNs are self-regulating and accountable for providing safe, competent, compassionate and ethical care within the legal and ethical framework of nursing regulation
- LPNs are autonomous practitioners and work collaboratively with colleagues in health care to assess, plan and deliver quality nursing services
- LPN practice is client centred and includes individuals, families, groups and communities
- LPN standards are broadly based and address variations in client needs, provider competence, experience and environmental factors
- LPN standards allow for growth in the profession to meet changing approaches, treatments and technologies within the health care system
- LPN standards encourage leadership through self-awareness and reflection, commitment to individual and professional growth, and promotion of the best possible service to the public.

Major Competency Area: **A**  
**Professionalism**

Competency: **A-4**  
**Professional Ethics**

**A-4-1 Understand the CCPNR/CLPNNL Code of Ethics for LPNs.**

- Five ethical principles:
  - responsibility to the public
  - responsibility to client
  - responsibility to the profession
  - responsibility to colleagues
  - responsibility to oneself.

**A-4-2 Identify the impact that health care, technology, and society have in relation to ethical dilemmas.**

**A-4-3 Apply ethical principles to decision making, including:**

- client-centred care
- cultural diversity
- fitness to practice
- honesty and integrity
- inter and intra-professional collaboration
- moral distress (self and others)
- personal values, beliefs and bias
- privacy and confidentiality
- professional boundaries
- professionalism and accountability
- social determinants of health
- therapeutic nurse-client relationship
- use of technology/social media
- spirituality.

Competency: **A-4**

**Professional Ethics**

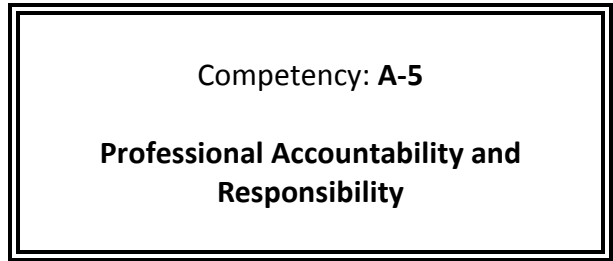
Page: 2

**A-4-4 Use the CCPNR/CLPNNL Code of Ethics in guiding LPN practice and decision-making in conjunction with:**

- professional standards
- competencies
- employer policies
- legal requirements.

**A-4-5 Seek assistance as necessary to manage ethical conflicts/dilemmas.**





**A-5-1 Understand legal accountability for one's own nursing practice, actions and inactions, including:**

- understanding *Standard 1: Professional Accountability and Responsibility* in the CCPNR's Standards of Practice and Code of Ethics for LPNs
- understanding the concept of Duty of Care
  - reasonable and prudent decisions
  - avoiding issues of neglect or abandonment of care
    - arrive for work on time
    - inappropriate transfer/termination of care
    - recognizing need for assistance or hand-off of care
- responsibility for fitness to practice
  - maintaining physical, mental, emotional well-being
- duty to self-report to CLPNNL, including:
  - personal incapacity impairing fitness to practice
  - criminal charges, guilty plea or verdict
  - under investigation, subject of proceeding, discipline by another regulator.

**A-5-2 Understand LPN accountabilities/responsibilities in the CCPNR Code of Ethics to:**

- the public
- the client
- the profession
- colleagues
- self.

**A-5-3 Ensure that nursing knowledge is current:**

- commitment to CCP each year
- identifying best practice
- research evidence to guide practice.

Competency: A-5

**Professional Accountability and  
Responsibility**

Page: 2

- A-5-4 Identify when assistance is required or when an assignment is beyond competence level or outside the scope of practice, including:**
- collaborating as necessary
  - maintaining or handing off care as necessary
  - monitoring complexity of the client.
- A-5-5 Provide autonomous practice, including:**
- accountability for one's own actions/inactions and behaviours
  - best practice and research
  - independence as appropriate
  - moral decision-making
  - self-managed competence.
- A-5-6 Practice self-reflection, self-awareness and self-care, including:**
- maintaining personal health and wellness
  - recognizing personal beliefs and morals
  - providing non-judgmental, empathetic, compassionate care
  - establishing and maintaining therapeutic and professional boundaries
  - supporting inter and intra-professional team
  - engaging in ongoing professional development.

Major Competency Area: **A**

**Professionalism**

Competency: **A-6**

**Privacy & Confidentiality**

**A-6-1 Apply the concepts of client privacy and confidentiality in relation to nursing.**

**A-6-2 Maintain privacy and confidentiality with client, colleagues, staff, team and organizations, including:**

- adhering to policy, procedures, guidelines, standards, legislation
- identifying breaches in privacy and/or confidentiality
- managing all client information appropriately (verbal, written, electronic)
- recognizing and managing risks.

Major Competency Area: A

**Professionalism**

Competency: A-7

**Professional Boundaries**

- A-7-1**      **Establish/maintain/conclude the therapeutic nurse-client relationship.**
- A-7-2**      **Recognize and maintain professional boundaries related to:**
- beginning, maintaining, ending relationship
  - caring for family/friends
  - casual, friendship, romantic, sexual
  - chastising, coercion, favoritism
  - conflict of interest
  - giving/receiving gifts
  - inappropriate financial or personal benefit
  - inappropriate physical contact
  - limited self-disclosure
  - psychological abuse/disruptive behaviours
  - social media interactions.
- A-7-3**      **Recognize, intervene and report unacceptable behaviors of self and others, including:**
- abuse of clients:
    - emotional/verbal abuse
    - physical abuse/bodily harm
    - sexual abuse
    - neglect
    - financial abuse
  - insensitivity to religious and cultural beliefs and values
  - poor or sub-standard practice of others.
- A-7-4**      **Intervene as appropriate to prevent potential or actual abusive situations or unprofessional activities.**
- A-7-5**      **Understand the risks associated with improper use of social media, including:**
- breach of privacy/confidentiality
  - compromise of public safety/trust in nurses
  - undermining of individual nursing careers
  - inappropriate use during work hours.

Major Competency Area: **A**

**Professionalism**

Competency: **A-8**

**Fitness to Practice**

**A-8-1**      **Maintain the physical/mental capacity necessary to provide safe, competent and ethical practice.**

**A-8-2**      **Manage one's own life to maintain and improve personal wellness by:**

- accepting responsibility and accountability for own actions
- preventing and dealing with stress as necessary
- accessing self-care and support networks as necessary
- maintaining positive self-esteem and attitude
- striving to live a balanced and healthy life
- managing work-life balance
- participating in wellness activities
- recognizing when fitness to practice is compromised and take action.

**A-8-3**      **Recognize factors that may inhibit fitness to practice, including:**

- physical health
- mental health
- family and environmental issues
- addictions
- cognition
- coping mechanisms
- inappropriate behaviours
- psychological health
- sensory perception
- socialization
- stress management.

Major Competency Area: **A**  
**Professionalism**

Competency: **A-9**  
**Continuing Competence and Professional Development**

- A-9-1**      **Accept responsibility for maintaining professional practice and competence and seek opportunities for continuous learning.**
- A-9-2**      **Commit to life-long learning by annual participation in the CLPNNL Continuing Competency Program using established tools:**
- self-assessment
  - develop, prioritize, implement and evaluate a plan to meet own learning needs
  - maintain a portfolio/record of learning activities
  - participate in verification process
  - attend workshops, webinars, employer training, etc.
- A-9-3**      **Actively seek opportunities to enhance knowledge and skills and achieve goals identified on learning plan.**
- A-9-4**      **Participate in continuous quality improvement and evidence-based changes to nursing practice within the employment setting.**
- A-9-5**      **Participate in committees and activities at a national, professional, provincial, regional and local level to promote health and wellness throughout the health system.**

Major Competency Area: **A**  
**Professionalism**

Competency: **A-10**  
**Policy and Procedures**

- A-10-1**      **Apply policies, procedures, and job description of the employing agency.**
  
- A-10-2**      **Influence and collaborate with leadership in the development of policy and procedures that are applicable to practice.**
  
- A-10-3**      **Participate in policy development and policy review through committee involvement or individual feedback as appropriate.**



# B: Nursing Process



Major Competency Area: **B**

**Nursing Process**

Competency: **B-1**

**Assessment**

**B-1-1 Apply critical thinking, critical inquiry and clinical judgment throughout health assessment, including:**

- comparing actual assessment findings to expected findings
  - consult appropriate care provider when assessment findings are not as expected, including:
    - when client status is not as anticipated, changed or new onset
    - when client is not achieving expected outcomes
    - when client status is becoming variable or less predictable.

**B-1-2 Assess the client using multiple data sources, including:**

- current health status
- historical information
- objective data
- subjective data
- demographic data.

**B-1-3 Identify primary and secondary sources of data.**

**B-1-4 Use various methods of data collection, including:**

- physical assessment
- health history
- mental health history
- review of presenting issues/symptoms
- statistical data
- client/family interview
  - past health history
  - family medical history
    - social history
  - cultural/spiritual history
  - review and understand personal directives document
  - personal history
- medication history
- medication reconciliation
- lab values
- psychosocial history
- developmental history
- physiological history.

**B-1-5**

**Perform physical assessment, including:**

- systems assessment including, but not limited to:
  - cardiovascular / circulatory system
  - digestive system
  - endocrine system
  - urinary system
  - immune / lymphatic system
  - integumentary system
  - musculoskeletal system
  - nervous system and special senses
  - reproductive system
  - respiratory system
- head to toe physical assessment using techniques, including:
  - inspection:
    - visual inspection of a body part or cavity
    - characteristics, e.g., size, shape, colour, symmetry, position, smell and abnormalities
    - *bladder scanners and dopplers*
  - palpation:
    - use of fingers or hands to assess an organ, areas of the body or mass of tissue
    - observe for characteristics while palpating:
      - temperature
      - texture
      - turgor
      - moisture
      - size
      - vibrations
      - pulsation
      - shape
      - consistency
      - pain or tenderness

+

**+ Post-Basic**

**B-1-5 Perform the physical assessment: (continued)**

- percussion:
  - striking or tapping an area of the body for determining density, size, and location of an underlying structure
  - observe for characteristics during percussion
  - differentiation of sounds:
    - percussion
    - intensity
    - pitch
    - duration
    - quality.
- auscultation:
  - act of listening and identifying the various sounds produced by the organs and blood vessels of the body
  - observe for characteristics while auscultating:
    - pitch
    - loudness
    - quality
    - duration.

**B-1-6 Perform vital signs and other assessments, including:**

- temperature
- pulse
- respiration
- blood pressure
- pulse oximetry
- pain
- blood glucose
- elimination
- hydration
- level of Consciousness
- capillary refill
- nausea.

**B-1-7 Relate assessment findings to nursing practice.**

Major Competency Area: **B**  
**Nursing Process**

Competency: **B-2**  
**Nursing Diagnosis**

- B-2-1**      **Review the assessment data to participate and/or collaborate in selecting appropriate nursing diagnosis.**
  
- B-2-2**      **Validate and communicate the nursing diagnosis with client, family, and health care team.**
  
- B-2-3**      **Document the nursing diagnosis and determine the expected outcomes and plan.**

Major Competency Area: **B**

**Nursing Process**

Competency: **B-3**

**Planning**

- B-3-1**      **Apply critical thinking, critical inquiry and clinical judgment throughout the planning of care.**
- B-3-2**      **Collaborate with the RN in the development of the initial nursing care plan:**
- collaboration;
    - build the initial nursing care plan concurrently with the RN
    - build a draft nursing care plan and collaborate with the RN to validate or approve the plan.
- B-3-3**      **Collaborate with the appropriate health care provider in the development of the initial plan of care:**
- collaboration;
    - build the initial plan of care concurrently with the appropriate care provider
    - build a draft plan of care and collaborate with the appropriate care provider to validate or approve the plan
    - utilize best available data, resources and evidence.
- B-3-4**      **Implement the planning process and establish priorities based on:**
- client needs / resources / privacy
  - client safety / risks
  - client desires / goals
  - family involvement
  - agency situation
  - timelines
  - client's predictability
  - the practice setting.
- B-3-5**      **Identify, select and prioritize appropriate nursing diagnoses.**
- B-3-6**      **Collaborate with the client and family throughout the planning of care.**
- B-3-7**      **Establish goals of care and expected outcomes.**
- B-3-8**      **Modify plan of care in collaboration with appropriate health care provider as required.**

Major Competency Area: **B**

**Nursing Process**

Competency: **B-4**

**Implementation**

- B-4-1**      **Apply critical thinking, critical inquiry and clinical judgment throughout implementation of care plan.**
- B-4-2**      **Carry out interventions of the nursing care plan, including:**
- anticipating client's needs, priorities, expectations, values and response to interventions
  - prioritizing interventions
  - collaborating with client and family throughout implementation of nursing care plan
  - communicating, consulting and collaborating with other health professionals as required
  - reporting and documenting
  - anticipating potential barriers to the implementation of the nursing care plan.

Major Competency Area: **B**

**Nursing Process**

Competency: **B-5**

**Evaluation**

- B-5-1      Apply critical thinking, critical inquiry and clinical judgment throughout evaluation of client’s nursing care plan.**
- B-5-2      Evaluate client’s response to care, including:**
- performance of ongoing client assessments
  - assessing the client’s response to nursing actions
    - assessing the client’s progress toward achieving goals
    - assessing the quality / effectiveness of nursing care provided
  - collaborating in determination of the required level of nursing care for the client
  - comparing observed results with expected or anticipated outcome criteria
  - following up on care based on assessment findings
  - revising the nursing care plan/plan of care when clients are achieving intended outcomes
  - communicating, consulting and collaborating with health care team to make changes in the nursing diagnosis, expected outcomes or overall plan of care when outcomes are not achieved, or clients’ needs become **variable** or less **predictable**
  - documenting and communicating results of evaluation.
- B-5-3      Utilize best available data, resources and evidence throughout evaluation of nursing care plan, including:**
- assessing quality/effectiveness of care
  - amount of care provided
  - determining family/social support system.



# C: Nursing Knowledge



Major Competency Area: C

**Nursing Knowledge**

Competency: C-1

**Anatomy and Physiology**

- C-1-1 Identify the structures and functions of the body.**
- C-1-2 Describe the anatomical organization of the body.**
- C-1-3 Describe the cellular chemistry and organization of the body.**
- C-1-4 Describe cellular functions – protein synthesis, cell division, and movement of substances across the cell membrane.**
- C-1-5 Explain how cells are organized into tissue, organs, and systems of the body.**
- C-1-6 Identify the structure and explain the function of body systems:**
- cardiovascular
  - circulatory system
  - digestive system
  - endocrine system
  - genitourinary system
  - immune / lymphatic system
  - integumentary system
  - musculoskeletal system
  - nervous system and special senses
  - reproductive system
  - respiratory system.
- C-1-7 Identify the components of blood and blood products.**
- C-1-8 Describe the major body processes of:**
- metabolism
  - reproduction
  - homeostasis

Major Competency Area: C

**Nursing Knowledge**

Competency: C-2

**Microbiology**

- C-2-1 Explain characteristics of micro-organisms and their role in the transmission of disease.**
- C-2-2 Describe and differentiate pathogens and non-pathogens.**
- C-2-3 Describe and differentiate bacteria, viruses, and fungi.**
- C-2-4 Describe the normal micro-organisms within the human body.**
- C-2-5 Describe conditions for growth and transferability of micro-organisms.**
- C-2-6 Explain the concept of asepsis.**
- C-2-7 Explain the principles of disease prevention and health promotion.**
- C-2-8 Describe the concept of infection prevention and control.**
- C-2-9 Explain the relationship between microbiology and pharmacology.**

Major Competency Area: C

**Nursing Knowledge**

Competency: C-3

**Pathophysiology**

- C-3-1 Define pathophysiology as the science of physiological and psychological disease processes within the human body.**
- C-3-2 Identify and describe pathophysiological processes, including:**
- etiology (cause of disease)
  - pathophysiology (disease process)
  - manifestations (signs and symptoms)
  - complications
  - chronic versus acute conditions/disorders.
- C-3-3 Identify the etiology, pathophysiology, and complications of common health problems for all body systems.**
- C-3-4 Describe common body responses to disease:**
- cellular/tissue/organ/system level
  - immunity/autoimmunity
  - inflammation
  - stress
  - carcinogenesis
  - genetic
  - psychological.
- C-3-5 Describe the processes of inflammation, infection, and healing.**

Competency: **C-3**

**Pathophysiology**

Page: 2

- C-3-6**      **Explain the common types of trauma:**
- fractures
  - haemorrhage
  - shock
  - burns
  - neurological
  - respiratory
  - psychological
  - surgical
  - multisystem failure
  - addictions
  - mental health.
- C-3-7**      **Explain common medical management in relation to pharmacology, surgery, anaesthesia, and treatments.**
- C-3-8**      **Apply the nursing process to the care of clients with common health problems.**
- C-3-9**      **Describe diagnostic tests commonly used in healthcare.**

Major Competency Area: **C**

**Nursing Knowledge**

Competency: **C-4**

**Medical Terminology**

- C-4-1** Identify the meanings of common prefixes, suffixes, and root words used in reporting and documenting.
- C-4-2** Use approved abbreviations.
- C-4-3** Use appropriate medical terminology in reporting and documenting.
- C-4-4** Apply agency policies and procedures regarding the use of medical terminology and abbreviations.

Major Competency Area: C

**Nursing Knowledge**

Competency: C-5

**Growth and Development**

- C-5-1 Explain theories of human growth and development throughout the life cycles.**
- C-5-2 Describe the significant physical, psychological, social, cognitive, moral, spiritual, and cultural developments throughout the life cycle.**
- C-5-3 Describe the stages of growth and development throughout the life cycle.**
- C-5-4 Describe how the factors of environment, genetics, culture, lifestyle, religion, and maturation influence growth and development.**
- C-5-5 Identify the developmental tasks for each stage of growth and development.**
- C-5-6 Describe the process of learning throughout the life cycle.**
- C-5-7 Apply the principles of teaching/learning.**
- C-5-8 Describe the stages of death, dying, grief and the grieving process throughout the life cycle.**
- C-5-9 Relate growth and development processes to the application of nursing in the care of clients throughout the life cycle.**

Major Competency Area: C

**Nursing Knowledge**

Competency: C-6

**Nutrition**

- C-6-1 Describe the importance of nutrition to health and recovery.**
- C-6-2 Identify the functions, major sources, and daily requirements for common nutrients, including:**
- carbohydrate
  - fibre
  - fat
  - minerals
  - protein
  - vitamins
  - water.
- C-6-3 Identify the Canada's Food Guide requirements for each age group throughout the life cycle.**
- C-6-4 Identify factors that affect nutrition and hydration.**
- C-6-5 Identify the indicators of adequate and inadequate nutrition and hydration.**
- C-6-6 Describe methods to assess nutritional status, including:**
- general appearance
  - height and weight
  - diet history
  - food allergies
  - body mass index
  - lab values
  - swallowing
  - perception of body image
  - intake and output
  - skin turgor
  - socio-economic challenges
  - waist circumference.
- C-6-7 Describe the purpose and elements of therapeutic diets/dietary restrictions.**
- C-6-8 Identify the role of the dietician/nutritionist and when to consult.**

Major Competency Area: C

**Nursing Knowledge**

Competency: C-7

**Pharmacology**

- C-7-1 Define pharmacology.**
- C-7-2 Describe the process of pharmacokinetics and pharmacodynamics throughout the life cycle.**
- C-7-3 Distinguish between local and systemic sites of action.**
- C-7-4 Understand lab values and recognize variations in values.**
- C-7-5 Identify the common effects of drugs, including:**
- therapeutic effects
  - side effects
  - adverse reaction
  - allergic reaction
  - synergistic effects (additive and antagonistic)
  - drug interactions
  - body system impact.
- C-7-6 Describe the signs, symptoms, and treatment of anaphylaxis.**
- C-7-7 Identify common drug/medication legislation and standards.**
- C-7-8 Identify classifications, generic and trade names of drugs, and appropriate pharmacological resources.**
- C-7-9 Identify the uses, actions, usual dosage range, major side effects, nursing implications, and examples of drug classifications.**



- C-7-10** Identify common systems of measurement in drug therapy.
- C-7-11** Identify formulas to calculate medication dosages.
- C-7-12** Describe factors influencing medication actions.
- C-7-13** Describe common medication actions.
- C-7-14** Identify roles and responsibilities of health care providers related to pharmacology.
- C-7-15** Identify the routes of medication administration.
- C-7-16** Describe the principles of pharmacology management, including:
- assessment
  - controlled substances
  - documentation
  - policy and procedures
  - safe handling (storage, transport, disposal)
  - the Rights.
- C-7-17** Describe the purpose and application of common pharmacological references and resources.
- C-7-18** Differentiate between drug abuse and drug misuse.
- C-7-19** Differentiate between physiological and psychological dependence.

Major Competency Area: C

**Nursing Knowledge**

Competency: C-8

**Nursing Science**

- C-8-1** Describe the steps of the nursing process – assessment, nursing diagnosis, planning, implementation, and evaluation.
- C-8-2** Integrate knowledge and skills from sciences and humanities, including: 1) experiences; 2) phenomena; and 3) processes, into the application of the nursing process.
- C-8-3** Describe the process of identifying a nursing diagnosis.
- C-8-4** Understand the evolution of nursing including history, role, function, and professionalism.
- C-8-5** Understand the common characteristics of the Canadian health care system.
- C-8-6** Identify the common methods of delivering and organizing nursing care.
- C-8-7** Describe the basic elements of nursing theories and models, including:
- definition of nursing
  - health
  - human needs
  - illness
  - nursing process
  - wellness
  - prevention.
- C-8-8** Describe the professional, ethical and legal aspects of nursing.
- C-8-9** Describe the determinants of health and their impact on client health and wellness.

- C-8-10 Identify foundational concepts of personal health and wellness related to individuals, groups and communities, including:**
- addictions
  - communicable disease control
  - immunization
  - mental health/stress management
  - neglect/abuse
  - nutrition/physical activity
  - population health
  - prevention/wellness
  - sexual activity/family planning
  - violence.
- C-8-11 Understand the role of the LPN within the health care system, including:**
- relationship to other health professionals
  - responsibility and accountability
  - scope of practice/overlapping scope & skills
  - regulated health care professionals, standards of practice, code of ethics, scope of employment, etc.
- C-8-12 Explain the concepts of professional accountability, responsibility for competence, and lifelong learning (continuing competency program).**
- C-8-13 Provide the rationale and principles underlying nursing actions.**
- C-8-14 Describe the role of the LPN in health promotion and disease prevention.**
- C-8-15 Understand the concept of advocacy through promotion of wellness behaviour and practices for:**
- individuals
  - groups
  - communities.
- C-8-16 Describe primary health care and the LPN role in primary health care.**
- C-8-17 Describe common complementary and alternative therapies.**

Major Competency Area: C  
Nursing Knowledge

Competency: C-9  
Best Practices and Research

**C-9-1      Apply critical thinking and critical inquiry in validation and application of research:**

- applicability
- consistency of data
- ethical, political, professional issues
- identifiable bias
- method and sources
- relevance
- trustworthiness.

**C-9-2      Implement best practices and research into evidence informed practice.**

**C-9-3      Participate in the involvement of clients, families and inter/intra-professional team in formalized research.**

**C-9-4 +      *Collaborate with research team to plan, conduct and evaluate nursing research.***

***+ Post-Basic***



# D: Safety

Major Competency Area: D

Safety

Competency: D-1

Fire Emergency

- D-1-1** Apply critical thinking, critical inquiry and clinical judgment in response to a fire emergency.
- D-1-2** Know the fire safety policy, procedures, and staff responsibilities in the event of a fire in the health care setting.
- D-1-3** Be prepared for a fire emergency, i.e., know the location and understand the operation of all fire safety equipment.
- D-1-4** Respond to a fire situation, e.g., RACE/REACT:
- Remove those who are in immediate danger
  - Ensure doors are closed and fire is contained in one area
  - Activate the fire alarm
  - Call appropriate personnel to report fire
  - Try to extinguish fire using appropriate equipment, if safe to do so.
- D-1-5** Demonstrate knowledge of evacuation plan and evacuate clients as appropriate.
- D-1-6** Report and document throughout urgent/emergent situations.

Major Competency Area: D

Safety

Competency: D-2

Disaster Emergencies

- D-2-1 Apply critical thinking, critical inquiry and clinical judgment in response to a disaster emergency.
- D-2-2 Take immediate action to ensure safety of clients.
- D-2-3 Initiate the appropriate response to the urgent/emergent situation.
- D-2-4 Know the established disaster plan/emergency plan.
- D-2-5 Respond to off-duty callback.
- D-2-6 Know the policies, procedures, and staff responsibilities in the event of a disaster situation.
- D-2-7 Carry out actions of a disaster/emergency plan.
- D-2-8 Collaborate and communicate with other health professionals, clients, families and others in an urgent/emergent situation.
- D-2-9 Recognize that self and personnel involved in urgent/emergent response may require critical incident stress debriefing/crisis intervention.
- D-2-10 Identify, differentiate and rank priority needs in an urgent/emergent situation.
- D-2-11+ *Participate in client triage in response to disaster situations.*

*+ Post-Basic*

Major Competency Area: **D**  
**Safety**

Competency: **D-3**  
**Bomb Threat**

- D-3-1      Apply critical thinking and clinical judgment in response to a bomb threat.**
- D-3-2      Adhere to agency policy regarding a bomb threat.**
- D-3-3      Provide nursing care in an alternative or temporary location in an urgent/emergent situation.**
- D-3-4      Report and document throughout urgent/emergent situations.**



Major Competency Area: **D**

**Safety**

Competency: **D-4**

**Missing Client Situation**

- D-4-1 Identify clients who are at risk for elopement.**
- D-4-2 Apply agency policy and procedure for at-risk missing client.**
- D-4-3 Initiate and conduct the agency procedure for managing a missing client situation.**
- D-4-4 Appropriately record and document incident.**
- D-4-5 Communicate, collaborate and consult with personnel/family throughout a missing person situation.**

Major Competency Area: **D**

**Safety**

Competency: **D-5**

**Personal Protective Equipment (PPE)**

- D-5-1** Identify the importance and proper use of personal protective equipment while interacting and/or providing care to clients, visitors, and families.
- D-5-2** Properly don, remove, clean and/or dispose of contaminated personal protective equipment.
- D-5-3** Use protective/safety equipment.

Major Competency Area: **D**

**Safety**

Competency: **D-6**

**Standard Precautions**

- D-6-1      Apply principles of routine/standard precautions, including:**
- biomedical waste and sharps handling
  - environmental cleaning
  - hand hygiene
  - point of care risk assessment
  - use of client-specific items/equipment, i.e., electronic device
  - personal protective equipment:
  - respiratory hygiene
  - visitor management.
- D-6-2      Understand the growth and spread of pathogenic micro-organisms.**

Major Competency Area: **D**

**Safety**

Competency: **D-7**

**Infection Control**

- D-7-1**      **Apply the concepts of infection prevention/control to minimize transmission of pathogenic microorganisms.**
- D-7-2**      **Perform and maintain aseptic/sterile technique appropriate to client care.**
- D-7-3**      **Know the elements of the infectious process.**
- D-7-4**      **Establish isolation procedures, including:**
- consulting infection control officer, as appropriate
  - use of appropriate isolation rooms
  - proper handling of equipment
  - client/family/visitor teaching/education.
- D-7-5**      **Prepare multi-client reusable medical devices for specialized cleaning, disinfection and sterilization.**

Major Competency Area: **D**

**Safety**

Competency: **D-8**

**Handling and Disposal of Sharps**

- D-8-1 Know the facility policy for disposal of sharps.**
- D-8-2 Understand the dangers of incorrect disposal of sharps.**
- D-8-3 Use precautions in handling of sharps and follow agency policy.**
- D-8-4 Immediately report needle stick injury to appropriate personnel as per agency protocol.**

Major Competency Area: D

Safety

Competency: D-9  
WHMIS and Transportation  
of Dangerous Goods

- D-9-1      **Apply Workplace Hazardous Materials Information System (WHMIS) guidelines and regulations.**
- D-9-2 +    *Respond correctly if a package containing material considered “Dangerous Goods” arrives damaged and/or leaking.*
- D-9-3 +    *Demonstrate knowledge and application of Transportation of Dangerous Goods (TDG) regulations.*
- D-9-4 +    *Demonstrate knowledge of appropriate packing and documentation according to the final destination and mode of transportation (air or ground):*
- +            • *locally*
  - +            • *nationally*
  - +            • *internationally.*

**+ Post-Basic**

Major Competency Area: **D**

**Safety**

Competency: **D-10**

**Handling of Bio-Medical Waste**

- D-10-1      Apply standard precautions.**
- D-10-2      Demonstrate knowledge of agency policies regarding handling of bio-medical waste.**
- D-10-3      Prepare bio-medical waste/specimens for transportation.**
- D-10-4      Respond immediately to an exposure incident.**
- D-10-5      Report the incident to appropriate personnel as soon as possible.**

Major Competency Area: **D**  
**Safety**

Competency: **D-11**  
**Refusal of Treatment**

- D-11-1**      **Support client and family during refusal of treatment.**
  
- D-11-2**      **Document and have informed consents signed for client discharging self against medical advice.**
  
- D-11-3**      **Monitor, report, and document refusal of treatment or self-discharge in the client's record and to the appropriate health professional.**
  
- D-11-4**      **Provide client with information regarding their illness so that the client can make informed decisions.**



Major Competency Area: **D**

**Safety**

Competency: **D-12**

**Maintain Physical Safety of Client**

**D-12-1 Apply critical thinking, critical inquiry and clinical judgment in maintaining client's safety.**

**D-12-2 Maintain safety principles that apply to the workplace, including:**

- client
- self
- health care team
- others.

**D-12-3 Assess, plan and manage client safety throughout the delivery of care, including:**

- adverse reactions
- chemical, physical and environmental restraints
- error prevention practices
- managed risk waiver.

**D-12-4 Apply nursing interventions that replace restraint use.**

**D-12-5 Utilize protective measures for clients, including:**

- non-skid shoes or socks
- low-rise beds
- motion detectors
- protective barriers for chairs.

- D-12-6** Understand client's rights regarding restriction of personal freedom in use of restraints.
- D-12-7** Know the therapeutic and non-therapeutic use of different types of restraints, including:
- physical restraints and protective devices
  - pharmacological restraints.
- D-12-8** Demonstrate knowledge of negative effects of restraint use, including:
- restriction of freedom
  - risk of falls
  - emergency response issues
  - decrease in cognitive ability
  - bladder and bowel incontinence.
- D-12-9** Demonstrate knowledge of the need for a physician/nurse practitioner order for the use of restraints and be able to obtain the order.
- D-12-10** Know the agency policy and procedures related to the use of restraints.
- D-12-11** Safely use type of restraint needed.
- D-12-12** Perform ongoing assessment, care and monitoring of patient's skin, extremities, circulation, and client response to restraint.
- D-12-13** Document overall effectiveness of restraint.

Major Competency Area: **D**

**Safety**

Competency: **D-13**

**Safe Work Practices**

- D-13-1**      **Understand the Occupational Health and Safety (OHS) Act, Regulations.**
- D-13-2**      **Ensure client safety and the safety of others (self, colleagues) is not compromised, including:**
- reporting unsafe work hazards and practices
  - reporting workplace incidents of injury to Workers Compensation Act
  - recognizing workplace hazards and controls
  - attending OH & S orientation and training.
- D-13-3**      **Utilize workplace controls/support in reducing the risk of harm to self and others, including:**
- safe handling and use of tools and equipment
  - safe lifting and transfer of loads
  - use of Personal Protective Equipment (PPE).
- D-13-4**      **Assess level of anxiety and recognize progression to agitation and aggression.**
- D-13-5**      **Document and report safety-related incidents.**
- D-13-6+**      ***Apply the principles of non-violent crisis intervention.***

***+ Post-Basic***

Major Competency Area: **D**

**Safety**

Competency: **D-14**

**Safety Reports and Documentation**

**D-14-1 Demonstrate knowledge of agency policies regarding reports, including:**

- incident reports
- professional concerns
- Workplace Health and Safety (WorkplaceNL)
- Health and Safety
- needle stick protocols
- unusual occurrence
- role of unions
- Employee Assistance Programs.

**D-14-2 Accurately document and complete reports.**

**D-14-3 Forward reports to appropriate personnel.**



## **E: Communication and Interpersonal Skills**

Major Competency Area: E  
**Communication and Interpersonal Skills**

Competency: E-1  
**Communication**

- E-1-1 Understand the concepts within communication**
- E-1-2 Understand the common goals of communication.**
- E-1-3 Understand the elements of the communication process.**
- E-1-4 Recognize the components of verbal and non-verbal communication when interacting with clients, families, colleagues, co-workers and the public.**
- E-1-5 Understand the components of written communication.**
- E-1-6 Understand the common factors that influence the communication process.**
- E-1-7 Understand the importance of self-awareness to effective communication.**
- E-1-8 Understand the importance of feedback to effective communication.**
- E-1-9 Understand the role of effective communication in establishing, maintaining, and concluding interpersonal relationships.**
- E-1-10 Understand how the communication process is used within the nursing process and provision of nursing care.**
- E-1-11 Understand the importance of effective communication to management of conflict.**
- E-1-12 Understand the importance of effective communication as the LPN assumes a formal or informal leadership role.**
- E-1-13 Understand the purpose and use of common communication devices.**

Major Competency Area: E  
**Communication and Interpersonal Skills**

Competency: E-2  
**Effective Communication**

- E-2-1 Identify and apply appropriate communication techniques.**
  
- E-2-2 Use a variety of communication techniques to create a therapeutic relationship, including:**
  - respectful tone of manner
  - active listening
  - paraphrasing and reflecting
  - seeking clarification
  - timeliness
  - writing clearly and accurately.
  
- E-2-3 Assess and manage clients in states of disorientation, confusion, dementia, mental illness, or impairment, including the use of:**
  - reality orientation
  - validation therapy
  - reminiscence therapy.
  
- E-2-4 Document using behavioral description, the client’s communication pattern, therapies used, and outcomes.**
  
- E-2-5 Effectively address communication barriers, including:**
  - cognitive
  - cultural
  - developmental
  - emotional
  - functional
  - language
  - psychological
  - social
  - spiritual
  - psychosocial.

Major Competency Area: E  
**Communication and Interpersonal Skills**

Competency: E-3  
**Therapeutic Nurse-Client Relationship**

- E-3-1 Practice in accordance with professional legislation, regulation, standards and guidelines of nursing practice.**
- E-3-2 Maintain a therapeutic nurse-client relationship based on:**
- trust
  - respect
  - professional integrity.
- E-3-3 Establish effective therapeutic nurse-client relationships for the purpose of:**
- assessment
  - data collection
  - building rapport
  - client teaching
  - client expression of needs
  - promoting optimal wellness
  - achieving health-related treatment goals.
- E-3-4 Use appropriate communication techniques to initiate, maintain, and conclude the nurse-client relationship.**
- E-3-5 Demonstrate a variety of communication techniques used to facilitate an effective nurse-client relationship, including:**
- advocacy
  - non-verbal
  - empathy/empowerment
  - support
  - trust
  - respect.
- E-3-6 Maintain therapeutic nurse-client relationships without crossing over boundaries.**



- E-3-7 Identify and address barriers to an effective therapeutic relationship related to:**
- confidentiality breach
  - personal behaviour
  - personal bias
  - power imbalance.
- E-3-8 Recognize therapeutic nurse-client boundary violations, including:**
- sexual encounter with client
  - excessive personal disclosure
  - personal or business relationship
  - request for/acceptance of gifting
  - over-involvement with client
  - disengagement from client.
- E-3-9 Demonstrate effective use of skills and techniques to promote a therapeutic relationship and interaction with clients and families.**

Major Competency Area: E  
**Communication and Interpersonal Skills**

Competency: E-4  
**Functioning as an Effective  
Team Member**

- E-4-1 Understand the responsibility and accountability of the LPN role according to the Canadian Council of Practical Nurse Regulators/CLPNNL Standards of Practice and Code of Ethics for LPNs and promote the role of the LPN.**
- E-4-2 Use communication and interpersonal relationship skills.**
- E-4-3 Understand the roles of team members in forming and maintaining an effective team relationship.**
- E-4-4 Respect the knowledge, skills, ideas, opinions, and expertise of all members of the health team.**
- E-4-5 Promote group cohesiveness by contributing to the purposes and goals of the team.**
- E-4-6 Actively participate in team activities to plan, implement, and evaluate client care.**
- E-4-7 Provide/receive constructive feedback and recognition to/from fellow team members.**
- E-4-8 Understand the channels of communication within an organization.**
- E-4-9 Use a variety of communication techniques to establish effective communication with the interprofessional team and others.**
- E-4-10 Address and effectively manage conflict.**

Major Competency Area: E  
**Communication and Interpersonal Skills**

Competency: E-5  
**Client and Family Teaching**

- E-5-1 Understand teaching and learning principles and techniques.**
- E-5-2 Recognize the importance of common factors influencing learning (own and client's).**
- E-5-3 Adjust teaching according to a client's context to promote an optimal outcome considering the client's:**
- age
  - culture
  - economics
  - education
  - emotions
  - environment
  - gender
  - language
  - lifestyle
  - physiologic events
  - religion
  - stress.
- E-5-4 Understand factors that influence teaching and learning, including:**
- available/accessible resources
  - determinants of health
  - learning styles and preferences.

- E-5-5      Apply common guidelines in providing client and family teaching, including:**
- assessing current knowledge level
  - considering special needs of clients
  - establishing a positive learning environment
  - pacing learning to achieve optimum effect
  - providing for active participation of client
  - selecting appropriate time for learning
  - using appropriate teaching methods and resources to meet client’s learning needs
  - using audiovisual aids
  - using language appropriate to client’s level of understanding.
- E-5-6      Adjust teaching plan and delivery mode to meet the individual needs of clients, including:**
- clients of various age groups
  - clients with audio/visual impairments
  - clients unable to read
  - clients with short attention spans
  - clients unable to speak
  - cognitively impaired
  - mentally impaired
  - cultural needs
  - physically impaired.
- E-5-7      Evaluate the effectiveness of teaching and learning through appropriate responses, demonstration of skill, or change in behaviour.**
- E-5-8      Document all aspects of the teaching process, including:**
- planning
  - implementing
  - evaluation.

Major Competency Area: E  
**Communication and Interpersonal Skills**

Competency: E-6  
**Legal Protocols, Documenting  
and Reporting**

- E-6-1 Apply critical thinking, critical inquiry and clinical judgment when documenting and reporting all areas of care and interventions.**
- E-6-2 Apply and adhere to legal protocols, legislation and guidelines throughout practice.**
- E-6-3 Demonstrate professional accountability and responsibility to meet legal protocols and documenting and reporting guidelines, including:**
- personal directive
  - power of attorney
  - trusteeship
  - living will/advanced directives.
- E-6-4 Report and document client care according to, Standards of Practice, legislation and agency policies.**
- E-6-5 Document accurately, concisely and completely.**
- E-6-6 Demonstrate knowledge of methods of documentation.**
- E-6-7 Appropriately report to, and collaborate with, the health care team.**
- E-6-8 Manage, report and document refusal of care and/or self-discharge.**
- E-6-9 Document in a timely manner and in accordance with CLPNNL's documentation practice guideline.**

Major Competency Area: E  
**Communication and Interpersonal Skills**

Competency: E-7  
**Accept, Transcribe and Initiate Orders**

- E-7-1      Accept, question/clarify, transcribe, and accurately initiate an order (written, verbal, phone, electronic/fax) from an authorized health professional.**
  
- E-7-2      Contact authorized health professionals for clarification of suspected unsafe or questionable orders, including:**
  - confirming accuracy and completeness
  - discussing potential and/or interactions
  - sharing concerns related to client’s changing needs.

Major Competency Area: E  
**Communication and Interpersonal Skills**

Competency: E-8  
**Conflict Management**

- E-8-1 Identify the signs and symptoms of common conflict situations in the health setting.**
- E-8-2 Recognize common sources of conflict in self and others, including:**
- beliefs, values, and biases
  - individual differences
  - expectations
  - professional roles
  - financial concerns.
- E-8-3 Intervene immediately in those conflicts that have a direct effect on the safety of:**
- clients
  - self
  - others.
- E-8-4 Report and document conflict to the appropriate professional.**
- E-8-5 Manage conflict by using effective communication techniques to:**
- diffuse tension
  - include all involved in conflict
  - separate fact from fiction
  - seek suggestions and ideas for resolution
  - select agreed upon solution
  - establish measures of success.
- E-8-6 Manage conflict effectively by identifying:**
- problem/issue
  - subjective interest/investment
  - intentional and unintentional contributions
  - mutual options/possible resolutions
  - objective criteria.

Major Competency Area: E  
**Communication and Interpersonal Skills**

Competency: E-9  
**Time Management**

- E-9-1      Manage time to organize client care effectively.**
  
- E-9-2      Rank the priority of client needs according to:**
  - Emergent – immediate threat to survival or safety
  - Urgent – actual problems requiring immediate help
  - Potential – actual or potential problems unrecognized by client or family
  - Anticipated – anticipated problems for future.
  
- E-9-3      Prioritize the nursing assessment and interventions required to meet the priority needs of the client.**
  
- E-9-4      Seek guidance and assistance from the health care team as necessary.**
  
- E-9-5      Demonstrate flexibility, creativity, and adaptability in meeting the unexpected demands of the health setting.**
  
- E-9-6      Assess and monitor own fitness to practice while prioritizing care.**
  
- E-9-7      Respect inter and intra-professional team in decisions of personal time management, including:**
  - arriving for work on time
  - managing breaks effectively
  - collaborating in care delivery
  - remaining until transfer of care is complete to avoid abandonment of care.





## **F: Nursing Practice**

Major Competency Area: **F**  
**Nursing Practice**

Competency: **F-1**  
**Critical Thinking**

- F-1-1      Apply critical thinking concepts throughout the nursing process.**
  
- F-1-2      Understand how critical thinking/critical inquiry influences clinical judgment and decision making.**
  
- F-1-3      Apply critical thinking and critical inquiry skills throughout decision making, including:**
  - identifying the facts
  - researching literature
  - analyzing best available evidence
  - identifying and analyzing the context
  - identifying concerns and issues
  - establishing level of priority care
  - identifying anticipated outcome.

Major Competency Area: F

**Nursing Practice**

Competency: F-2

**Clinical Judgment and Decision Making**

- F-2-1 Demonstrate knowledge of how clinical judgment and decision-making processes guide thoughts, behaviours, and relationships with others.**
- F-2-2 Apply the ability to assess the potential for inaccurate judgments and decisions.**
- F-2-3 Differentiate between evidence or research-based best practice and historical practice.**
- F-2-4 Utilize best practices in clinical judgment and decision making:**
- identify the issue
  - reflect on prior knowledge, experience, evidence, and intuition
  - generate alternatives to address the issue
  - select appropriate alternatives based on effectiveness, efficiency, quality, and feasibility
  - establish a plan to implement the solution, including goals, outcomes, and evaluation measures
  - implement the plan
  - evaluate the effectiveness of the process and assess outcomes
  - alter plan to achieve desired outcome if necessary
  - suggest alternatives to policy and procedure of the agency to prevent or manage future issues
  - reflect on knowledge gained and impact on professional practice.
- F-2-5 Involve key stakeholders throughout the decision-making process, as necessary and as appropriate.**

Major Competency Area: **F**  
**Nursing Practice**

Competency: **F-3**  
**CPR and Code Procedure**

- F-3-1      Obtain Basic Life Support (BLS) certification.**
  
- F-3-2      Follow the code procedure for cardiac and respiratory arrest, including:**
  - assessing the need for code initiation/“call the code”
  - carrying out code procedures
  - assisting RN/physician/nurse practitioner and/or Code Team with managing code
  - providing support to other clients and family
  - documenting events of code, as appropriate.
  
- F-3-3      Implement agency-specific emergency codes as needed.**

Major Competency Area: F

**Nursing Practice**

Competency: F-4

**Admission Procedures**

**F-4-1 Participate in a nursing assessment of a client for admission to a health care agency:**

- verify admission documentation data is accurate and complete
- obtain the client's health history and perform health assessment
  - compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable
- obtain best possible medication history (BPMH)
- participate in medication reconciliation.

**F-4-2 Provide client and family teaching.**

**F-4-3 Document admission data and process.**

**F-4-4 Report admission data and findings to appropriate health professional.**

**F-4-5 Recognize need for emergency intervention and take immediate action.**

**F-4-6 Collaborate, consult and communicate with appropriate health professionals in the best interest of the client.**

Major Competency Area: F  
**Nursing Practice**

Competency: F-5  
**Client Transfer, Discharge and Referral**

- F-5-1      Transfer client within or between health care agencies.**
- F-5-2      Discharge client from facility.**
- F-5-3      Arrange internal/external referrals for client and family.**
- F-5-4      Provide teaching and support regarding transfer, discharge, and referral to client and family.**

Major Competency Area: F

**Nursing Practice**

Competency: F-6

**Activities of Daily Living**

**F-6-1**

**Assess client's ability to perform self-care, including:**

- basic
  - dressing
  - ambulation
  - personal hygiene/grooming
  - feeding/hydration
  - toileting.
- instrumental
  - care of others/pets
  - medication management
  - communication management
  - financial management
  - home management (housework, meal preparation, shopping).

**F-6-2**

**Assess client's inability to provide self-care, including:**

- physical impairment
- cognitive impairment
- support system
- shelter.

Major Competency Area: F

**Nursing Practice**

Competency: F-7

**Mobility of Clients**

- F-7-1**      **Assist with client mobility needs.**
- F-7-2**      **Access additional resources and help and/or make referrals as necessary, including:**
- Occupational Therapy
  - Physiotherapy
  - Community Health Nurse.
- F-7-3**      **Assess and manage ambulation and immobilization needs, including:**
- braces and splints
  - canes, crutches, walkers, wheelchairs
  - external fixators
  - mechanical lifts
  - nutritional needs
  - pain management
  - physical mobility and ambulation
  - protective devices
  - traction
  - psychosocial needs.



Major Competency Area: F

**Nursing Practice**

Competency: F-8

**Nutrition/Hydration**

- F-8-1**      **Assess nutritional/hydration status.**
- F-8-2**      **Provide feedings/hydration via all routes, including:**
- oral
  - nasogastric (NG-tube)
  - gastrostomy (G-tube)
  - jejunostomy (J-tube)
  - percutaneous endoscopic gastrostomy (PEG-tube)
  - hypodermoclysis
  - intravenous.
- F-8-3**      **Assess clients chewing and swallowing abilities.**
- F-8-4 +**      ***Perform swallowing assessment.***
- F-8-5**      **Know the components of Total Parenteral Nutrition (TPN) and its therapeutic use.**
- F-8-6**      **Assess and monitor the client's response to TPN.**
- F-8-7 +**      ***Monitor Total Parenteral Nutrition (TPN).***  
*Note: LPNs are not authorized to initiate TPN.*
- F-8-8 +**      ***Insert, manage, and remove a nasogastric tube (NG tube).***
- F-8-9 +**      ***Reinsert established gastrostomy tube.***

**+ Post-Basic**

Major Competency Area: **F**  
**Nursing Practice**

Competency: **F-9**  
**Elimination**

**F-9-1 Complete client assessment related to bowel and urinary elimination:**

- compare actual assessment findings to expected findings
  - consult appropriate care provider when assessment findings:
    - are not as anticipated, changed or new
    - client is not achieving intended outcomes
    - status is becoming variable or less predictable.

**F-9-2 Care for and manage elimination needs, including:**

- urinary:
  - distension
  - catheter flush, including suprapubic
  - urostomy
  - incontinence
  - inserting and removing urethral catheter
  - intermittent bladder irrigation
  - continuous bladder irrigation
  - retraining
  - residual urine
  - + ○ *re-inserting established suprapubic catheter*
  - + ○ *nephrostomy tube*
  - + ○ *bladder scanning*
  - + ○ *double J stent.*
- bowel:
  - enema
  - suppository
  - ostomies
    - irrigation
  - rectal tubes
  - + ○ *digital rectal stimulation*
  - + ○ *fecal disimpaction.*

**F-9-3 Utilize devices and equipment related to elimination needs.**

**+ Post-Basic**

Major Competency Area: **F**

**Nursing Practice**

Competency: **F-10**

**Medical/Surgical Asepsis**

- F-10-1**      **Differentiate between medical and surgical asepsis.**
  
- F-10-2**      **Apply principles of medical/surgical asepsis when providing nursing care and interventions.**

Major Competency Area: F

**Nursing Practice**

Competency: F-11

**Peritoneal Dialysis**

- F-11-1      **Demonstrate knowledge of the anatomy and physiology of the renal system.**
- F-11-2      **Demonstrate knowledge of the need for peritoneal dialysis.**
- F-11-3      **Know the indications and risks associated with peritoneal dialysis.**
- F-11-4      **Identify changes to a client's condition while receiving peritoneal dialysis.**
- F-11-5      **Provide accurate documentation of client receiving peritoneal dialysis.**
- F-11-6+      *Care for peritoneal dialysis catheter site and change dressings.*
- F-11-7+      *Administer medications to clients receiving peritoneal dialysis.*
- F-11-8+      *Perform the procedures involved in peritoneal dialysis.*
- F-11-9+      *Calculate weekly clearance of urea by client's kidneys.*
- F-11-10+      *Provide support and teaching to client receiving peritoneal dialysis.*

**+ Post-Basic**

Major Competency Area: F

**Nursing Practice**

Competency: F-12

**Foot Care**

- F-12-1 Demonstrate knowledge of human anatomy and physiology of feet and lower extremities.**
- F-12-2 Demonstrate knowledge of the purpose of foot and nail care.**
- F-12-3 Demonstrate knowledge of the common micro-organisms of the feet, including:**
- bacteria
  - viruses
  - fungi
  - yeast.
- F-12-4 Provide basic foot and nail care for clients.**
- F-12-5 Demonstrate knowledge of the principles utilized to minimize risk of transmission of infection.**
- F-12-6 Demonstrate knowledge of the complications of diabetes and the effects on the feet:**
- neuropathy
  - decrease in sensation
  - decrease in movement
  - decrease in circulation.
- F-12-7 Demonstrate knowledge of complications of circulatory impairment and assess and manage basic foot care for the client.**
- F-12-8 Teach appropriate foot care to client, family and others.**
- F-12-9 Access, and refer clients to, members of the multi-disciplinary team/advanced footcare nurses as necessary.**
- F-12-10 Document and report procedure and client response to basic footcare.**
- F-12-11 Provide nail care to clients with known pathology of the feet (e.g., diabetes, PVD).**

Major Competency Area: F

**Nursing Practice**

Competency: F-13

**Advanced Footcare**

**F-13-1+**      *Understand the education/training required for invasive foot care procedures.*

**F-13-2+**      *Apply advanced knowledge of human anatomy and physiology of feet and lower extremities.*

**F-13-3+**      *Apply advanced knowledge of purpose of foot and nail care.*

**F-13-4+**      *Perform invasive foot care procedures, including:*

- +**
  - *removal of tissue below the dermis:*
    - *corns*
    - *callus.*

**F-13-5+**      *Provide invasive foot care, including:*

- +**
  - *principles and application of padding*
- +**
  - *contraindications of padding*
- +**
  - *operation of the Dremel Drill.*

**F-13-6+**      *Assess and refer clients to other health professionals as necessary.*

- +**
  - *compare actual assessment findings to expected findings*
    - *consult appropriate care provider when assessment findings:*
      - *are not as anticipated, changed or new*
      - *client is not achieving intended outcomes*
      - *status is becoming variable or less predictable.*

**F-13-7+**      *Document and report advanced footcare procedure and client response.*

**+ Post-Basic**

Major Competency Area: F

**Nursing Practice**

Competency: F-14

**Wound Care**

- F-14-1**      **Demonstrate knowledge of the physiology of wound healing.**
- F-14-2**      **Apply critical thinking and critical inquiry throughout the nursing process related to skin care/wound management protocols.**
- F-14-3**      **Identify clients at risk for recurrence or exacerbation of skin breakdown.**
- F-14-4+**      **Perform wound care, including:**
- acute wounds
  - malignant wounds
  - occlusive dressings
  - pressure dressings
  - skin ulceration wounds
  - surgical wounds
  - traumatic wounds
  - wound compresses
  - wound irrigation
  - wounds with drain
  - wounds with packing
  - complex wounds
  - ostomy dressing
- +      • *specialized (wound equipment), including VAC dressing.*
- F-14-5**      **Know the purpose of wound debridement.**
- F-14-6+**      ***Perform wound debridement.***
- F-14-7**      **Provide teaching to client, family and others on wound care management and the healing process.**
- F-14-8**      **Consult, communicate and collaborate with health care team on client's wound care status, as necessary.**

**+ *Post-Basic***

Major Competency Area: F

**Nursing Practice**

Competency: F-15

**Specimen Collection and Testing**

**F-15-1 Know the purpose of specimen collection.**

**F-15-2 Maintain aseptic technique throughout specimen collection.**

**F-15-3+ Collect, test, store, transport, and document specimens, including:**

- urine
- stool
- sputum
- tissue
- wound

**+ • *blood (+ venipuncture/ + blood collection/ +phlebotomy).***

***+ Post-Basic***



Major Competency Area: F

**Nursing Practice**

Competency: F-16

**Phlebotomy for the Purpose of Drawing  
Blood**

- F-16-1+**      *Apply critical thinking and critical inquiry throughout the nursing process related to phlebotomy.*
- F-16-2+**      *Demonstrate knowledge of anatomy and physiology related to phlebotomy technique.*
- F-16-3+**      *Demonstrate knowledge of the use of therapeutic phlebotomy for conditions, including:*
- +            • hemochromatosis*
  - +            • sickle-cell anemia*
  - +            • polycythemia.*
- F-16-4+**      *Provide health teaching related to phlebotomy.*
- F-16-5+**      *Perform phlebotomy and manage blood samples.*
- F-16-6+**      *Perform therapeutic phlebotomy.*

***+ Post-Basic***

Major Competency Area: F

**Nursing Practice**

Competency: F-17

**Post-Mortem Care**

- F-17-1** Determine cessation of life, including:
- vital signs.
- F-17-2** Care for the body after death, adhering to cultural concerns.
- F-17-3** Properly document, store, and return valuables.
- F-17-4** Collaborate with the health care team to provide resources and support to family and others.
- F-17-5** Care for a body using standard precautions.
- F-17-6** Notify appropriate health professional, family, appropriate agency and authorities about client death.
- F-17-7** Notify funeral home, prepare documents, and arrange transfer of body to funeral home.
- F-17-8+** *Assist in post-mortem examination and sample procurement.*
- F-17-9+** *Pronounce of death<sup>7</sup>.*

**+ Post-Basic**

---

<sup>7</sup> Pronouncement of death is not registration of death. Requirements related to registration of death and certificate of death are outlined in the NL Vital Statistics Act, 2009.

Major Competency Area: **F**  
**Nursing Practice**

Competency: **F-18**  
**Resource Utilization**

- F-18-1**      **Demonstrate knowledge of appropriate resource utilization and the impact on practice and the health care system.**
- F-18-2**      **Consider safety, effectiveness, cost, and impact on practice, including:**
- the planning and delivery of nursing care
  - assigning care to others.
- F-18-3**      **Assist client and family in identifying and securing appropriate resources.**
- F-18-4**      **Utilize resources in a cost-effective manner.**



# G: Respiratory Care

Major Competency Area: **G**

**Respiratory Care**

Competency: **G-1**

**Airway Management**

- G-1-1**      **Apply clinical judgment, critical thinking and critical inquiry throughout the nursing process in assessment and management of airway.**
- G-1-2**      **Demonstrate knowledge of human anatomy, physiology, and pathophysiology as it pertains to respiratory care.**
- G-1-3**      **Apply the nursing process in care and teaching to clients and family regarding respiratory conditions and complications.**
- G-1-4**      **Perform a respiratory assessment.**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.

Major Competency Area: **G**  
**Respiratory Care**

Competency: **G-2**  
**Oxygen Therapy**

**G-2-1 Recognize the indications and contraindications for oxygen administration.**

**G-2-2+ Apply types of oxygen therapy, including:**

- aerosol mask (simple face mask)
- high flow oximizers /flo-meter
- humidification
- nasal cannula
- non-re-breathing mask
- partial re-breathing mask
- self-inflating resuscitator (bag-valve mask).
- + • *mechanical ventilation*
- + • *bilevel positive airway pressure (BiPAP) machine*
- + • *oropharyngeal airway (OPA)*
- + • *continuous positive airway pressure (CPAP) machine.*

**G-2-3 Demonstrate safety precautions when using and maintaining oxygen therapy from wall outlets, portable tanks, and oxygen concentrator.**

**G-2-4 Assess ongoing need for oxygen therapy.**

**G-2-5 Collaborate with the health care team in caring for a client with oxygen devices, including:**

- laryngeal mask airway (LMA)
- nasopharyngeal airway (NPA).

**+ Post-Basic**

Major Competency Area: **G**

**Respiratory Care**

Competency: **G-3**

**Suctioning**

**G-3-1 Recognize the indicators and contraindicators for suctioning.**

**G-3-2 Assess and perform suctioning.**

**G-3-3+ Use suction equipment, including:**

- appropriate size and lumen of suction catheters
- appropriate suction pressure
- bulb suction of newborn
- portable suction
- wall suction
- Yankauer suction.

**+ • *suctioning of infant and newborn.***

**G-3-4 Perform suctioning considering the need for shallow suction:**

- frequency of suctioning
- nasopharyngeal suctioning
- oral suctioning
- oropharyngeal suctioning
- tracheostomy tube suctioning.

**G-3-5 Maintain suctioning equipment.**

**+ *Post-Basic***

Major Competency Area: **G**

**Respiratory Care**

Competency: **G-4**

**Respiratory Treatments**

**G-4-1 Assess the client and administer respiratory treatments as needed.**

**G-4-2 Assess the need for, and perform, chest physiotherapy:**

- client / family teaching
- deep breathing and coughing
- encourage fluid intake
- incentive spirometer
- orthopneic position
- percussion (clapping)
- postural drainage
- relaxation
- vibration.

**G-4-3 Evaluate the effects of respiratory treatments/interventions.**



Major Competency Area: **G**

**Respiratory Care**

Competency: **G-5**

**Tracheostomy Care**

- G-5-1 Identify the indications/contraindications of endotracheal and tracheostomy tubes.**
- G-5-2 Perform the care of a tracheostomy using appropriate equipment and supplies, including:**
- changing a tracheostomy dressing
  - changing of tracheostomy ties
  - changing established tracheostomy
  - cleaning a double cannula tracheostomy tube
  - instilling solution or medication into a tracheostomy
  - suctioning
  - using manual resuscitation (Ambu bag)
  - administering nebulized medication into tracheostomy
  - deflating/inflating a tracheostomy cuff
  - capping a tracheostomy tube.
- G-5-3 Identify the purposes of mechanical ventilation.**
- G-5-4 Recognize the need and application of humidification in tracheostomy care.**
- G-5-5 Recognize the complications, clinical manifestations, and nursing interventions related to tracheostomy care.**
- G-5-6 Teach tracheostomy care to the client and significant others.**

Major Competency Area: **G**

**Respiratory Care**

Competency: **G-6**

**Chest Tubes**

- G-6-1**      **Demonstrate knowledge of the anatomy and physiology of the respiratory system.**
- G-6-2**      **Demonstrate knowledge of the indications/contraindications for chest tube insertion, including:**
- pneumothorax
  - hemothorax
  - tension pneumothorax
  - surgical treatment
  - pleural effusion.
- G-6-3+**      ***Identify and describe the location and purpose of types of test tubes, including:***
- +      • *pleural*
  - +      • *mediastinal.*
- G-6-4+**      ***Identify and describe the mechanisms used to drain fluid and air from the pleural cavity or mediastinum, including:***
- +      • *gravity*
  - +      • *suction*
  - +      • *underwater seal drainage.*
- G-6-5+**      ***Identify components of the chest drainage system, including:***
- +      • *air vent*
  - +      • *collection chamber*
  - +      • *port for adding water to system*
  - +      • *suction control system*
  - +      • *tubing attached to chest tube*
  - +      • *water seal chamber.*
- G-6-6+**      ***Assist with the insertion of a chest tube and to set up a chest drainage system.***
- G-6-7+**      ***Identify the equipment and supplies required to care for a client with a chest drainage system.***
- G-6-8+**      ***Identify steps and the rationale underlying each step for care of a client with a chest drainage system.***

**+ Post-Basic**

**G-6-9+**      ***Identify the nursing interventions for the following problems that can result with a chest drainage system:***

- +      • *continuous bubbling in the water seal chamber*
- +      • *absence of fluid fluctuation in water seal chamber*
- +      • *apparatus lifted above client's chest*
- +      • *apparatus becomes broken*
- +      • *chest tubes accidentally pulled out*
- +      • *subcutaneous emphysema.*

**G-6-10+**      ***Demonstrate knowledge of chest drainage systems in the teaching of clients and significant others.***

**G-6-11+**      ***Report and document abnormal findings for a client with a chest drainage system, including:***

- +      • *hemorrhage*
- +      • *incorrect tube placement*
- +      • *infection*
- +      • *lung laceration*
- +      • *plugging of tube*
- +      • *re-expansion pulmonary edema.*

**+ *Post-Basic***

Competency: **G-6**

**Chest Tubes**

Page: 3

**G-6-12+**     ***Document information when caring for a client with a chest drainage, including:***

- +     • *abnormal findings*
- +     • *actions taken*
- +     • *amount and characteristics of drainage*
- +     • *assessment data*
- +     • *client's position*
- +     • *patency of system*
- +     • *presence of bubbling or fluctuation*
- +     • *type of system.*

**+ *Post-Basic***



# H: Surgical Nursing

Major Competency Area: H

**Surgical Nursing**

Competency: H-1

**Knowledge of Surgical Procedures**

- H-1-1 Demonstrate knowledge of a variety of surgical procedures, including:**
- cardiovascular surgeries and procedures
  - gastrointestinal surgeries and procedures
  - genitourinary surgeries and procedures
  - gynecological surgeries and procedures
  - dermatological surgeries and procedures
  - neurological surgeries and procedures
  - thoracic surgeries and procedures
  - orthopedic surgeries and procedures
  - plastic surgeries and procedures
  - eye, ear, nose and throat (EENT).
- H-1-2 Provide care to a client throughout the surgical procedure.**
- H-1-3 Apply critical thinking and critical inquiry throughout the nursing process in the care of a surgical client.**
- H-1-4 Demonstrate knowledge of the clinical pathways related to surgical procedures, including:**
- pre-operative
  - intra-operative
  - post-operative
  - anticipated and unanticipated outcomes.
- H-1-5 Provide informed, client-centered care in relation to surgical nursing.**
- H-1-6 Communicate and collaborate with the health care team.**

Major Competency Area: **H**

**Surgical Nursing**

Competency: **H-2**

**Pre- and Post-operative Teaching**

**H-2-1 Perform pre- and post-operative teaching as necessary, including:**

- deep breathing and coughing
- dietary needs and restrictions
- discharge education
- drains and tubes
- incentive spirometer
- medication management
- mobility/exercise/ambulatory aids
- pain control
- advanced care directive
- post-operative care and rehabilitation
- client expectations/questions
- referrals
- surgical site and dressing
- safety
- follow-up with health care professional.

Major Competency Area: **H**  
**Surgical Nursing**

Competency: **H-3**  
**Pre-operative Care**

- H-3-1 Perform pre-operative assessment, including:**
- comparing actual assessment findings to expected findings
    - consulting appropriate care provider when assessment findings indicate:
      - outcomes are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- H-3-2 Perform pre-operative care, including:**
- confirming oral intake restrictions
  - confirming consent/witness consent
  - family contact information
  - pre-operative history and assessment is complete
  - pre-surgical preparation/checklist is complete.
- H-3-3 Prepare and transfer client to the operating room (OR).**



Major Competency Area: **H**

**Surgical Nursing**

Competency: **H-4**

**Post-operative Care**

**H-4-1 Receive a post-operative client from the recovery room.**

- receive report
- review physician's/surgeon's orders
- clarify information, ask questions, follow-up on information as necessary.

**H-4-2 Perform post-operative assessment and care, including:**

- participating in initial post-operative assessment - systems or head to toe
- neurovascular checks
- dressing/wounds/drains
- infusion therapy
- oxygen saturation
- vital signs
- positioning/mobilization/transfer methods
- cognitive status
- safety precautions
- pain and discomfort
- nutrition/elimination needs
- assessment and care of patient receiving medication via patient-controlled analgesic (PCA) pump
- provide support and teaching to client and family
- compare actual assessment findings to expected findings
  - consult appropriate care provider when assessment findings:
    - are not as anticipated, changed or new
    - client is not achieving intended outcomes
    - status is becoming variable or less predictable.

Major Competency Area: H

**Surgical Nursing**

Competency: H-5

**Wounds, Tubings and Drains**

- H-5-1**      **Assess and manage wound care related to surgical sites using medical asepsis or sterile technique to facilitate healing, including:**
- dressings
  - emptying, removing drains
  - identify signs and symptoms of infection
  - irrigation
  - packing
  - removal of packing
  - removal of sutures/staples
- +      • *wound VAC (vacuum assisted closure) dressing.*
- H-5-2**      **Remove or shorten drainage devices.**
- H-5-3**      **Insert, care for, and remove urinary catheters.**
- H-5-4**      **Care for nasogastric tube.**
- H-5-5+**      ***Insert and/or remove nasogastric tube.***

***+ Post-Basic***



# I: Orthopedic Nursing

Major Competency Area: I  
**Orthopedic Nursing**

Competency: I-1  
**Care of Orthopedic Client**

- I-1-1      Apply critical thinking and critical inquiry throughout the nursing process in Orthopedics.**
- I-1-2      Perform a comprehensive assessment of the Orthopedic client.**
- I-1-3      Demonstrate knowledge of human anatomy and physiology, specifically the musculoskeletal system, including:**
- normal/abnormal musculoskeletal system
  - symptoms and signs of musculoskeletal impairment
  - musculoskeletal illness/trauma.
  - body systems
  - body planes and directions
  - Related terminology.
- I-1-4      Recognize common musculoskeletal disorders/illnesses.**
- I-1-5      Assess the musculoskeletal system and differentiate normal and abnormal findings.**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- I-1-6      Provide client-centered care and nursing interventions to meet needs of client with musculoskeletal disorders.**
- I-1-7      Teach client and family regarding use of orthopedic equipment and ambulatory and immobilization aids.**
- I-1-8      Communicate, collaborate and consult with the health care team.**

**I-1-9+**      ***Recognize a variety of x-ray views (e.g., anterior, posterior, panorex, oblique).***

**I-1-10**      **Demonstrate knowledge of orthopedic diagnostic tests and nursing implications, including:**

- blood tests
- bone scan
- computed axial tomography (CT scan)
- Doppler studies
- magnetic resonance imaging (MRI)
- +      • *arthrogram*
- +      • *discography*
- +      • *myelogram.*

**I-1-11**      **Assess and manage ambulation and immobilization needs.**

**I-1-12+**      ***Measure angles of joints using a goniometer.***

**I-1-13**      **Demonstrate knowledge of orthopedic medical conditions and treatments, including:**

- trauma:
  - dislocations
  - multiple fractures
  - compartment syndrome
  - fat embolism
- fractures:
  - spinal
  - extremities
  - pelvis
  - ribs
- arthritis:
  - ankylosing spondylitis
  - rheumatoid
  - degenerative
  - juvenile

**+ *Post-Basic***

**I-1-13 Demonstrate knowledge of orthopedic medical conditions and treatments, including (Continued):**

- infection:
  - osteomyelitis
  - bursitis
  - general
- tear:
  - ligaments
  - tendons
  - meniscus
- soft tissue injury
- other:
  - Muscle injuries
  - Osteoporosis
  - Congenital disorders
  - Kyphosis/scoliosis
  - Contractures/deformities
  - Growths/tumors.

**I-1-14+ Assist with a variety of treatments and interventions, including:**

- + • *setting a fracture of a bone*
- + • *inserting or removing Orthopedic devices.*

**+ *Post-Basic***

Major Competency Area: I  
**Orthopedic Nursing**

Competency: I-2  
**Cast Care**

- I-2-1 Know the pathophysiology, manifestations and management of fractures.**
- I-2-2 Care for clients with varying types of casts.**
- I-2-3 Assess client with a cast:**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- I-2-4 Demonstrate knowledge of:**
- bivalving
  - trimming
  - removing
  - windowing
  - univalving
  - follow-up care.
- I-2-5 Document and report the assessment, location and type of cast, special procedures, and findings.**
- I-2-6 Teach client and family regarding cast and splint care and observation for complications.**
- I-2-7 Teach client and family about the diagnostic tests, procedures and follow-up necessary.**
- I-2-8+ *Apply Casts for treatment of fractures, dislocation and skeletal disorders.***

***+ Post-Basic***

**I-2-9+**

***Construct, apply, remove casts and splints, including:***

- + • *above elbow*
- + • *above knee – walking and non-walking*
- + • *back slabs*
- + • *below elbow*
- + • *below knee – walking and non-walking*
- + • *body casts*
- + • *cylinder casts*
- + • *gutter splints*
- + • *hip spica*
- + • *patella tendon bearing*
- + • *plaster vs. fiberglass casts and dynacast*
- + • *sugar tong*
- + • *spica casts*
- + • *uni-valve, bi-valve, windowing, trimming*
- + • *volar slabs*
- + • *wedging.*

***+ Post-Basic***



Major Competency Area: I  
**Orthopedic Nursing**

Competency: I-3  
**Traction and External Fixators**

- I-3-1      **Know the purposes and safe care of the various methods of traction/external fixators.**
  
- I-3-2      **Demonstrate knowledge of the principles of traction.**
  
- I-3-3+     ***Apply a variety of types of traction using proper equipment and techniques.***
  
- I-3-4+     ***Demonstrate ability to assist with application of traction, insertion, and removal of pin devices, including:***
  - +            • *Crutchfield tongs*
  - +            • *External Fixators*
  - +            • *Gardner Wells tongs*
  - +            • *Halo devices*
  - +            • *Kirschner wires*
  - +            • *Steinmen pin.*
  
- I-3-5      **Teach client and family regarding traction/external fixators and safety precautions.**

**+ Post-Basic**

Major Competency Area: I

**Orthopedic Nursing**

Competency: I-4

**Splints and Braces**

- I-4-1      Apply pre-formed removable splints and braces, including:**
- adjustable knee braces
  - clamshells
  - half/back slabs
  - soft cervical collars.
- I-4-2      Assess client in splint or brace.**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- I-4-3      Teach client and family regarding the care, application, removal and potential complications of splints and braces.**



# **J: Neurological/ Neurovascular Nursing**

Major Competency Area: J  
**Neurological/Neurovascular  
Nursing**

Competency: J-1  
**Neurological/Neurovascular Assessment**

- J-1-1 Apply critical thinking and critical inquiry throughout the nursing process in neurological/neurovascular nursing.**
- J-1-2 Demonstrate knowledge of the human anatomy and physiology of the neurological and neurovascular systems.**
- J-1-3 Perform neurological/neurovascular assessments.**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- J-1-4 Demonstrate knowledge of neurological disorders, including:**
- determinants of normal neurological function
  - neurological impairment, shock
  - neurological illness/trauma, including:
    - intracranial hemorrhage
    - increased intracranial pressure
    - meningitis
    - multiple sclerosis
    - neurosurgery
    - Parkinson's Disease
    - seizures and epilepsy
    - stroke
    - transient ischemic attack
    - traumatic head injury.

- J-1-5      Assess the following in a client with a suspected/current neurological condition:**
- neuro vital signs
    - cranial nerve assessment
    - motor assessment
    - sensory assessment
    - reflex assessment
    - Glasgow Coma Scale (GCS).
- J-1-6      Assess the signs of increased intracranial pressure and respond/report appropriately.**
- J-1-7      Recognize impaired neurological and neurovascular status and act upon as necessary.**
- J-1-8      Provide teaching regarding neurological nursing to client and family.**
- J-1-9      Recognize the need for consultation and collaboration with the health care team.**

Major Competency Area: J  
**Neurological/Neurovascular  
Nursing**

Competency: J-2  
**Seizures**

- J-2-1      Protect client from injury during seizure.**
  
- J-2-2      Assess seizure activity, including:**
  - time and duration of the seizure
  - character of movements
  - level of consciousness and physical changes
  - precipitating factors.
  
- J-2-3      Provide care following seizure.**
  
- J-2-4      Report and document the event, client status, and nursing interventions.**

Major Competency Area: J  
**Neurological/Neurovascular  
Nursing**

Competency: J-3  
**Spinal Precautions**

- J-3-1      Assess for spinal injury.**
- J-3-2      Apply best practice nursing interventions for a suspected or current spinal injury.**
- J-3-3      Assess and provide nursing care and interventions to the client with spinal injury:**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.

Major Competency Area: J  
**Neurological/Neurovascular  
Nursing**

Competency: J-4  
**Support to the Client/Family**

- J-4-1      Recognize impaired neurological and neurovascular status and assist client and family to discuss concerns.**
- J-4-2      Recognize the stages to accepting permanent loss of function and support the client and family.**
- J-4-3      Provide various forms of support to client and family.**
- J-4-4      Refer to appropriate support services, including:**
- pastoral care
  - occupational therapy
  - physiotherapy
  - home care
  - social work
  - support groups
  - speech and language specialists.
- J-4-5      Adjust care to meet client's age, gender, culture, disability and deficits, coping within new limitations, and rehabilitation.**





# **K: Cardiovascular Nursing**

Major Competency Area: K  
**Cardiovascular Nursing**

Competency: K-1  
**Cardiovascular Disorders and Diseases**

- K-1-1 Apply critical thinking and critical inquiry throughout the nursing process in cardiovascular nursing.**
- K-1-2 Demonstrate knowledge of the human anatomy and physiology of the cardiovascular system.**
- K-1-3 Demonstrate knowledge of cardiovascular disease and disorders, including:**
- heart failure
  - ischemic heart disease
  - peripheral artery disease
  - cardiomyopathy
  - atherosclerosis
  - cardiac dysrhythmias
  - hypercholesterolemia/dyslipidemia
  - hyper/hypotension.
- K-1-4 Perform assessment and provide care to client with cardiovascular disorder or disease.**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- K-1-5 Prepare client for tests, procedures, treatments, care, and surgery.**
- K-1-6+ Use cardiac equipment, including:**
- + • *attaching client to cardiac monitor through proper application of leads*
  - + • *understanding the use of external cardiac pacing*
  - + • *attaching client to 24-hr Holter monitor*
  - + • *teaching client and family about specific procedure/equipment*
  - + • *reporting findings and changes in status to appropriate health professional.*
- + Post-Basic**

Competency: **K-1**

**Cardiovascular  
Disorders and Diseases**

Page: 2

- K-1-7+**      ***Perform 12 and 15 lead ECG:***
- +      • *apply 12 and 15 leads in proper position*
  - +      • *check equipment operation*
  - +      • *run ECG readings as ordered*
  - +      • *document procedure.*
- K-1-8**      **Provide health teaching associated with cardiovascular disorders and diseases.**
- K-1-9**      **Communicate, collaborate and consult with the health care team.**
- K-1-10**      **Demonstrate knowledge of cardiac equipment, including:**
- resuscitation equipment
    - automated external defibrillator (AED)
    - bag and mask
    - crash cart
  - 24-hour Holter monitor
  - Doppler imagery/echocardiography
  - 3 and 5 lead electrocardiogram (ECG)
  - 12 and 15 lead electrocardiogram (ECG).
- K-1-11**      **Recognize signs and symptoms of a life-threatening cardiac event and implement or assist with cardiopulmonary resuscitation.**

***+ Post-Basic***



# **L: Maternal/Newborn Care**

Major Competency Area: L

**Maternal / Newborn Care**

Competency: L-1

**Prenatal Care, Assessment and Teaching**

- L-1-1      Apply critical thinking and critical inquiry throughout the nursing process in maternal, prenatal and postnatal care.**
- L-1-2      Demonstrate knowledge of human anatomy and physiology in relation to pregnancy, including:**
- cardiovascular
  - digestive
  - endocrine
  - genitourinary
  - integumentary
  - lymphatic
  - musculoskeletal
  - nervous
  - respiratory
  - reproductive.
- L-1-3      Demonstrate knowledge of pregnancy, including:**
- presumptive signs of pregnancy
  - probable signs of pregnancy
  - positive signs of pregnancy
  - physiological changes
  - estimated date of delivery (EDD)
  - psychological signs.

- L-1-4 Perform full health assessment related to pregnancy, including:**
- signs and symptoms of pregnancy
  - last menstrual cycle
  - number of pregnancies (gravida, para)
  - identifying potential risk factors
  - fundal height
  - auscultation of fetal heart
  - comparing actual assessment findings to expected findings:
    - consulting appropriate care provider when assessment findings indicate:
      - outcomes are not as anticipated, changed or new
      - that client is not achieving intended outcomes
      - that status is becoming variable or less predictable.
- L-1-5 Teach the pregnant client in relation to prenatal care.**
- L-1-6 Demonstrate knowledge of the signs and symptoms of complications associated with pregnancy, including:**
- spontaneous or missed abortion
  - abruptio placenta
  - eclampsia
  - ectopic pregnancy
  - effects of substance abuse
  - gestational diabetes mellitus
  - hyperemesis gravidarum
  - fetal growth issues
  - malposition of fetus
  - placenta previa
  - transient hypertension
  - pre-term labour
  - sexually-transmitted infections/HIV.

Competency: L-1

**Prenatal Care, Assessment and Teaching**

Page: 3

**L-1-7      Teach the client about complications of pregnancy.**

**L-1-8+      *Perform fetal monitoring:***

- +      • *assess position of fetus*
- +      • *preparing client for application of “non-stress” test (NST)*
- +      • *provide on-going monitoring and report results to appropriate health professional*
- +      • *provide interventions as appropriate (client positioning, offer juice or water, provide oxygen).*

**L-1-9      Communicate, collaborate and consult with the health care team.**

**+ *Post-Basic***

Major Competency Area: L  
**Maternal / Newborn Care**

Competency: L-2  
**Assessment of Labour**

- L-2-1      **Demonstrate knowledge of birthing process.**
  
- L-2-2+      ***Perform health assessment and collaborate in the admission of a labouring maternal client:***
  - +      • *compare actual assessment findings to expected findings*
    - *consult appropriate care provider when assessment findings:*
      - *are not as anticipated, changed or new*
      - *client is not achieving intended outcomes*
      - *status is becoming variable or less predictable.*

***+ Post-Basic***



Major Competency Area: L  
**Maternal / Newborn Care**

Competency: L-3  
**Assist with Managing Labour**

**L-3-1+ Assist authorized professional during management of labour, including:**

- + • *applying external fetal heart monitor*
- + • *assisting with ongoing monitoring throughout labour*
- + • *providing care to labouring client*
- + • *reporting and documenting as required.*

**L-3-2+ Assist authorized professional with invasive procedures, including:**

- + • *vaginal exams*
- + • *artificial rupture of membranes*
- + • *insertion of internal mode fetal monitoring*
- + • *epidural anesthesia / analgesia*
- + • *induction*
- + • *obtaining consents if applicable.*

**L-3-3+ Assist with ongoing assessments, monitoring and care of labouring client in collaboration with authorized healthcare provider, including:**

- + • *infusion therapy*
- + • *medication administration*
- + • *non-pharmacological comfort measures*
- + • *specimen collection and testing*
- + • *nitrous oxide*
- + • *external fetal heart monitor.*

**+ Post-Basic**

Major Competency Area: L

**Maternal / Newborn Care**

Competency: L-4

**Assist with Delivery**

- L-4-1      **Provide care and initial medications to newborns.**
- L-4-2      **Assist authorized professional with appropriate nursing interventions.**
- L-4-3      **Document concisely any abnormal findings.**
- L-4-4      **Assist client and family in the event of still birth or death of newborn.**
- L-4-5+     ***Use sterile techniques to set-up delivery suite.***
- L-4-6+     ***Assist authorized professional with examination of placental tissue and cord structure.***
- L-4-7+     ***Procure appropriate specimens for analysis, including:***
  - +      ***• cord blood sample.***
- L-4-8+     ***Assist authorized professional in delivery process.***
- L-4-9+     ***Use equipment for safe delivery.***
- L-4-10+    ***Assist authorized professional with neonatal resuscitation.***
- L-4-11+    ***Assist authorized professional with Apgar scoring.***

***+ Post-Basic***

Major Competency Area: L

**Maternal / Newborn Care**

Competency: L-5

**Postpartum Care and Teaching**

- L-5-1      Demonstrate knowledge of the involution process.**
- L-5-2      Apply critical thinking and critical inquiry throughout the nursing process in care of postpartum client.**
- L-5-3      Assist authorized professional in preparing client for elective and emergency caesarean section.**
- L-5-4      Provide pre-operative/prenatal teaching for elective and emergency caesarean sections.**
- L-5-5      Perform assessment of a post-delivery client and a post-caesarean delivery client, including:**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- L-5-6      Recognize and assess post-delivery/post-caesarean complications, including:**
- boggy fundus
  - client passing large clots or tissue
  - difficulty voiding or distended bladder
  - displaced fundus
  - edema (hands and feet)
  - hemorrhage
  - seizure activity
  - abdominal vital signs
  - deep vein thrombosis.

- L-5-7 Provide appropriate nursing interventions.**
- L-5-8 Recognize physiological changes in postpartum period.**
- L-5-9 Provide post operative care to a client following caesarean section, including:**
- bowel and bladder function
  - incision care and dressing changes
  - pain management
  - post anesthetic/epidural protocols
  - post operative hemorrhage
  - post surgical precautions.
- L-5-10 Teach and support client in ongoing postpartum/newborn care:**
- feeding (breast or bottle)
  - importance of bonding
  - skin to skin contact with baby
  - importance of hydration, diet and rest
  - signs and symptoms of postpartum depression.
- L-5-11 Safely use equipment needed in the postpartum period.**
- L-5-12 Assist mother with breast feeding and refer to lactation consultant as necessary.**
- L-5-13 Provide discharge teaching to mother, father and/or other, including:**
- community resources
  - changes to family dynamics
  - follow-up appointments with community nurse/physician
  - resuming sexual activity/contraception.

Major Competency Area: L

**Maternal / Newborn Care**

Competency: L-6

**Newborn Care**

- L-6-1      Apply critical thinking and critical inquiry throughout the nursing process in the care of a newborn.**
- L-6-2      Perform physical assessment on newborn:**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- L-6-3      Perform newborn admission to the nursery:**
- checking arm bands
  - ensuring safety of baby.
- L-6-4      Identify the signs and symptoms of newborn distress and act immediately.**
- L-6-5      Identify complications in care of newborn and report to the appropriate health care provider, including:**
- abnormal lab values
  - abnormal vital signs
  - jaundice
  - substance withdrawal
  - physical/genetic abnormalities.

Competency: L-6

**Newborn Care**

Page: 2

- L-6-6**      **Provide discharge teaching regarding care of newborn, including:**
- importance of bonding
  - importance of hydration
  - bathing
  - cord care
  - newborn safety
  - discharge planning/community resources
  - elimination pattern
  - feeding.
- L-6-7+**      ***Assist appropriate professional with transferring neonate to specialized care.***
- L-6-8+**      ***Assist appropriate professional with gavage feeding.***

***+ Post-Basic***

Major Competency Area: L

**Maternal / Newborn Care**

Competency: L-7

**Neonatal Resuscitation (NRP)**

- L-7-1+**      *Apply critical thinking and critical inquiry throughout the nursing process when assisting with neonatal resuscitation.*
- L-7-2+**      *Demonstrate knowledge of normal physiological changes of newborn occurring with birth.*
- L-7-3+**      *Demonstrate knowledge of pathophysiology of asphyxia and apnea in newborn.*
- L-7-4+**      *Assist with resuscitation of newborn:*
- +      • *provide supplemental oxygen*
    - *free flow*
  - +      • *provide positive pressure ventilation (PPV)*
  - +      • *monitor oxygen level*
  - +      • *perform chest compressions.*
- L-7-5+**      *Collaborate with authorized professional(s) to assist with resuscitation interventions for newborn with laboured breathing/persistent cyanosis:*
- +      • *provide positive pressure ventilation (PPV) or continuous positive airway pressure (CPAP)*
  - +      • *identify need for intubation.*
- L-7-6+**      *Communicate and collaborate with inter/intra-professional team to assist with the provision of support to newborn's family and others throughout the resuscitation process.*

**+ Post-Basic**



# M: Pediatrics



Major Competency Area: **M**  
**Pediatrics**

Competency: **M-1**  
**Care of Pediatric Client/Family**

- M-1-1**      **Apply critical thinking, critical inquiry and clinical judgment throughout the nursing process when caring for pediatric clients.**
- M-1-2**      **Demonstrate knowledge of human anatomy and physiology of pediatric clients:**
- cardiovascular system
  - central nervous system
  - gastrointestinal system
  - genitourinary system
  - growth and development stages
  - integumentary system
  - musculoskeletal system
  - respiratory system.
- M-1-3**      **Demonstrate knowledge of common pediatric diseases and medical conditions.**
- M-1-4**      **Assess home environment, family dynamics and access to resources.**
- M-1-5**      **Identify signs of suspected physical, sexual, and mental abuse of child, and report/document as per agency policy and provincial legislation.**

- M-1-6 Perform physical assessment on all ages of pediatric clients.**
- collaborate with appropriate health care professional to interpret findings from initial physical assessment
  - review findings from ongoing assessments
  - compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- M-1-7 Collaborate with members of the health care team in health admissions specific to pediatric nursing.**
- M-1-8 Assess need for pain management, intervene as necessary, and document.**
- M-1-9 Apply principles of pharmacokinetics and pharmacodynamics specific to a pediatric client.**
- M-1-10 Adapt care to provide optimum nutrition for a pediatric client:**
- cultural and religious beliefs
  - nutritional requirements/supplements
  - feeding methods/techniques
  - allergies/sensitivities/preferences
  - environment.
- M-1-11 Provide evidence-informed client-centered care in relation to pediatric nursing:**
- involve family and caregivers in care
  - ensure goals of care are realistic and achievable
  - adapt interpersonal communication
  - identify and address emotional needs of client, family and others
  - adjustment to hospitalization.

Major Competency Area: **M**  
**Pediatrics**

Competency: **M-2**  
**Interventions and Safety Procedures**

- M-2-1**      **Apply knowledge of safety precautions used in infant/child care.**
  
- M-2-2**      **Assess risk and implement safety measures or restraints specific to pediatric client.**

Major Competency Area: **M**

**Pediatrics**

Competency: **M-3**

**Support and Teaching to Client/Family**

- M-3-1**      **Provide support to pediatric client/family.**
- M-3-2**      **Teach pediatric client/family in relation to plan of care.**
- M-3-3**      **Assist child/family to adjust to hospitalization, including:**
- identifying behaviors indicating level of adjustment to hospitalization
  - calling child by name
  - discussing concerns and involving parent or significant other
  - encouraging two-way communication
  - introducing child and parent to other children in the room
  - listening to how the child feels and encourage questions
  - managing anxieties observed or expressed by client / family
  - meeting the emotional needs of those involved
  - providing for child and parent comfort
  - providing orientation to unit.
- M-3-4**      **Identify and meet emotional needs of family and significant others in coping with infant/child illness.**
- M-3-5**      **Provide compassionate care for the family in death of a pediatric client.**
- M-3-6**      **Provide discharge teaching to client, parent and significant other, including:**
- referral agencies
  - follow up appointments
  - awareness of signs and symptoms of complications
  - information regarding medication, diet, exercise, and activities.
- M-3-7**      **Demonstrate knowledge of the roles of the health care team in assisting the pediatric client, parent, and significant other through child's illness.**
- M-3-8**      **Communicate, collaborate and consult with the health care team to provide support and resources to pediatric client, family and others.**

Major Competency Area: **M**  
**Pediatrics**

Competency: **M-4**  
**Knowledge and Use of  
Pediatric Equipment**

**M-4-1      Safely utilize pediatric equipment.**



# **N: Mental Health and Addictions**

Major Competency Area: **N**  
**Mental Health and Addictions**

Competency: **N-1**  
**Mental Health and Illness**

- N-1-1**      **Apply critical thinking, critical inquiry and clinical judgment throughout the nursing process in Mental Health and Addictions care.**
- N-1-2**      **Provide evidence-informed care, focusing on the client in Mental Health and Addictions care:**
- engage client in the plan of care
  - consider the legislation affecting the voluntary and involuntary client
  - role of guardian/trustee
  - community treatment order.
- N-1-3**      **Recognize the difference between mental illness and mental wellness.**
- N-1-4**      **Describe the common referral agencies and resources for mental health.**
- N-1-5**      **Demonstrate knowledge and understanding of mental health conditions/illnesses, including:**
- adjustment disorders
  - anxiety disorders
  - brain injury
  - alcohol/substance related disorders
  - Alzheimer’s disease/dementia
  - developmental disorders/spectrum disorders (autism, fetal alcohol syndrome, ADHD)
  - neurocognitive disorders
  - eating disorders (anorexia nervosa, bulimia nervosa)
  - disordered eating
  - learning and behavioural disorders
  - mood disorders (bipolar, depression)
  - post traumatic stress disorder
  - personality disorders
  - schizophrenia
  - psychosis
  - suicidal ideation.

- N-1-6 Identify signs and symptoms of changes in mental health, including:**
- behavioural
  - emotional
  - intellectual
  - level of alertness
  - motor
  - perception of reality
  - suicidal ideation.
- N-1-7 Assess mental status:**
- suicide risk assessment.
  - mini-mental examination
  - assess and evaluate changes in patient:
    - behavioral
    - emotional
    - intellectual
    - motor
    - perceptual
  - compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- N-1-8 Demonstrate knowledge of diagnostic tools and guides in mental health assessment, including:**
- Agitated Behaviour Scale
  - Diagnostic and Statistical Manual of Mental Disorders Volume 5 (DSM-5)
  - Geriatric Depression Scale
  - Mini Mental State Examination (MMSE)
  - Montreal Cognitive Assessment (MoCA)
  - screening for distress/suicide risk
  - sleep study
  - Abnormal Involuntary Movement Scale (AIMS).



- N-1-9      Recognize and intervene in crisis situations, including:**
- identifying phases of crisis development
  - identifying signs and symptoms of a crisis
  - identifying nursing interventions
  - identifying the goals and indications for crisis intervention
  - identifying signs of escalating aggressive behaviour.
- N-1-10      Assess stress in a client's/family's life, including:**
- exploring factors contributing to stress
  - assessing strategies for managing stress
  - examining adaptability to change
  - providing care and direction in crisis state
  - recognizing behavioural manifestations.
- N-1-11      Understand developmental/childhood spectrum disorders and potential contribution to mental health and addiction.**
- N-1-12      Perform a mental health assessment of client/family within a variety of health care settings and to document appropriately.**
- N-1-13      Provide health teaching associated with Mental Health and Addictions care.**
- N-1-14      Communicate, consult and collaborate with the interprofessional team.**
- N-1-15      Support client, family and others with coping strategies and community resources.**

Major Competency Area: **N**  
**Mental Health and Addictions**

Competency: **N-2**  
**Behaviour Management**

- N-2-1**      **Assess signs of potential aggression and implement preventative measures.**
- N-2-2**      **Demonstrate critical thinking and clinical judgment in recognizing, monitoring and managing aggressive behaviour.**
- N-2-3**      **Demonstrate ability to utilize physical, chemical or environmental restraints, where applicable, for clients with aggressive behaviour.**
- N-2-4**      **Consider safety of other clients, self, and colleagues when managing aggressive behaviour.**
- N-2-5**      **Assess level of anxiety and recognize progression to agitation and aggression.**
- N-2-6**      **Recognize factors contributing to aggressive behaviour:**
- psychosocial factors
  - environmental factors
  - pharmacological factors
  - caregiver factors.
- N-2-7**      **Act appropriately to prevent and manage aggression.**
- N-2-8**      **Provide post-incident management and document and report.**

Major Competency Area: **N**  
**Mental Health and Addictions**

Competency: **N-3**  
**Prevention and Intervention in Suicide**

- N-3-1**      **Recognize and understand the warning signs of suicide in all ages of clients, including:**
- call to crisis line
  - change of personality
  - change of routine
  - family history
  - identification of a suicide plan
  - increase in psychosomatic illness
  - medication misuse
  - past history
  - sleep and eating patterns
  - suicidal ideologies
  - suicidal note.
- N-3-2**      **Intervene immediately with suicidal client as appropriate.**
- N-3-3**      **Educate family members to cope with client's behaviour and feelings.**
- N-3-4**      **Assess and monitor client that requires constant observation for suicide prevention as appropriate.**

Major Competency Area: **N**  
**Mental Health and Addictions**

Competency: **N-4**  
**Addiction Interventions**

- N-4-1 Recognize the types of substance abuse, including:**
- alcohol
  - prescription drugs
  - street drugs
  - inhalants / aerosols
  - over-the-counter drugs
  - stimulants – opiates / narcotics
  - hallucinogens.
- N-4-2 Assess, monitor and manage signs and symptoms associated with substance use, including:**
- addiction
  - dependency
  - intoxication
  - relapse
  - substance induced disorders
  - withdrawal.
- N-4-3 Use Naloxone kit in client with suspected overdose.**
- N-4-4 Recognize and intervene in crisis situations.**
- N-4-5 Demonstrate knowledge and understanding of drug withdrawal, rehabilitation, and recovery.**
- N-4-6 Recognize stressors in Mental Health and Addictions care, including:**
- barriers to recovery
  - strategies for managing
  - adaptability to change
  - access to information/resources
  - social determinants of health.
- N-4-7 Educate clients, families, and groups regarding prevention of substance abuse and promotion of health and wellness.**

Major Competency Area: **N**  
**Mental Health and Addictions**

Competency: **N-5**  
**Mental Health Treatments  
and Interventions**

- N-5-1**      **Apply principles of pharmacokinetics and pharmacodynamics specific to medication management in Mental Health and Addictions.**
- N-5-2**      **Assist with psychosocial interventions, in consultation with other health professionals, including:**
- psychotherapy
  - peer/group therapy
  - family therapy
  - behaviour modification
  - art and music therapy
  - cognitive therapy
  - positive and negative reinforcement
  - drug recovery educational programs
  - pet therapy.
- N-5-3**      **Report and document treatments and interventions in an objective manner.**
- N-5-4+**      ***Assist with provision of electroconvulsive (ECT) therapy:***
- +**      • *pre and post procedural assessment and care*
  - +**      • *pre and post client education.*

***+ Post-Basic***



# O: Emergency Nursing

Major Competency Area: **O**

**Emergency Nursing**

Competency: **O-1**

**Emergency Care**

- O-1-1** Apply critical thinking and clinical judgment throughout the nursing process in emergency nursing.
- O-1-2** Perform a comprehensive health assessment.
- O-1-3** Document and report assessment findings to the appropriate health professional:
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- O-1-4** Perform nursing procedures and interventions in an emergency setting as defined by scope of practice.
- O-1-5** Communicate, collaborate and consult with the emergency care team.
- O-1-6** Obtain, assess and monitor diagnostic tests and lab values.
- O-1-7** Communicate and collaborate with inter/intra-professional team in triage assessment.
- O-1-8** Support and teach client, family, and significant others in the emergency nursing environment.



# **P: Gerontology Nursing**



Major Competency Area: P

**Gerontology Nursing**

Competency: P-1

**Aging Process and Health Problems**

- P-1-1 Know legislation affecting gerontology nursing and the gerontological client.**
- P-1-2 Know the effects of the aging process related to anatomy and physiology, and growth and development.**
- P-1-3 Assess and recognize the normal aging process:**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- P-1-4 Plan, implement and evaluate healthy living and aging initiatives for individuals, groups and communities.**
- P-1-5 Provide evidence informed client-centered care in relation to gerontology nursing:**
- recognize client as expert in own health experience
  - respect and incorporate client's life history and experiences into developing client's plan of care
  - involve family and other supportive individuals in care
  - ensure goals are realistic and achievable
  - adapt traditional and complementary therapies
  - communicate, collaborate and consult to provide information and health teaching.
- P-1-6 Recognize and assess neurocognitive, physiological or drug-induced dysfunction and symptoms associated with gerontological client:**
- delirium
  - dementia
  - delusion
  - depression
  - memory loss
  - responsive behaviours.

**P-1-7 Assess and recognize physiological causes for cognitive changes including, but not limited to:**

- age related changes
- brain atrophy
- cardiovascular disease (hypertension, myocardial infarction, coronary heart disease, intermittent claudication, homocysteine)
- chronic alcoholism/substance abuse
- chronic stress (glucocorticoid release)
- constipation
- depression
- diabetes
- fluid/electrolyte imbalance
- genetic abnormalities
- infection (urinary tract, upper respiratory)
- lack of exercise and mobility
- low levels of bioavailable estradiol
- pain (observed/perceived)
- post-traumatic stress disorder
- sepsis
- transient ischemic attack (TIA)/stroke
- vitamin D, B12 deficiency.

**P-1-8 Provide cognitive rehabilitation therapies, including:**

- reality therapy
- orientation therapy
- validation therapy
- touch therapy
- recreation therapy
- music therapy
- socialization.

**P-1-9 Research/investigate alternative therapies.**

Major Competency Area: P

**Gerontology Nursing**

Competency: P-2

**Dementia Care**

- P-2-1 Apply critical thinking and critical inquiry throughout the nursing process related to dementia care, including:**
- differentiating dementia from cognitive changes of normal aging and delirium
  - recognizing the stages of dementia (early, middle, late)
  - considering client's history and preferences
  - recognizing and manage ethical concerns
  - collaborating with the health care team, family and others.
- P-2-2 Effectively communicate with a client with dementia, including:**
- addressing client by name
  - speaking in a quiet tone
  - avoiding arguing, confrontation, raising voice, correcting misinformation
  - identifying non-verbal discomfort cues
  - redirecting/providing simple choices
  - using verbal encouragement and positivity.
- P-2-3 Recognize and manage distress-relating behaviours, including:**
- agitation, pacing, exit-seeking, combativeness, withdrawal and repetitive vocalizations:
    - identify triggers in behavior
    - protect the client from risk
    - promote autonomy and independence
    - redirect client behavior
    - document and report circumstances related to distress.
- P-2-4 Promote an optimal environment for a client with dementia, including:**
- promoting physical, social, spiritual and mental health
  - ensuring safety of client
    - use of auditory, visual, mobility and memory aids
  - limited use of pharmaceutical and physical restraints
  - providing safe environment for clients, families and health care providers.

Competency: **P-2**

**Dementia Care**

Page: 2

**P-2-5**

**Provide teaching with client, family and others, including:**

- supporting family to participate in holistic client-centered care
- discussing and identifying psychological needs and stress
- discussing family dynamics and strategies to improve as needed.

**P-2-6**

**Collaborate with the health care team to provide support and resources to client, family and others.**

Major Competency Area: P

**Gerontology Nursing**

Competency: P-3

**Support and Teaching**

- P-3-1 Provide support and interpersonal communication skills with gerontological client, accommodating for cognitive and sensory changes/deficits.**
- P-3-2 Communicate, collaborate and consult with inter/intra-disciplinary team to provide support, resources and education to gerontological client, family and community.**
- P-3-3 Provide health teaching to gerontological client, family and community, including:**
- explanation of client behaviour, vital processes and condition change
  - evidence-informed healthy lifestyle
    - fall prevention
    - healthy nutrition
    - social connectedness/isolation
    - available support
  - family dynamics
  - goals of care and Personal/Advance Directive
  - guardianship/trusteeship
  - loss (independence, possessions, home, partner, skills)
  - mourning and bereavement support
  - neurocognitive dysfunction
  - open dialogue regarding palliative care/end of life
  - promote independence/restorative care
  - psychosocial/spiritual/pastoral care
  - quality of life
  - supports for activities of daily living (ADLs).

Major Competency Area: P

**Gerontology Nursing**

Competency: P-4

**Nursing Interventions**

**P-4-1 Demonstrate knowledge and ability to apply critical thinking and critical inquiry throughout the nursing process in gerontological care:**

- compare actual assessment findings to expected findings
  - consult appropriate care provider when assessment findings:
    - are not as anticipated, changed or new
    - client is not achieving intended outcomes
    - status is becoming variable or less predictable.

**P-4-2 Assess and recognize chronic disease and multi-system health issues utilizing tools including:**

- activities of daily living (ADLs)
- auditory/visual impairment screening
- balance and ambulation screening
- bowel elimination/impaction assessment
- Braden scale
- dementia assessment
- elder abuse and neglect assessment
- exercise plan and activity scale
- fall assessment
- functional assessment
- geriatric depression scale
- geriatric physical assessment
- lifestyle and behaviours (smoking, obesity, alcohol, substance abuse)
- muscle and joint assessment
- nutrition assessment
- oral health assessment
- Resident Assessment Instrument (RAI)
- urinary incontinence screening.

- P-4-3      Apply geropharmacology and pharmacological principles in the safe medication management process, including:**
- managing multiple prescriptions (polypharmacy)
  - participating in medication reconciliation
  - monitoring and teaching self-medication practice
  - monitoring interactions/adverse reactions
  - monitoring non-pharmaceutical and complementary therapies.
- P-4-4      Meet nutrition and hydration needs of the gerontological client, considering:**
- sensory deficits
  - need for adaptive devices
  - swallowing ability and oral health
  - nutritional/dietary/supplemental needs of the client
  - effective feeding techniques
  - cultural and religious influences
  - allergies/sensitivities/preferences
  - environment during meals
  - referrals for further assessment
  - geographical area of client.
- P-4-5      Assess and facilitate elimination needs in the gerontological client.**
- recognizing the special needs of the cognitively impaired
  - assessing signs and symptoms unique to the elderly
  - provide bladder and bowel retraining.
- P-4-6      Promote skin integrity and to perform skin and wound care, including:**
- prevention (positioning, skin care, hygiene)
  - assessment/intervention/evaluation
  - compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.

- P-4-7 Assess pain and provide comfort measures and pain management, including:**
- physical exam
  - colour pain scale
  - chronic versus acute
  - Facial Pain Scale - revised (FPS-R)
  - Numeric Rating Scale (NRS)
  - observed/perceived pain
  - Verbal Descriptor Scale (VDS).
- P-4-8 Identify and manage situations of abuse of gerontological client, including:**
- financial or material
  - neglect
  - physical
  - psychological or emotional
  - sexual.
- P-4-9 Assess and identify stressors related to abuse of gerontological client, including:**
- cultural roles, beliefs and practices
  - exploitation or dependence
  - family dynamics and control
  - fear-induced silence and reluctance to report
  - presence of chronic or debilitating disease
  - pressure related to caregiver exhaustion
  - substance abuse and addiction.
- P-4-10 Provide evidence informed end of life care, integrating palliative principles and values, including:**
- appropriate sedation and palliative analgesia
  - complying with Personal/Advance Directive and goals of care
  - holistic/client centered care
  - maintaining client dignity
  - management of behavioural disturbances
  - open dialogue regarding end of life
  - spiritual and religious support
  - symptom management and comfort measures.



Major Competency Area: P  
**Gerontology Nursing**

Competency: P-5  
**Assessment for Continuing Care**

- P-5-1+**      **Participate collaboratively with the inter/intra-professional team in the assessment of clients for continuing care, including:**
- history and physical
  - prioritize workload
  - effective communication skills.
- +
- *Resident Assessment Instrument (RAI)*
- +
- *Special Assistance Program (SAP).*
- P-5-2**      **Apply critical thinking and critical inquiry throughout the nursing process when utilizing care planning tools in continuing care.**
- P-5-3**      **Coordinate, with the health care team, identified resident care needs in developing the plan of care:**
- perform initial and ongoing assessments
  - align data collected with plan of care
  - adjust plan of care as necessary.

***+ Post-Basic***

Major Competency Area: **P**

**Gerontology Nursing**

Competency: **P-6**

**Safety Procedures**

- P-6-1**      **Provide a safe environment.**
- P-6-2**      **Respect the client's and family's wishes within the parameters of safety.**
- P-6-3**      **Implement alternatives to create a safer environment for client, including:**
- non-skid shoes or socks
  - motion detectors
  - low rise beds
  - hip protectors
  - consult OT.
- P-6-4**      **Document client behaviour, treatment, safety precautions, risk issues, and client response.**

Major Competency Area: **P**

**Gerontology Nursing**

Competency: **P-7**

**Communication and Advocacy**

- P-7-1**      **Communicate with client and advocate for client.**
- P-7-2**      **Demonstrate knowledge, awareness and respect of code status as well as personal care directives of client.**
- P-7-3**      **Demonstrate knowledge of legislation affecting client/family/caregiver, including:**
- Access to Information and Protection of Privacy Act (ATIPPA), 2015
  - Adult Protection Act, 2011
  - Personal Health Information Act (PHIA), 2011
  - Regional Health Authorities Act, 2006.
- P-7-4**      **Understand protocol regarding guardianship, power of attorney, and trusteeship.**
- P-7-5**      **Initiate/participate in team, client, and family conferences.**



## Q: Palliative Care

Major Competency Area: **Q**  
**Palliative Care**

Competency: **Q-1**  
**Palliative Principles and Values**

- Q-1-1 Apply critical thinking and critical inquiry throughout the nursing process in palliative care:**
- ongoing assessment of physical symptoms and psychosocial well-being
  - goals of care decision making
  - communication and collaboration with client, family, others and inter/intra-professional team
  - legal directives and confidentiality
  - advocacy and appropriate referrals.
- Q-1-2 Integrate palliative principles and values in care of client throughout the dying process, across all care settings, including:**
- whole person care/holistic care
  - client centered/family focused care
    - client identifies members of “family”
    - client and family needs, expectations, hopes and goals
    - recognize each person is unique and valued before and after death
    - autonomy and the right to refuse care
    - quality of life as defined by the client
  - care based on the dignity and integrity of the therapeutic relationship
  - knowledge and research-based care
  - care provided by an inter/intra-professional team.

Major Competency Area: **Q**

**Palliative Care**

Competency: **Q-2**

**Physical Changes**

- Q-2-1 Recognize patterns of decline associated with the dying process.**
- Q-2-2 Identify the signs and symptoms associated with dying, including:**
- signs when death is imminent
  - symptoms that are common in last days and hours.
- Q-2-3 Provide care for client, family and others when:**
- death is imminent
  - at the time of death
  - following death.

Major Competency Area: **Q**

**Palliative Care**

Competency: **Q-3**

**Physical and Psychosocial Care**

- Q-3-1 Provide psychosocial support, including:**
- creating a safe, nurturing environment
  - being present in case of pain and suffering
  - communicating respectfully, empathetically and compassionately
  - facilitating conversation regarding goals of care
  - facilitating expression of feelings, needs, hopes, joys and concerns
  - providing opportunity for client to engage in life review
  - identifying social, cultural, spiritual values affecting grieving and expression of grief
  - recognizing and normalizing loss as a universal experience
  - understanding and normalizing grief as a holistic experience
  - identifying situations of complicated grief/existential stress
  - providing appropriate referral(s).
- Q-3-2 Anticipate, assess and manage symptoms, including:**
- agitation/restlessness
  - anorexia
  - constipation
  - dehydration
  - delirium
  - dyspnea
  - fatigue
  - oral discomfort
  - nausea/vomiting
  - pain.
- Q-3-3 Enhance physical comfort:**
- non-pharmacological comfort measures
  - medications/interventions for symptom management
  - referrals to palliative care specialist/inter/intra-professional team as necessary.

Competency: **Q-3**

**Physical and Psychosocial Care**

Page: 2

**Q-3-4 Provide health teaching related to physical and psychosocial care of client, family and others, including:**

- information sharing as appropriate
- open conversations about goals of care
- supporting informed decision making
- reviewing and clarifying client, family and others understanding.

**Q-3-5 Recognize and respond to needs of family, including:**

- providing compassionate, non-judgmental support
- respecting level of participation in care/post-mortem care
- respecting right to access or refuse support services
- understanding and supporting role as caregiver and/or decision maker
- understanding need to balance work and other responsibilities
- respecting religious, cultural and traditional beliefs and practices
- providing information about services available.



Major Competency Area: **Q**  
**Palliative Care**

Competency: **Q-4**  
**Post-Mortem Care**

- Q-4-1**      **Provide post-mortem care, including:**
- providing care of body respecting client/family/cultural wishes
  - providing supportive environment for family
  - transferring and releasing of body.

- Q-4-2+**      **Pronounce<sup>8</sup> expected death, including:**
- +      • *assessing cessation of vital signs*
  - +      • *recording and reporting time of death*
  - +      • *notifying next of kin or designate*
  - +      • *notifying inter/intra-professional team.*

**+ *Post-Basic***

---

<sup>8</sup> Pronouncement of death is not registration of death. Requirements related to registration of death and certificate of death are outlined in the NL Vital Statistics Act, 2009.

Major Competency Area: **Q**

**Palliative Care**

Competency: **Q-5**

**MAiD – Medical Assistance in Dying**

- Q-5-1 Demonstrate knowledge of MAiD:**
- Criminal Code of Canada Section 241.1
  - Bill C-14
  - policies and practices of employing agency
  - legislation that governs practice
  - regulatory practice Standards, Documents and Guidelines.
- Q-5-2 Identify safeguards and client eligibility for MAiD.**
- Q-5-3 Notify appropriate health care provider if client eligibility or safeguards are not being met or have changed.**
- Q-5-4 Understand the selection of independent witnesses.**
- Q-5-5 Participate in MAiD, including:**
- aiding under the direction of a medical practitioner or nurse practitioner
  - support access to accurate and objective information to clients so that they may make informed decisions about their care
  - inserting an intravenous line that will be used in MAiD
  - providing care and support to client and family throughout the MAiD process
  - providing documentation of involvement in MAiD.
- Q-5-6 Act on Conscientious Objection, including:**
- notifying appropriate personnel if MAiD conflicts with your own moral beliefs and values
  - providing care that is safe, competent, ethical and compassionate in a professional, non-judgmental, non-discriminatory manner until alternate care arrangements can be made to meet the client's needs or wishes.



# R: Rehabilitation

Major Competency Area: **R**  
**Rehabilitation Nursing**

Competency: **R-1**  
**Rehabilitation Nursing**

**R-1-1 Apply critical thinking and critical inquiry throughout the nursing process in rehabilitation.**

**R-1-2 Apply concepts of rehabilitation and restorative care of client, including:**

- addressing deficits in physical and/or cognitive status
  - acute, episodic, chronic
- promoting functional restoration
  - psychosocial
    - cultural
    - developmental
    - economic
    - emotional
    - environmental
    - mental
    - social
    - spiritual
  - physiological
    - cognitive
    - biological
    - functional
    - physical
- pain management
  - pharmacological
  - non-pharmacological
- alignment of treatment modalities.

- R-1-3 Apply the nursing process to, and perform the health assessment of, the rehabilitation client:**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- R-1-4 Update and revise care plans according to client's status.**
- R-1-5 Facilitate a positive rehabilitative perspective and environment, including:**
- addressing barriers to recovery
  - client focused
  - empowering client
  - encouraging productive lifestyle
  - engaging family and others
  - identifying coping mechanisms
  - managing goals of care and recovery outcomes
  - promoting self-confidence
  - identifying community supports/resources.
- R-1-6 Support self-management of episodic and chronic pain.**
- R-1-7 Provide health teaching to client, family and others associated with rehabilitation, including:**
- activities of daily living
  - adaptive and environmental aids
  - changes in abilities
  - communication techniques
  - cultural and religious influences
  - family dynamics
  - functional independence
  - nutritional needs
  - psychological issues.

- R-1-8 Collaborate with the health care team to prepare client, family and others for transition home.**
- R-1-9 Carry out multiple roles as a rehabilitation nurse, including:**
- advocate
  - caregiver
  - coordinator
  - counselor
  - educator
  - integrator
  - research data collector.
- R-1-10 Communicate, collaborate, and consult with the health care team.**



# S: Community Health

Major Competency Area: S

**Community Health**

Competency: S-1

**Knowledge of Community Health**

- S-1-1 Apply critical thinking and critical inquiry throughout the nursing process in community-based care, including individuals, groups and communities:**
- holistic health assessments
  - program/outcome planning
  - implementation of services
  - evaluation of outcomes and goals.
- S-1-2 Practice in accordance with professional legislation, regulations, standards and policies.**
- S-1-3 Understand the concepts of health promotion, protection, prevention and health maintenance/restoration in community-based care.**
- S-1-4 Demonstrate knowledge of primary health, nursing science, social science and humanities into community-based care.**
- S-1-5 Demonstrate knowledge of the social determinants of health and how they impact individuals, families, groups and communities.**
- S-1-6 Implement time management skills and communicate, consult and collaborate as necessary with the inter/intra-professional team.**
- S-1-7 Provide community-based care to meet health needs of diverse communities, including:**
- client homes/lodges/facilities
  - community and public health centers
  - correctional facilities
  - street clinics/youth centers/group homes
  - hospices/parish environments
  - nursing outposts
  - primary health networks/physician and ambulatory clinics
  - schools/educational facilities.
- S-1-8 Provide health teaching associated with community-based care.**



Major Competency Area: S

**Community Health**

Competency: S-2

**Nursing Process and Community Health**

**S-2-1 Assess, collaboratively plan, implement, and evaluate appropriate nursing interventions, including:**

- compare actual assessment findings to expected findings
  - consult appropriate care provider when assessment findings:
    - are not as anticipated, changed or new
    - where client is not achieving intended outcomes
    - when status is becoming variable or less predictable.

**S-2-2 Provide evidence-informed client-centered care for individuals, groups and communities in community-based settings, including:**

- advocating for client
- assessing and managing risk
- assessing, identifying and evaluating goals/outcomes
- maintaining and restoring health
- modelling client-centered care
- modelling cultural competence
- preventing disease and injury
- promoting health/rehabilitation/restoration
- providing palliation
- supporting client transitions across continuum of care.

**S-2-3 Provide leadership in community-based settings including:**

- assessing and managing resources
- creating and encouraging healthy living environments and networks
- implementing chronic disease management initiatives
- developing health teaching and coaching strategies
- implementing strategic initiatives
- managing risk when working alone/travelling/home visits
- modelling flexibility and innovation
- performing assessments in various settings
- providing coordination and leadership
- providing leadership as manager/administrator.

Competency: **S-2**

**Nursing Process and Community Health**

Page: 2

**S-2-4 Participate in evidence-informed end of life care, integrating palliative principles and values in community-based care, including:**

- holistic, compassionate, client-centered care
- managing difficult discussions regarding palliation and end of life
- open dialogue regarding end of life
- spiritual and religious support
- symptom management and comfort measures.

Major Competency Area: S  
**Community Health**

Competency: S-3  
**Client Services**

**S-3-1+**      **Assess the needs of client/group/community and access services to meet those needs.**

- +      • *RAI – Resident Assessment Instrument*
- +      • *SAP – Special Assistance Program.*

**S-3-2**      **Facilitate the implementation of the care plan.**

**S-3-3**      **Assign, educate and supervise healthcare aide/providers in the community-based setting:**

- implement standards for assignment of care
- ensure continuity of care
- provide mentorship and guidance
- evaluate and reassign as necessary.

**S-3-4**      **Organize and participate in client and family case conferences.**

**S-3-5**      **Assess safety of self and others by recognizing, managing and documenting obvious and potential safety concerns.**

**S-3-6**      **Plan and facilitate access to healthcare services and refer to other members of the inter/intra-professional team, including:**

- physician
- social worker
- pharmacist
- home care services
- allied health professionals (speech therapy, physiotherapy, etc.)
- special care nurses (wound, foot, etc.).

**S-3-7**      **Demonstrate flexibility and innovation to meet the needs and treatment of the client:**

- adjusting nursing care procedures to the environment
- modifying treatments to fit the environment
- recognizing effect of the community environment on client and / or family.

**+ *Post-Basic***

Major Competency Area: S

**Community Health**

Competency: S-4

**Primary Health Care/Health Promotion**

- S-4-1 Understand the concept of primary and preventative health care.**
- S-4-2 Provide nursing services across the lifespan in primary health care, including:**
- communicable disease control
  - community rehabilitation
  - coordination and referral
  - disease prevention
  - health maintenance
  - health promotion
  - home support
  - illness prevention
  - injury prevention
  - pre-hospital emergency medical services, including first aid, CPR.
- S-4-3 Implement and utilize tools and strategies to address health promotion for individuals, groups and communities, including:**
- health concerns of at-risk groups
  - specific social determinant(s) of health
  - specific health concerns.
- S-4-4 Collaborate in the planning and participate in the delivery of primary, secondary and tertiary disease/injury prevention activities, including:**
- preventing onset
  - addressing risk factors
  - controlling and treat progression
  - rehabilitation/restoration.
- S-4-5 Provide health promotion and health teaching, including:**
- creating healthy social and physical environments to support behaviour
  - strengthening skills of individuals to practice healthy behaviours.

Major Competency Area: S  
**Community Health**

Competency: S-5  
**Community Health**

- S-5-1 Assess client's needs and direct care as necessary.**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- S-5-2 Prioritize client's immediate needs and take appropriate action to ensure needs are met.**
- S-5-3 Perform clinic nursing services, including:**
- treatment and interventions
  - chronic disease management
  - community rehabilitation
  - coordination, consultation and referral
  - disease prevention
  - healthy living and wellness
  - primary care services
  - immunization management
  - screening (STD infections, allergy skin test, etc.)
  - health teaching.

Major Competency Area: **S**

**Community Health**

Competency: **S-6**

**Public Health**

- S-6-1 Apply critical thinking and critical inquiry throughout the nursing process in community wellness.**
- S-6-2 Participate in public health population assessment and evaluation.**
- S-6-3 Promote and deliver health wellness and disease prevention programs to facilitate healthy communities, including:**
- post-partum discharge programs
  - child/youth health programs
  - chronic disease management
  - community wellness
  - emergency preparedness
  - injury prevention
  - screening and disease prevention
    - communicable diseases
    - breast cancer
    - immunization management
      - implement immunization schedules
      - travel health protocols
      - vaccine administration
    - tuberculosis clinics.
- S-6-4 Provide client-centered care to individuals, groups and communities within the school health program:**
- client advocacy
  - collaborate with school staff, students and parents
  - health and wellness advice and promotion
  - health curriculum support
  - infection prevention and control
  - knowledge of school health priorities and key resources
  - response to emergency situations
  - safety policies and procedures
  - screening, education, referrals, follow-up
  - immunization protocol and practices.
- S-6-5 Communicate, consult and collaborate with inter/intra-professional team.**

Major Competency Area: S  
**Community Health**

Competency: S-7  
**Health Teaching**

- S-7-1 Assess, plan, implement and evaluate the need for educational services and in-service for client, group or community, including:**
- communicable disease/vaccination teaching
  - diabetic teaching
  - health related issues
  - holistic health
  - nutrition
  - health prevention/promotion
  - resolution of issues.
- S-7-2 Research available resources and arrange appropriate speakers, audio visual aids, location, and time.**
- S-7-3 Organize meetings, meeting area, advertising, and recruiting resource person to facilitate educational need.**
- S-7-4 Evaluate the effectiveness of the meeting or education session.**

Major Competency Area: S  
**Community Health**

Competency: S-8  
**Case Management**

- S-8-1+**      *Apply critical thinking and critical inquiry throughout the nursing process related to case management.*
- S-8-2+**      *Demonstrate knowledge of case management principles and processes in relation to Licensed Practical Nurse scope of practice.*
- S-8-3+**      *Model evidence-informed client-centered care to client, family, inter/intra-professional team and care agencies.*
- S-8-4+**      *Perform advanced responsibilities of case manager specific to management of client care, including:*
- +      • *assessing client data to determine service needs*
  - +      • *completing client care profile*
  - +      • *negotiating client placement*
  - +      • *communicating with client, family, placement site*
  - +      • *monitoring client needs while awaiting placement*
  - +      • *facilitating smooth transition of client into continuing care placement*
    - *collaborate with transition team*
  - +      • *facilitating completion of admission assessment and documentation as required, including:*
    - *ongoing holistic assessment and monitoring*
      - *special assessments*
      - *Resident Assessment Instrument (InterRAI)*
      - *other assessments as appropriate*
    - *personal directives*
    - *power of attorney*
    - *guardianship/trusteeship*
    - *goals of care*
    - *medication reconciliation/medication assistance*
  - +      • *developing plan of care/goals of care in collaboration.*

**+ Post-Basic**



**S-8-4+      *Perform advanced responsibilities of case manager specific to management of client care, including: (Cont'd)***

- +      • *performing regular and ongoing reviews and assessments*
- +      • *identifying and address unmet client needs*
- +      • *facilitating ongoing communication and support*
- +      • *liaising with acute care if client transferred for episodic illness or injury*
- +      • *ongoing reassessment of plan of care/goals of care.*

**S-8-5+      *Demonstrate knowledge of an accountability in the advanced case manager role, including:***

- +      • *demonstrating effective time management*
- +      • *managing multiple priorities and issues*
- +      • *care management and client advocacy*
- +      • *facilitating client health teaching and coaching*
- +      • *ensuring ongoing accuracy of client health record*
- +      • *collaborating with inter/intra-professional team*
- +      • *collaborating with continuing care agencies and community resources*
- +      • *facilitating open and timely communication*
- +      • *organizing and leading case conferences*
- +      • *integrating best practices throughout care*
- +      • *delivering education as appropriate*
- +      • *manage complex situations*
- +      • *mediate and manage conflict*
- +      • *identify issues and barriers in continuum of care*
- +      • *implement clinical judgment to guide problem solving*
- +      • *demonstrate continual leadership development*
- +      • *manage resources effectively.*

**S-8-6+      *Communicate, consult and collaborate with inter/intra-professional team.***

**+ *Post-Basic***



## **T: Clinic Based Nursing**

Major Competency Area: T

**Clinic Based Nursing**

Competency: T-1

**Knowledge of Clinic Based Nursing**

- T-1-1      Apply critical thinking and clinical judgement throughout the nursing process in clinic-based nursing.**
- T-1-2      Provide clinic-based nursing services, including:**
- health promotion
  - illness prevention
  - health maintenance
  - home support
  - community rehabilitation
  - pre-hospital community
  - facilitation and referral
  - pre-post nursing education.
- T-1-3      Act as a liaison between client and other health care providers to provide nursing services to the client.**
- T-1-4      Utilize effective time management skills.**
- T-1-5      Maintain privacy and confidentiality, following all the rules of the employer, legislation (PHIA) and Regulations.**

Major Competency Area: T  
**Clinic Based Nursing**

Competency: T-2  
**Assessment and Prioritizing  
of Client Needs**

- T-2-1      Participate in the screening of clients.**
- T-2-2      Provide health assessment of the client:**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- T-2-3      Determine if client’s basic needs are being met, including:**
- clothing
  - food
  - shelter
  - safety
  - transportation
  - psychosocial support.
- T-2-4      Seek out resources to meet client’s needs.**
- T-2-5      Communicate and collaborate with inter/intra-professional team in triage assessment.**

Major Competency Area: T

**Clinic Based Nursing**

Competency: T-3

**Nursing Interventions**

**T-3-1+**

**Provide and assist in a variety of procedures, including:**

- obtaining physician/nurse practitioner orders
- application of dressings, splints, slings, tensors
- application of oxygen
- blood glucose monitoring
- eye irrigations
- initiate CPR
- inhalation therapy
- injections and immunizations
- medication administration
- medication reconciliation
- monitoring blood and test results
- pre-lab instructions
- pre-operative teaching
- specimen collection
- various examinations:
  - visual acuity
  - physical / mental assessments
  - pelvic examinations
  - diagnostic testing as ordered
- + • *minor surgical procedures*
- + • *removal of casts.*

**+ *Post-Basic***

**T-3-2**      **Provide support and teaching to client, family and community.**

**T-3-3+**      ***Assist practitioners and/or provide (with direction from practitioners) a variety of out-patient procedures, including:***

- +      • *application of casts*
- +      • *allergy/skin testing*
- +      • *dermatology treatments*
- +      • *schlerotherapy*
- +      • *electrocardiogram (ECG)*
- +      • *assisting with pap smears*
- +      • *assisting with procedures and tests, including:*
  - *preparation of slides for microscopic examination*
  - *sigmoidoscopy*
  - *vasectomy*
  - *circumcision*
  - *biopsy*

**+ *Post-Basic***

Major Competency Area: T

**Clinic Based Nursing**

Competency: T-4

**Ear Syringing**

**T-4-1 Understand the anatomy of the ear.**

**T-4-2 Understand the purpose for the ear syringing.**

**T-4-3+ *Perform ear syringing:***

- + • *check physician's order or protocol*
- + • *prepare supplies*
- + • *explain procedure to the client*
- + • *prepare and position client*
- + • *position drainage basin appropriately*
- + • *cleanse outer aspects of ear as necessary and position ear canal to straighten the auditory canal by pulling the pinna:*
  - *down and back for an infant*
  - *up and back for an adult*
- + • *insert fluid appropriately:*
  - *direct a steady stream of solution against the roof of the auditory canal*
  - *use only sufficient force to remove secretions*
- + • *do not occlude auditory canal with the irrigating nozzle:*
  - *allow solution to flow out unimpeded*
  - *allow ear canal to drain appropriately*
  - *place cotton ball loosely in auditory meatus*
- + • *have client lie on side of affected ear, using absorbent pad if necessary*
- + • *document irrigation, appearance of drainage and client's response.*

**+ *Post-Basic***



# **U: Occupational Health and Safety**



Major Competency Area: **U**  
**Occupational Health and Safety**

Competency: **U-1**  
**Occupational Health  
and Safety Nursing**

**U-1-1**      **Apply critical thinking and critical inquiry throughout the nursing process in occupational health and safety nursing.**

**U-1-2**      **Understand concepts of occupational health and safety nursing, including:**

- wellness and health promotion
- health assessment/screening/testing
- psychosocial, psychological and physical safety
- workplace safety
- emergency preparedness and response
- handling of hazardous materials
- infection prevention control
- personal protective equipment.

**U-1-3**      **Understand legislation, regulations and standards related to occupational health and safety nursing.**

**U-1-4**      **Communicate and collaborate with the health care team and others.**

**U-1-5 +**      **Achieve competence and/or certification in areas, including:**

- Basic Life Support
- Automatic External Defibrillator (AED)
- *Occupational Health and Safety*
- +      • *Audiometric testing*
- +      • *Breathalyzer application*
- +      • *Urine drug screening*
- +      • *Venipuncture.*

**+ *Post-Basic***

Major Competency Area: **U**  
**Occupational Health and Safety**

Competency: **U-2**  
**Application of Nursing Process**

- U-2-1 Apply nursing knowledge and nursing process in occupational health and safety environment, including:**
- ensuring that medical directives and nursing protocols are available and current
  - utilizing health assessment skills to evaluate ill or injured workers
  - reviewing and understanding patient data and establishing priorities of care
  - + • *providing nursing interventions to minimize effects of illness, injury, or disability and promoting early return to work*
  - + • *referring ill or injured workers to appropriate community resources*
  - + • *providing one-to-one education*
  - + • *ensuring continuity of care*
  - + • *providing follow-up and evaluation of treatment*
  - + • *identifying causes of and/or trends in occupational injury/illness and making recommendations for control.*

- U-2-2 Demonstrate ability to perform specific health screening and assessment tests, including:**
- providing immunizations as necessary
  - + • *assessing visual acuity*
  - + • *performing audiometric testing*
  - + • *performing pre-employment and placement assessment*
  - + • *performing reasonable cause and post-accident assessment*
  - + • *performing spirometry and pulmonary function testing*
  - + • *identifying potential ergonomic problems*
  - + • *providing surveillance for designated substances.*

- U-2-3 Perform client referrals as necessary.**

**+ Post-Basic**

Major Competency Area: **U**  
**Occupation Health and Safety**

Competency: **U-3**  
**Health and Safety Promotion**

**U-3-1**      **Provide necessary education to clients.**

**U-3-2 +**      ***Promote optimal wellness, prevent illness, and manage absenteeism, including:***

- +      • *monitoring health service usage and identifying potential problems in workplace*
- +      • *participating in developing and implementing company wellness policies and standards*
- +      • *referring client to Employee Assistance Program (EAP), Substance Abuse and Addiction Agencies and other resources for healthy lifestyle changes*
- +      • *participating in providing fitness and health education programs*
- +      • *promoting exercise and treatment as ordered by rehabilitation*
- +      • *promoting return to work programs considering conditions of employment*
- +      • *collaborating with worker and Workplace Health and Safety (WorkplaceNL) in:*
  - *recovery/rehabilitation/retraining*
  - *worksite assessment*
  - *provision of modified work*
  - *return to work planning.*

**+ Post-Basic**

Major Competency Area: **U**  
**Occupational Health and Safety**

Competency: **U-4**  
**Collaborate with Health Professionals**

- U-4-1**      **Establish working relationship with other health professionals**
  
- U-4-2+**      *Promote successful early return to work and modified work programs through collaboration with health professionals, management, and employees.*
  
- U-4-3+**      *Recognize when and how to refer client for appropriate treatment, therapy, and rehabilitation.*

***+ Post-Basic***

Major Competency Area: **U**  
**Occupational Health and Safety**

Competency: **U-5**  
**Respond to Emergency Situations**

- U-5-1**      ***Implement and maintain established emergency protocols for:***
- fire
  - chemical leaks
  - explosions
  - dangerous goods
  - evacuation.
- U-5-2+**      ***Respond to emergency calls, including:***
- +      • *establishing and maintaining first aid measures according to industrial standards*
  - +      • *maintaining emergency equipment for response to work-related accidents.*
- U-5-3**      ***Provide emergency medical treatment in the event of injury, including:***
- *providing emergency scene management:*
    - *assess hazards and ensure safety at scene*
    - *contact appropriate people to move hazards*
  - *providing emergency care for injured:*
    - *assess and prioritize the physical and mental status of client*
    - *establish and maintain first aid measures*
    - *refer client for appropriate medical treatment*
    - *arrange transport of client for emergency treatment*
  - *documenting and reporting the event.*

**+ Post-Basic**

Major Competency Area: **U**  
**Occupation Health and Safety**

Competency: **U-6**  
**Provision of Support for Program**

- U-6-1+**      ***Manage the Occupational Health and Safety office, including:***
- +      ● *providing administrative support:*
    - *attendance reports*
    - *responding to calls*
    - *computer records*
    - *documentation*
  - +      ● *maintaining statistics regarding accidents, near-miss accidents, Workplace Health and Safety claims, and progress reports*
  - +      ● *completing external agency forms and protocols*
  - +      ● *following proper channels of communication*
  - +      ● *practicing effective time management*
  - +      ● *contributing to evaluation of program*

***+ Post-Basic***



# V: Medication Management

Major Competency Area: **V**  
**Medication Management**

Competency: **V-1**  
**Pharmacology and Principles of Administration of Medications**

**V-1-1 Apply critical thinking and clinical judgment throughout the nursing process related to pharmacology and medication administration.**

**V-1-2 Apply knowledge of pharmacology throughout the medication management process.**

- pharmacokinetics:
  - absorption
  - distribution
  - metabolism
  - excretion.
- pharmacodynamics:
  - adverse effect/side effect
  - anaphylactic/allergic reaction
  - complementary and alternative therapy interactions
  - dependency/tolerance/sensitivity
  - desired effect
  - drug interactions
  - drug toxicity
  - duration of action
  - idiosyncratic reactions
  - synergistic effects
  - therapeutic duration.

**V-1-3 Understand the principles of medication administration as related to client assessment, evaluation, and documentation.**

- compare actual assessment findings to expected findings:
  - consult appropriate care provider when assessment findings:
    - are not as anticipated, changed or new
    - client is not achieving intended outcomes
    - status is becoming variable or less predictable.



Competency: **V-1**

**Pharmacology and Principles of  
Administration of Medications**

Page: 2

- V-1-4 Understand chemical drug classifications:**
- animal (hormones, enzymes)
  - chemical synthesis (antibiotics, steroidal, radioactive)
  - natural (plant, mineral, herbal remedies).
- V-1-5 Perform drug counts on controlled medications according to legislation, including:**
- maintaining accurate record
  - accurately record addition and/or removal
  - participating in shift count and accurately record inventory
  - co-signing waste of controlled medication.
- V-1-6 Understand routes for medication administration, including:**
- gastrointestinal (oral, orogastric/gastric, nasogastric, rectal)
  - inhalational
  - intradermal/epicutaneous
  - intramuscular
  - intravenous
  - intravesical
  - mucus membranes (sublingual, buccal, nasal, optic, otic)
  - percutaneous (topical, transdermal)
  - subcutaneous
  - vaginal.
- V-1-7 Provide health teaching related to medications and medication management.**
- V-1-8 Communicate and collaborate with the inter/intra-professional team.**

Competency: **V-1**

**Pharmacology and Principles of  
Administration of Medications**

Page: 3

- V-1-9 Understand medication actions and effects for clients across the lifespan, including:**
- contraindications
  - lab values
  - nursing implications
  - risk factors.
- V-1-10 Apply infection prevention and control standards in safe storage, handling, removal and disposal of medications and supplies, including:**
- antineoplastic
  - autoimmune
  - cytotoxic
  - hormones
  - insulin
  - narcotics
  - non-cytotoxic hazardous
  - vasodilators, bronchodilators.

Major Competency Area: **V**

**Medication Management**

Competency: **V-2**

**Assess Client Need for Medication**

- V-2-1      Assess the client's need for and response to medication by researching the client's record and observing client's behavior.**
- compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- V-2-2      Participate in medication reconciliation.**
- V-2-3      Review the client's history/medication history prior to preparing the medication.**
- V-2-4      Assess the appropriateness of the route of medication administration for the client.**
- V-2-5      Identify risk factors and contraindications to the medication and report appropriately.**
- V-2-6      Perform and document assessment and nursing actions related to risk factors.**

Major Competency Area: **V**  
**Medication Management**

Competency: **V-3**  
**Medication Preparation and Administration**

**V-3-1 Accept, process, verify and initiate written, verbal, telephone or electronic medication orders based on:**

- date and time
- client name
- medication name
- dose, route, frequency, duration
- follow up with authorized prescriber as necessary
- authorized prescriber (name, signature and designation)
- order is accurate, appropriate and complete.

**V-3-2 Accurately calculate dosages, concentrations, rates and volumes using formulas and standards of measurement associated with medication administration.**

**V-3-3 Apply the “rights and checks” of medication administration to reduce risk of medication error and ensure client safety.**

**V-3-4 Safely administer medications via a variety of routes, including:**

- gastrointestinal (oral, orogastric/gastric, nasogastric, rectal)
- inhalational
- intradermal/epicutaneous
- intramuscular
- intravenous
  - continuous
  - intermittent
  - *+IV push*
- + • mucous membranes (sublingual, buccal, nasal, optic, otic)
- subcutaneous
- percutaneous (topical)
- vaginal
- + • *intravesicular.*

**+ *Post-Basic***

Competency: **V-3**

**Medication Preparation and  
Administration**

Page: 2

- V-3-5+**      ***Assist in the monitoring of a client receiving medication by:***
- +              • *intraosseous*
  - +              • *intrathecal*
  - +              • *intra-arterial*
  - +              • *intracerebral*
- V-3-6**              **Provide ongoing assessment, monitoring and evaluation of medication effectiveness.**
- V-3-7**              **Recognize and manage adverse medication reactions.**
- V-3-8**              **Recognize and participate in the management of anaphylaxis.**
- V-3-9**              **Provide appropriate documentation.**

***+ Post-Basic***

Major Competency Area: **V**  
**Medication Management**

Competency: **V-4**  
**Nitrous Oxide**

- V-4-1+**      ***Administer nitrous oxide:***
- +      • *identify risks and precautions*
  - +      • *manage adverse reactions*
  - +      • *provide ongoing monitoring.*

***+ Post-Basic***

Major Competency Area: **V**

**Medication Management**

Competency: **V-5**

**Diagnostic Imaging Contrast Agents**

- V-5-1+**      *Demonstrate knowledge of the different types of diagnostic imaging contrast agents.*
- V-5-2+**      *Understand authorized administration of diagnostic imaging contrast agents.*
- V-5-3+**      *Demonstrate knowledge of adverse reactions and interventions necessary after the administration of diagnostic imaging contrast agents.*

***+ Post-Basic***

Major Competency Area: V

**Medication Management**

Competency: V-6

**Immunizations**

- V-6-1 Provide immunizations.**
- V-6-2 Understand concept of immunity and principles of communicable disease prevention and control.**
- V-6-3 Understand anatomy, physiology and pathophysiology of communicable diseases.**
- V-6-4 Understand the action, purpose, uses and nature of common immunizing/biological agents.**
- V-6-5 Identify the factors which affect the action of immunizing/biological agents.**
- V-6-6 Identify side effects, adverse effects and contraindications of common immunizing/biological agents and report appropriately.**
- V-6-7 Maintain the cold chain in the transportation and storage of immunizing/biological agents.**
- V-6-8 Review pertinent health information of client prior to immunization.**
- V-6-9 Document assessment and nursing actions related to risk factors.**
- V-6-10 Provide safety in preparation and administration of immunizing/biological agent.**
- V-6-11 Provide client, family or guardian with sufficient information to give informed consent for immunization, including:**
- name of immunizing/biological agent to be administered
  - disease being prevented
  - benefits of immunizing/biological agent
  - common side effects
  - risks and rare side effects
  - rationale for 15-30-minute wait following injection
  - contact for follow-up or emergency.
- V-6-12 Record immunizing/biological agent administration and client's response.**





## **W: Infusion Therapy**

Major Competency Area: **W**  
**Infusion Therapy**

Competency: **W-1**  
**Knowledge of Infusion Therapy**

- W-1-1**      **Apply critical thinking and clinical judgment throughout the nursing process related to infusion therapy.**
- W-1-2**      **Apply knowledge of human anatomy and physiology, specifically the circulatory system, fluids, and electrolytes.**
- W-1-3**      **Apply knowledge of principles of infusion therapy related to:**
- circulatory system
    - arterial
    - venous
  - blood and blood products
  - fluid and electrolyte maintenance
  - infection prevention and control
  - medications and nutritional feedings
- +      • *chemotherapy*
- W-1-4**      **Differentiate between peripheral lines, central lines, implanted ports, epidurals and patient-controlled analgesia pumps.**
- W-1-5**      **Provide health teaching related to infusion therapy.**
- W-1-6**      **Communicate and collaborate with the inter/intra-professional team.**

**+ *Post-Basic***

Major Competency Area: **W**

**Infusion Therapy**

Competency: **W-2**

**Peripheral Intravenous Therapy**

- W-2-1 Perform peripheral infusion therapy:**
- initiate, monitor, regulate, lock, discontinue
    - assemble and prime lines
    - calculate infusion rates
    - client safety
    - evaluation of treatment
    - infusion equipment
    - administration of fluids and medications.
- W-2-2 Identify common intravenous solutions according to type of solution, additional contents and indications for use.**
- W-2-3 Use a variety of infusion therapy equipment, including:**
- +  
• *programmable infusion equipment*
- +  
• *patient controlled analgesia pumps (PCA pumps)*
  - *regulate, lock, discontinue.*
- W-2-4 Anticipate and recognize the etiology of or clinical manifestations of complications, initiate nursing measures to prevent complications and/or respond to complications of intravenous therapy, including:**
- abnormal lab values
  - air emboli
  - allergic reactions
  - dehydration/hypervolemia
  - equipment/line problems
  - fluid/medication error
  - infection
  - infiltration
  - phlebitis/thrombophlebitis.
- W-2-5 Initiate, flush, monitor and discontinue heparin and saline locks.**

+ *Post-Basic*

Major Competency Area: **W**

**Infusion Therapy**

Competency: **W-3**

**Care of a Central Venous Catheter**

**W-3-1 Apply critical thinking and clinical judgment throughout the nursing process when caring for client with a central line.**

**W-3-2 Understand central lines and specific application:**

- central venous catheter (CVC):
  - implanted vascular access device (IVAD)
  - peripherally inserted central catheter (PICC)
  - percutaneous
  - non-valved or open-ended
  - midline catheter (not a CVC)
  - tunneled
  - valved or closed ended.

**W-3-3 Understand risks associated with central lines, including:**

- abnormal heart rhythm
- blockage
- brachial plexus injury
- incorrect placement
- infection/sepsis
- embolus or thrombus
- faulty or fractured device
- hemorrhage/hematoma.

**W-3-4 Assess, monitor and manage central venous catheters, including:**

- dressing change
- administration of fluids
- occlusion issues
- + ● *cap/tubing change*
- + ● *flush and lock*
- + ● *administration of medications (continuous, intermittent, IV push)*
- + ● *central venous pressure*
- + ● *patient-controlled analgesia pump (PCA pump)*
- + ● *withdraw blood.*

**W-3-5+ Remove non-tunneled peripherally inserted central venous catheter (PICC).**

**+Post-Basic**

Major Competency Area: **W**

**Infusion Therapy**

Competency: **W-4**

**Hypodermoclysis**

**W-4-1 Apply knowledge regarding the purpose of hypodermoclysis, including:**

- replacement of electrolytes
- correct fluid imbalance
- symptom control
- administer several drugs simultaneously utilizing several sites
- when other routes are no longer available or appropriate
- continuous medication administration
- pain management.

**W-4-2 Manage hypodermoclysis:**

- initiate, monitor, regulate, lock, discontinue:
  - assemble and prime lines
  - calculate infusion rates
  - client safety
  - evaluation of treatment
  - infusion equipment/pumps
  - administration of fluids and medications.

**W-4-3 Identify and manage the complications of hypodermoclysis, including:**

- edema
- allergic reaction
- equipment/line problem
- fluid/medication error
- infection
- localized pain
- hypervolemia
- pooling of fluid at the site.

Major Competency Area: **W**

**Infusion Therapy**

Competency: **W-5**

**Blood Transfusion**

- W-5-1 Understand the circulatory system and components of blood and blood products.**
- W-5-2 Use standard precautions.**
- W-5-3 Understand normal/abnormal lab values pertaining to blood transfusion.**
- W-5-4 Demonstrate knowledge of types of transfusions according to composition and indications for use, including:**
- cryoprecipitate
  - fresh frozen plasma
  - packed red blood cells
  - packed white blood cells
  - platelets
  - plasma expanders
  - whole blood
  - albumin
  - Factor 8 (anti-hemophilic factor – AHF)
  - immunoglobulin.
- W-5-5 Understand blood typing and cross-matching of blood.**
- W-5-6 Obtain informed consent understanding and respecting:**
- ethical and religious beliefs
  - legal right to refuse.
- W-5-7 Prepare for blood administration, including:**
- setting up for blood administration
  - obtaining blood or blood products from blood bank
  - checking blood or blood products with authorized professional.
- W-5-8 Initiate, assess, monitor, regulate and discontinue blood or blood products.**

- W-5-9 Recognize a reaction to blood or blood products, including:**
- chest, flank or back pain
  - anaphylaxis
  - abdominal status (pain, nausea)
  - abnormal bleeding
  - abnormal breath sounds (cough, dyspnea, wheezing)
  - circulatory overload
  - elevated blood pressure
  - embolus
  - sepsis
  - increased temperature
  - mental state (anxious, drowsy, calm)
  - skin colour and appearance (urticaria, jaundice)
  - urine output and colour.
- W-5-10 Manage a reaction to blood or blood products.**
- W-5-11 Assess the client and evaluate therapeutic and non-therapeutic responses to blood transfusion.**
- compare actual assessment findings to expected findings:
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.

Major Competency Area: **W**

**Infusion Therapy**

Competency: **W-6**

**Parenteral Nutrition**

- W-6-1 Demonstrate knowledge of parenteral nutrition according to:**
- composition:
    - dextrose
    - amino acids
    - protein
    - minerals
    - fats
    - vitamins
    - trace elements.
  - indications for use:
    - absorption impairment
    - inability to tolerate enteral feeding
    - gastro-intestinal tract blockage
    - nutritional impairments.
- W-6-2 Monitor parenteral nutrition infusion.**
- W-6-3+ *Administer, maintain and discontinue parenteral nutrition.***
- W-6-4+ *Manage side effects associated with parenteral nutrition.***
- W-6-5+ *Recognize and report complications associated with parenteral nutrition, including:***
- + • *convulsion or seizure*
  - + • *hepatic dysfunction (fatty liver disease, jaundice, hepatomegaly, cholelithiasis)*
  - + • *metabolic imbalance (hyper/hypoglycemia, hyper/hypokalemia, hyper/hypocalcemia)*
  - + • *nutritional imbalance*
  - + • *poor night vision.*

**+ *Post-Basic***



Major Competency Area: **W**  
**Infusion Therapy**

Competency: **W-7**  
**Epidural and Spinal Infusions**

- W-7-1**      **Demonstrate knowledge of epidural and spinal infusions, including:**
- client safety
  - infusion equipment/pumps
  - neurological assessment and client monitoring
  - pain management
  - indications and complications.
- W-7-2**      **Recognize and report complications of epidural and spinal infusion therapy, including:**
- abnormal lab values
  - allergic reactions
  - hemorrhage
  - infection
  - infiltration
  - post epidural cerebrospinal fluid leak/headache.
  - fluid/medication error
  - equipment/line problems.
- W-7-3**      **Manage client care post epidural or spinal infusion.**
- W-7-4+**      **Maintain epidural infusions, including:**
- +      • *calculation of infusion rates*
  - +      • *administration of fluids and medications.*

**+ Post-Basic**



# X: Oncology

Major Competency Area: **X**  
**Oncology**

Competency: **X-1**  
**Oncology Nursing**

- X-1-1**      **Apply critical thinking and critical inquiry throughout the nursing process related to oncology.**
- X-1-2**      **Understand pathophysiology, disease progression, treatment and prognosis of cancer.**
- X-1-3**      **Provide health teaching and coaching to client, family and others throughout oncology nursing.**
- X-1-4**      **Communicate, consult and collaborate with inter/intra-professional team.**

Major Competency Area: **X**  
**Oncology**

Competency: **X-2**  
**Oncology Interventions**

**X-2-1 Provide evidence informed, client centered care in relation to oncology nursing, including:**

- acute and chronic physical changes
- changes in body image, self-esteem
- co-morbidities
- etiology of symptoms
- holistic health assessment
- pain assessment and management
- potential changes in sexual function, intimacy
- psychosocial, spiritual and cultural needs
- relevant clinical data
- self-injection and medication management
- side effects and complications
- type of cancer and prognosis.

**X-2-2 Develop a therapeutic relationship with client, family and others in support of ethical, informed decision making and advocacy throughout care.**

**X-2-3 Provide care related to progression of cancer disease process:**

- clinical presentation (signs and symptoms)
- co-morbidities
- complications
- risk factors/genetic predisposition
- prognosis
- palliation
- surgery (diagnosis/treatment)
- treatment modalities
- treatment side effects.

- X-2-4**      **Understand indications, mechanism of action, risk factors and side effects related to:**
- biotherapy/hormones
  - chemotherapeutic agents
  - combined modalities
  - complementary and alternative therapies
  - hematopoietic stem cell transplant
  - palliative therapies
  - radiation therapy
  - surgery (diagnostic/treatment).
- X-2-5+**      ***Assist with invasive interventions, treatments and procedures associated with oncological nursing.***
- X-2-6+**      ***Recognize and report oncological urgent and emergent events and collaborate with inter/intra-professional team as necessary.***
- X-2-7+**      ***Support client to navigate the healthcare system in collaboration with inter/intra-professional team.***

**+ *Post-Basic***



## **Y: Leadership Role**

Major Competency Area: Y  
**Leadership Role**

Competency: Y-1  
**Leadership**

- Y-1-1      Apply critical thinking, critical inquiry and clinical judgment throughout decision making in nursing practice.**
- Y-1-2      Apply leadership theories throughout nursing practice in a variety of settings.**
- Y-1-3      Demonstrate characteristics and attributes of an effective leader, including:**
- authenticity
  - collaboration
  - compassion/empathy
  - confidence
  - cultural competence
  - emotional intelligence
  - interpersonal skills
  - integrity
  - morals and ethics
  - motivation
  - optimism
  - persuasiveness
  - professionalism
  - selflessness
  - self-mastery
  - system thinking
  - trustworthiness
  - vision.

Competency: Y-1

**Leadership**

Page: 2

**Y-1-4 Model professionalism, including:**

- accountability
- appearance
- attitude
- behavior
- collaboration
- competence
- dependability
- effective resource utilization
- lifelong learning
- professional communication
- responsibility
- self-reflective practice
- work ethic.

**Y-1-5 Assess, reflect and recognize own strengths and limitations as a leader to achieve optimum personal and professional growth.**

**Y-1-6 Practice in a variety of leadership roles, including:**

- team member
- mentor
- preceptor
- educator
- team leader
- + • *nurse educator*
- + • *manager*

**Y-1-7 Further develop, utilize and enhance leadership skills through continuing education, clinical mentoring, and experience.**

**+ *Post-Basic***



- Y-1-8** Assess the health status of assigned patients/clients/residents.
- Y-1-9** Prioritize client needs and related care.
- Y-1-10** Assist with formulating a care plan and implementing and evaluating as necessary.
- Y-1-11** Provide leadership in the revision of goals, priorities and nursing intervention.
- Y-1-12** Communicate effectively with other health team members:
- provide feedback to others as necessary
  - engage others in important conversations about client needs, professional responsibilities or practice.
- Y-1-13** Accept, process and implement orders from appropriate authorized health professionals.
- Y-1-14** Recognize the informal leadership role of team members.
- Y-1-15** Manage concerns and problems, including:
- accurately identifying the problem
  - gathering information to formulate proposed solutions
  - examining all workable solutions
  - taking action to solve problems as appropriate
  - evaluating efficacy of action
  - reporting/consulting as appropriate.
- Y-1-16** Advocate for clients.
- Y-1-17** Recognize the need for change and take action to facilitate change as necessary.
- Y-1-18** Participate in committees and task forces to assist in organizational planning.

Competency: **Y-1**

**Leadership**

Page: 4

**Y-1-19 Model exemplary leadership practices, including:**

- change management
- client advocacy
- collaboration
- concise communication
- conflict management
- emergency response
- resource utilization
- strategic thinking
- supporting and mentoring staff
- system thinking
- time management.

**Y-1-20 Organize a meeting.**

**Y-1-21 Facilitate a meeting.**

Major Competency Area: **Y**

**Leadership Role**

Competency: **Y-2**

**Mentoring**

- Y-2-1**      **Share knowledge, skill, and expertise with colleagues.**
- Y-2-2**      **Seek opportunities to teach and mentor colleagues and students, including:**
- articulating and promoting the role of the LPN to others
  - contributing to an environment that is conducive to learning
  - sharing knowledge and skills by preceptoring, mentoring, supporting and providing feedback
  - collaborating to create and maintain healthy environments in all settings.
- Y-2-3**      **Understand professional standards and apply the standards at all times, including being a mentor, preceptor:**
- providing appropriate support
  - providing guidance and supervision as necessary
  - role modeling professional behavior
  - supervising performance as necessary.

Major Competency Area: **Y**

**Leadership Role**

Competency: **Y-3**

**Team Lead Role**

- Y-3-1**      **Apply critical thinking, critical inquiry and clinical judgment when practicing in the team leader/charge role.**
- Y-3-2**      **Apply the team lead role to the nursing care delivery model and policies and procedures of the employer.**
- Y-3-3**      **Review and understand assessment data to identify nursing diagnosis.**
- Y-3-4**      **Assign client care to the nursing team based on:**
- client needs
  - level of care required
  - level of support available
  - education and competence of team members
  - roles and responsibilities of team members.
- Y-3-5+**      ***Supervise the nursing team and assist as required to ensure safe, quality nursing care is delivered.***
- Y-3-6+**      ***Organize and lead family/team conferences, meetings and report.***

**+ Post-Basic**

Major Competency Area: Y  
**Leadership Role**

Competency: Y-4  
**Organizational Structure**

- Y-4-1      Understand common organizational structures.**
- Y-4-2      Understand the vision, mission, values, and goals of an organization.**
- Y-4-3      Understand the parameters of the organization, including:**
- job descriptions
  - policies
  - procedures.
- Y-4-4      Understand the scope of practice of the LPN within the health care organization.**
- Y-4-5      Follow appropriate channels of communication and reporting.**

Major Competency Area: Y  
**Leadership Role**

Competency: Y-5  
**Risk Management**

- Y-5-1      **Apply critical thinking and clinical judgment when assessing or managing risk.**
- Y-5-2      **Identify the categories of risks within a health care organization.**
- Y-5-3      **Differentiate between legal, ethical, quality, safety, and life-threatening risk situations.**
- Y-5-4      **Use appropriate channels of communication to report risks within the setting.**
- Y-5-5      **Act as a client advocate in risk situations.**
- Y-5-6      **Intervene as appropriate to ensure that actions are taken to prevent, eliminate, and/or minimize risk.**
- Y-5-7      **Recognize a client’s own choice in risk situations and facilitate completion of appropriate documentation.**
- Y-5-8      **Report and document areas of risk management.**

Major Competency Area: **Y**  
**Leadership Role**

Competency: **Y-6**  
**Planning Process**

- Y-6-1 Collaborate in the formulation of nursing care plans or interprofessional plans of care.**
- Y-6-2 Collaborate with:**
- the RN to validate/approve the ***initial*** nursing component of the care plan
  - the appropriate care provider to validate/approve the ***initial*** interprofessional plan of care.
- Y-6-3 Update/revise the nursing care plan.**
- Y-6-4 Communicate nursing care plans to client, family, and staff and elicit their input into a plan as appropriate.**
- Y-6-5 Communicate own ideas and suggestions for improvements in nursing care to the appropriate personnel.**
- Y-6-6 Participate in nursing policy changes.**
- Y-6-7 Participate in the strategic or emergency planning process of an organization.**

Major Competency Area: Y  
**Leadership Role**

Competency: Y-7  
**Manager/Administrator**

- Y-7-1** Identify the nursing care delivery model and staffing methods used in the organization.
- Y-7-2+** *Apply critical thinking and critical inquiry in the human resource management role, including:*
- + ● *career pathway development*
  - + ● *collective agreements*
  - + ● *disability management*
  - + ● *interpreting legislation and regulations*
  - + ● *job descriptions, policies, procedures*
  - + ● *job interviews*
  - + ● *performance appraisals and management*
  - + ● *retention and recruitment*
  - + ● *security and confidentiality of personal information*
  - + ● *team dynamics*
  - + ● *wages and benefits.*
- Y-7-3+** *Implement the disciplinary process of the organization.*
- Y-7-4+** *Apply critical thinking, critical inquiry and clinical judgment within the manager/administrator role.*
- Y-7-5+** *Identify and manage risks within an organization, including:*
- + ● *differentiating between legal, ethical, quality, safety, staffing and emergent risks*
  - + ● *intervening effectively to prevent, eliminate or minimize risks*
  - + ● *identifying and addressing policy needs*
  - + ● *implementing education and support*
  - + ● *communicating effectively to staff, colleagues, boards and others*
  - + ● *involving external experts as necessary.*
- Y-7-6+** *Implement fiscal management for the organization, including:*
- + ● *financial statements*
  - + ● *strategic planning*
  - + ● *organizational safeguards in place.*

**+ Post-Basic**



Major Competency Area: **Y**

**Leadership Role**

Competency: **Y-8**

**Assignment/Delegation to Unregulated  
Health Care Providers**

- Y-8-1**      **Assign, educate, and supervise regulated providers/healthcare aides/unregulated providers/nursing students.**
- Y-8-2**      **Use appropriate communication and reporting.**
- Y-8-3**      **Recognize the need for intervention in care when necessary.**
- Y-8-4**      **Evaluate the results of the assigned/delegated care on an ongoing basis, including:**
- ongoing communication
  - client's response and outcomes
  - adjustments in care plan
  - evaluation of reporting and documentation.



# Z: Perioperative Nursing

Major Competency Area: **Z**  
**Perioperative Nursing**

Competency: **Z-1**  
**Authorizations and Standards**

**Z-1-1+**      *Know and apply the Canadian Council for Practical Nurse Regulators (CCPNR) Standards of Practice and Competencies for Perioperative Licensed Practical Nurses.*

*+ Post-Basic*

Major Competency Area: Z

**Perioperative Nursing**

Competency: Z-2

**Knowledge and Application of  
Perioperative Nursing**

**Z-2-1+**      ***Apply critical thinking and clinical judgment in the perioperative role.***

**Z-2-2+**      ***Practice perioperative nursing, including:***

- +      ● *role of operating room nurse*
- +      ● *application of nursing process*
- +      ● *admission, discharge and transfer of client*
- +      ● *asepsis and sterile techniques*
- +      ● *surgical procedures, protocols, and related disease processes*
- +      ● *medications used in pre, intra, and post-operative care*
- +      ● *anaesthesia methods and protocols*
- +      ● *client and health care team safety measures*
- +      ● *assist in the teaching/orientation of new staff*
- +      ● *ordering of supplies, equipment as appropriate*
- +      ● *preparing costing for surgical procedures as appropriate*
- +      ● *protocols important to the surgical suite*
- +      ● *associated legalities, policy, and procedure*
- +      ● *documentation and reporting.*

**Z-2-3+**      ***Perform the disinfection process within the surgical environment, including:***

- +      ● *surgical theatre*
- +      ● *equipment and instruments.*

**Z-2-4+**      ***Prepare supplies for sterilization, including:***

- +      ● *linens and dressings*
- +      ● *glassware*
- +      ● *rubber goods*
- +      ● *instruments.*

**+ *Post-Basic***

Competency: **Z-2**

**Knowledge and Application of  
Perioperative Nursing**

Page: 2

**Z-2-5+**

***Perform various methods of sterilization, including:***

- + • *steam sterilization (gravity displacement, pre-vacuum, pulsing gravity)*
- + • *chemical sterilization*
- + • *dry heat sterilization.*

**Z-2-6+**

***Safely handle and care for surgical equipment, including:***

- + • *endoscopes and instrumentation*
- + • *video equipment*
- + • *laser systems and equipment*
- + • *electrosurgical tools*
- + • *power tools.*

***+ Post-Basic***

Major Competency Area: Z  
Perioperative Nursing

Competency: Z-3  
Knowledge and Application  
of Scrub Role

**Z-3-1+**      ***Carry out the requirements of the perioperative scrub role, including:***

- +      • *applying strict sterile technique*
- +      • *providing the surgical team with instrumentation and supplies*
- +      • *anticipating the needs of the surgical team*
- +      • *ensuring safety and security of the client throughout the procedure.*

**Z-3-2+**      ***Perform the competencies of the scrub role, including:***

- +      • *performing surgical scrub procedures*
- +      • *performing client safety checks*
- +      • *checking case cart/supplies*
- +      • *ensuring equipment/instrumentation is available, set up, and in good repair*
- +      • *preparing client skin prior to procedure*
- +      • *preparing efficient sterile set-up*
- +      • *draping client for procedure*
- +      • *knowing sequence of events of surgery*
- +      • *anticipating needs of surgeon*
- +      • *organizing and handing sutures, needles, and staples*
- +      • *manipulating and handing instruments to surgeon and assistants*
- +      • *sponging, suctioning, and retracting incision as directed*
- +      • *observing for inadvertent breaks in appropriate technique*
- +      • *assisting with corrective action if necessary*
- +      • *identifying specimens to circulating personnel and type of testing required*
- +      • *when possible, anticipating unexpected or adverse events and taking action*
- +      • *handling and preparing medications and contrasts for administration to the client.*

Competency: **Z-3**

**Knowledge and Application  
of Scrub Role**

Page: 2

**Z-3-2+**      ***Demonstrate knowledge and ability to perform the competencies of the scrub role, including: (continued)***

- +      • *participating in handling and counting of instruments and supplies:*
  - *prior to the beginning of surgery*
  - *during the surgery*
  - *prior to closure*
- +      • *ensuring appropriate surgical procedure documentation is in place*
- +      • *assisting with skin closure and apply sterile dressing as necessary.*

***+ Post-Basic***

Major Competency Area: Z

**Perioperative Nursing**

Competency: Z-4

**Knowledge and Application  
of Circulating Role**

**Z-4-1+**      ***Perform circulating role in the preparation of the operating room theatre, including:***

- +      • *preparing the room supplies and equipment for the specific operative procedure (includes special equipment, positioning devices, sutures, case cart, warming supplies, IV solutions, physician cards)*
- +      • *notifying all personnel who may be required for case i.e., pathologist, technicians*
- +      • *ensuring x-rays and diagnostic tests are available if required.*

**Z-4-2+**      ***Prepare client for the surgical procedure, including:***

- +      • *assessing client using pre-operative checklist*
- +      • *transporting client to the operating room*
- +      • *receiving client into the operating room and carry out appropriate checks*
- +      • *assisting surgeon and anesthetist with positioning client safely on the operating room table*
- +      • *reassuring client and explain procedures*
- +      • *applying monitor and equipment as required, i.e., ECG, BP, Pulse Oximetry, anesthetic equipment*
- +      • *attaching client to necessary equipment, i.e., tourniquet, drainage systems*
- +      • *inserting urinary catheter and set up drainage*
- +      • *preparing irrigation solutions as necessary*
- +      • *preparing operative site, according to specific surgery guidelines*
- +      • *assisting with draping and connection to suction, power tools, etc.*

**+ Post-Basic**



Competency: Z-4

**Knowledge and Application  
of Circulating Role**

Page: 2

**Z-4-3+**

***Provide assistance during the operative procedure, including:***

- + • *preparing medication for administration to the client*
- + • *processing all specimens by labeling and handling appropriately*
- + • *inspecting all sterile items for contamination prior to opening*
- + • *inspecting and opening sterile supplies and handing to scrub personnel*
- + • *providing appropriate instruments and supplies as needed*
- + • *preparing supplies for sterilization*
- + • *documenting client care, specimens, sponge counts, medications used to operative site*
- + • *documenting blood loss, fluid output, and intake*
- + • *documenting any and all unusual incidents with appropriate follow up action*
- + • *monitoring vital signs as appropriate*
- + • *ensuring, along with a second individual, that all pre-op and closure counts are correct*
- + • *monitoring sterile technique and maintain the same throughout the case*
- + • *providing continuous, astute observation of the surgical team throughout the operative phase while meeting their needs with minimal time delays*
- + • *monitoring and evaluating the physical well-being of the client to prevent potential impairment or injury.*

**Z-4-4+**

***Provide and assist with procedures and devices required to complete client care following the surgical procedure, including:***

- + • *observing and providing appropriate response to complications and unexpected events during the surgical procedure i.e., cardiac arrest, hypothermia*
- + • *assisting in the physical client transfer and post-operative positioning*
- + • *affixing and observing the dressing post-operatively ensuring that all drains are properly connected and secured*
- + • *completing operative record.*

**+ Post-Basic**

Competency: Z-4

**Knowledge and Application  
of Circulating Role**

Page: 3

- Z-4-5+**      ***Provide support and assistance to ensure safety and efficiency, including:***
- +      • *complying with WHMIS regulations*
  - +      • *advocating for client*
  - +      • *ensuring coordination of day's list of surgical procedures i.e., sending for patient, surgeon's availability, staffing, ensuring necessary equipment available*
  - +      • *applying standard precautions*
  - +      • *cleaning theatre between cases*
  - +      • *carrying out appropriate surgical scrub procedures*
  - +      • *carrying out safety checks, including client identification, allergies, with circulating nurse*
  - +      • *checking case cart and supplies for completeness*
  - +      • *ensuring all equipment and instrumentation is in good repair and available*
  - +      • *trouble shooting equipment that malfunctions and seek assistance*
  - +      • *facilitating use of accessory surgical equipment*
  - +      • *recognizing an emergent situation and asks for assistance as required.*

**+ *Post-Basic***

Major Competency Area: **Z**

**Perioperative Nursing**

Competency: **Z-5**

**Knowledge and Assistance  
to the Anaesthetist**

**Z-5-1+**

***Assist anaesthetist, including:***

- + ● *providing supplies to anaesthetist as required*
- + ● *preparing appropriate endotracheal tubes*
- + ● *assisting the anaesthetist with epidural, spinal, topical, retrobulbular, local anaesthetics, and nerve block*
- + ● *initiating intravenous and preparing supplies for anaesthetist*
- + ● *preparing and providing drug to the anaesthetist when requested*
- + ● *assisting with induction of anaesthetic:*
  - *intubation, fixation, and connection of endotracheal tube*
  - *cricoid pressure if necessary*
- + ● *applying necessary eye protection*
- + ● *assisting with preparation related to insertion of CVP, arterial lines, blood warmers*
- + ● *checking blood and blood products identification with anaesthetist or RN*
- + ● *assisting with extubation and reversal of anaesthesia*
- + ● *assisting with transfer of client to "Post Anaesthetic Recovery Room", ICU, or designated ward*
- + ● *restocking drugs for anaesthetic supply.*

**+ Post-Basic**

Major Competency Area: Z

**Perioperative Nursing**

Competency: Z-6

**Knowledge and Application  
of Prep Room Role**

**Z-6-1+**

***Receive and monitor client in prep room or pre-surgery care, including:***

- + • *providing explanations and demonstrating a caring attitude to the client*
- + • *providing information, materials, and support for client and family*
- + • *checking each pre-operative chart for completeness as per policy*
- + • *seeking verbal confirmation from the client*
- + • *providing the client with warm blankets, pillows, and other comfort measures*
- + • *attaching monitoring devices, i.e., blood pressure, oxygen, E.C.G.*
- + • *providing O2 when required or ordered by doctor*
- + • *checking all fluids levels i.e., IV and drainage unit*
- + • *attaching patient equipment to electrical outlet if battery supply is low*
- + • *assisting surgeons and anaesthetists with physical examinations of client  
providing necessary equipment and providing privacy for client*
- + • *assisting anesthetist with topical, retrobulbular, local anesthetic,  
administration of eye medication, initiation of IV site*
- + • *maintaining knowledge of crash cart, defibrillator, and code criteria.*

**+ Post-Basic**



# AA: Dialysis Nursing

Major Competency Area: **AA**  
**Dialysis Nursing**

Competency: **AA-1**  
**Knowledge of Dialysis Nursing**

- AA-1-1+**     *Apply critical thinking and clinical judgment in the dialysis role.*
- AA-1-2+**     *Demonstrate advanced knowledge of human anatomy and physiology, specifically the urinary system, renal function, and cardiovascular system.*
- AA-1-3+**     *Demonstrate advanced knowledge of pathophysiology, symptoms, treatment, and interventions of renal failure, including:*
- +     • *pathophysiology of renal failure*
  - +     • *symptoms*
  - +     • *disruption to kidney function*
  - +     • *osmosis, diffusion, ultra-filtration*
  - +     • *symptoms related to poor dialysis*
  - +     • *treatments:*
    - *peritoneal dialysis*
    - *hemodialysis*
    - *diet and fluid restrictions*
    - *sodium, potassium, calcium and phosphorous restrictions.*
- AA-1-4+**     *Assess client undergoing dialysis.*
- +     • *compare actual assessment findings to expected findings*
    - *consult appropriate care provider when assessment findings:*
      - *are not as anticipated, changed or new*
      - *client is not achieving intended outcomes*
      - *status is becoming variable or less predictable.*
- AA-1-5+**     *Apply standard precautions, WHMIS Regulations, and principles of asepsis in Dialysis Nursing.*

**+ Post-Basic**

Major Competency Area: **AA**  
**Dialysis Nursing Specialty**

Competency: **AA-2**  
**Assessment and Nursing Care  
of Dialysis Client**

- AA-2-1+**     ***Know and assess the dialysis access for evidence of:***
- +**            • *flow*
  - +**            • *presence of fistula, graft or central line*
  - +**            • *presence of bruit*
  - +**            • *clotting*
  - +**            • *palpate for thrill*
  - +**            • *aneurysm*
  - +**            • *infection*
- AA-2-2+**     ***Create a comfortable atmosphere for the dialysis patient.***
- AA-2-3+**     ***Apply nursing process to the care of the dialysis client.***
- AA-2-4+**     ***Provide medications in the dialysis environment.***
- AA-2-5+**     ***Document nursing assessment, treatments, effects, and outcomes.***
- AA-2-6+**     ***Provide health teaching to client and family throughout the process.***

**+ Post-Basic**

Major Competency Area: **AA**  
**Dialysis Nursing**

Competency: **AA-3**  
**Initiate, Monitor and Discontinue Dialysis Treatment**

**AA-3-1+ *Initiate, monitor, and discontinue a dialysis treatment, including (but not limited to):***

- + • *calculating and adjusting fluid removal*
- + • *assessing and correcting access difficulties*
- + • *assessing needling problems*
- + • *drawing blood from access sites – collecting, labeling, sending specimens*
- + • *responding appropriately to unusual symptoms or emergencies, i.e., hypotension, unresponsiveness, confusion, cramping*
- + • *controlling bleeding from patient's access site.*

**AA-3-2+ *Understand the mechanics of dialysis and related equipment, including (but not limited to):***

- + • *initiating equipment repairs and maintenance*
- + • *H<sub>2</sub>O treatment*
- + • *conductivity and pH meters*
- + • *assembling or assisting with assembling equipment, including hemo-dialysis machines*
- + • *recognizing, assessing and responding to alarm conditions.*

**+ *Post-Basic***





# BB: Educator

Major Competency Area: **BB**

**Educator**

Competency: **BB-1**

**Adult Learning Principles**

**BB-1-1+**     *Demonstrate knowledge of adult education philosophies, teaching and learning strategies, instructional design and program evaluation.*

**BB-1-2+**     *Apply adult learning theory assumptions in classroom, online or through blended delivery of education.*

- +     • *independence (offer minimum instruction/maximum autonomy)*
- +     • *experience (address levels/backgrounds)*
- +     • *readiness (identify needs/prior knowledge)*
- +     • *orientation (describe how/when learning will occur)*
- +     • *motivation (reason for educational activity).*

**BB-1-3+**     *Apply effective interpersonal communication in delivery of adult education, including:*

- +     • *adapting communication to individual learner style*
- +     • *managing challenging conversations*
- +     • *practicing active listening*
- +     • *program management and evaluation*
- +     • *seeking and accepting feedback from learners, faculty and others*
- +     • *student management and evaluation*
- +     • *utilizing collaboration tools to link learning and social development.*

**+ Post-Basic**

Major Competency Area: **BB**

**Educator**

Competency: **BB-2**

**Design and Delivery of Education**

**BB-2-1+**      ***Demonstrate knowledge of a systems approach to guide development of effective adult education, including:***

- +      • *analysis*
- +      • *design*
- +      • *development*
- +      • *implementation*
- +      • *evaluation.*

**BB-2-2+**      ***Complete an analysis of instructional needs, including:***

- +      • *feasibility of education*
- +      • *learner characteristics (age, gender, current subject knowledge, demographics)*
- +      • *learning environment (classroom, online, self-directed)*
- +      • *course description (scope, context, expected performance outcomes)*
- +      • *timeline for development.*

**BB-2-3+**      ***Apply evidence informed practice in curriculum design and development, including:***

- +      • *developing measurable program/learning objectives*
- +      • *assess criteria*
- +      • *identifying learning concepts/context*
- +      • *identifying learner's goal and outcome*
- +      • *identifying level of learner support*
- +      • *creating and assembling course content*
- +      • *reviewing and revising according to feedback.*

**BB-2-4+**      ***Implement adult learning principles in delivery of adult education, including:***

- +      • *theories and philosophies (behaviourism, cognitivism, constructivism, social learning)*
- +      • *learner needs and goals (new tools, technology support).*

**+ *Post-Basic***

Competency: **BB-2**

**Design and Delivery of Education**

Page: 2

**BB-2-4+      *Implement adult learning principles in delivery of adult education, including:  
(cont'd)***

- +      • *learning/program objectives*
- +      • *self-paced learning*
- +      • *effective learning environment*
- +      • *varied delivery methods (lectures, role play, teamwork, synchronous, asynchronous)*
- +      • *pedagogy and andragogy*
- +      • *communication/interpersonal skills*
- +      • *teaching and learning strategies.*

**BB-2-5+      *Evaluate learning outcomes, including:***

- +      • *constructing assessment procedures (formative, summative)*
- +      • *maintaining confidential, accurate and objective learner records*
- +      • *providing individual support and assistance as required*
- +      • *participating in committees and task forces for ongoing review and revision of curriculum.*

**+ *Post-Basic***



# CC: Ophthalmic Nursing

Major Competency Area: **CC**

**Ophthalmic Nursing**

Competency: **CC-1**

**Knowledge of Ophthalmology and  
Surgical Procedures**

- CC-1-1+**     ***Demonstrate knowledge of Ophthalmology surgery and treatment, including:***
- +     • *describing common procedures used to diagnose ophthalmic diseases and disorders*
  - +     • *describing common surgical and treatment procedures used in Ophthalmology*
  - +     • *explaining the type and use of medications in Ophthalmology*
  - +     • *explaining the medical protocols associated with Ophthalmology*
  - +     • *describing common equipment and technology used in Ophthalmology.*

***+ Post-Basic***

Major Competency Area: **CC**

**Ophthalmic Nursing**

Competency: **CC-2**

**Assess and Care for  
Ophthalmic Client**

- CC-2-1 Assess the needs of the ophthalmic client, including:**
- following protocols and procedures for admission of ophthalmic client
  - using appropriate nursing history and assessment tools to conduct health assessment of client
  - compare actual assessment findings to expected findings
    - consult appropriate care provider when assessment findings:
      - are not as anticipated, changed or new
      - client is not achieving intended outcomes
      - status is becoming variable or less predictable.
- CC-2-2 Provide nursing interventions to ophthalmic client, including:**
- applying nursing knowledge to meet needs presented by client
  - administering ophthalmic medications as ordered, using principles of medication administration
  - + ● *assisting with diagnostic procedures*
  - + ● *set up and assist with laser procedures*
  - + ● *explaining procedures and reassure client as necessary*
  - + ● *Conducting appropriate procedures for preparation of the eye, as surgical site*
  - + ● *preparing client for surgical procedure*
  - + ● *providing post-operative care of client following physician orders and protocols*
  - + ● *reinforcing discharge teaching and prepare client for discharge from clinic / hospital*
  - + ● *discharging client per physician order.*

**+ Post-Basic**

Major Competency Area: **CC**

**Ophthalmic Nursing**

Competency: **CC-3**

**Assist with Laser Procedures**

**CC-3-1+**

***Assist with laser procedures, including:***

- + • *knowing the principles of laser use in the treatment of disorders of the eye*
- + • *calibrating laser equipment as ordered*
- + • *inputting physician's calculations into laser equipment as ordered*
- + • *collecting and setting up instruments and supplies*
- + • *explaining procedure to the client*
- + • *positioning client for the procedure*
- + • *draping the client appropriately*
- + • *handing instruments to the surgeon in proper order and as requested*
- + • *administering medications as ordered*
- + • *charting the procedure using appropriate forms.*

**+ *Post-Basic***



## Glossary of Terms

**Acuity:** The degree of severity of a client's condition and/or situation.

**Care Delivery Model:** A description of how nursing care is organized and delivered in a specific setting.

**Client:** The individual, group, community or population who is the recipient of nursing services and, where the context requires, includes a substitute decision maker for the recipient of nursing services.

**Collaborate:** To work together in partnership with one or more members of the inter/intra disciplinary health care team while maintaining autonomy with one's own scope of practice.

**Collaborative Practice:** A process that occurs when professionals from different areas of expertise – along with patients, families and communities – combine elements of respect, mutual understanding and shared decision-making to develop working relationships to maximize health-care delivery and outcomes (Canadian Interprofessional Health Collaborative, 2010; World Health Organization, 2010).

**Community:** A group of people living in one place, neighbourhood or district, or sharing common characteristics/interests which bind them together or having common health needs. The term community (when used to describe a client) does not mean providing care to an individual in the community. Nursing practice aimed at the community as a client involves assisting communities to identify, articulate, and successfully manage its health concerns. It is collective or common good, instead of an individual's health.

**Competence:** The ability to integrate and apply the knowledge skills and judgment required to practice safely and ethically in a designated role and practice setting and includes both entry-level and continuing competency.

**Competencies:** The specific knowledge skills and judgments required of an LPN to be considered competent in designated roles or settings.

**Competency Statements:** Descriptions of the expected performance behaviour that reflects the professional attributes required in a given nursing role, situation or practice setting.

**Continuing Competence:** The ongoing ability of a licensed practical nurse to integrate and apply the knowledge, skill and judgment required to practice safely and ethically in a designated role or setting.

**Continuing Competency Program:** A Board approved program that focuses on promoting the maintenance and enhancement of the continuing competence of licensed practical nurses throughout their careers.

**Consultation:** Seeking advice/information from a more experienced and knowledgeable member of the nursing profession (RN or LPN) or a member of another profession.

**Clinical Judgment:** Reasoning processes that rely on critical thinking to reflect the complex, intuitive and conscious thinking strategies used to make nursing decisions.

**Critical Thinking:** Acting logically to evaluate situations, solve problems and make decisions.

**Entry –Level LPN:** The LPN at the point of initial registration (following graduation from an approved practical nursing education program and successful completion of the Canadian Practical Nurse Registration Exam (CPNRE)). The entry-level practitioner is educationally prepared to provide care in a variety of settings to individuals, groups and families. A new graduate is considered to be entry-level for a period of 12-18 months.

**Family:** People united by common ancestry (biological families), acquisition (marriage or contract) or choice, and their friends.

**Group:** A set of individuals who have come together for a shared purpose.

**Habilitate:** To provide the means by which the client will be able to make him/her fit or improve health status.

**Individual:** A single human being.

**Individual Range of Competencies:** The knowledge, skill, attitude, and judgment that an individual utilizes or draws from to perform in his/her role as an LPN. An individual nurses' range of competencies may differ from another's based on such variables as basic nursing education, practice experience, acquisition of post-basic level competencies through both formal and informal learning.

**Participate:** To take part in. Participation is not an independent act; the nurse works in partnership with others. When participating, the nurse contributes but is not the sole provider of the services being delivered.

**Partnership:** Refers to situations in which the nurse works with the client and other members of the health care team to achieve specific health outcomes for the client. Partnership implies consensus building in the determination of these outcomes.

**Perform:** To carry out a procedure. Performing occurs after the decision to carry out a procedure has been made.

**Population:** All persons sharing a common health issue, problem, or characteristic (all pregnant woman, all patients with cancer). These people may not come together in a group.

**Post-Basic Competency:** A competency requiring additional education that builds on one's entry level education. Post-basic competencies may be acquired through a formal or

structured program (such as a learning module or employer offered Inservice) or informally (such as readings or reviewing best practices).

**Predictable Outcomes:** Client health outcomes that can reasonably be expected to follow an anticipated path. Predictable clients are those whose health status can be anticipated and whose needs are within known levels and ranges of negative outcomes. Client health outcomes and can be expected to follow an anticipated path with respect to timing and nature.

**Research:** Systematic inquiry that uses orderly scientific methods to answer questions or solve problems. A nurse who assists in a research project by collecting data may be participating in research but not conducting research.

**Stable:** A situation where a client's health status can be anticipated with predictable outcomes.

**Unpredictable Outcomes:** Client outcomes that cannot reasonably be expected to follow an anticipated path. Unpredictable clients are those whose health status cannot be anticipated and whose care needs are not within known levels and ranges of negative outcomes. Client health outcomes cannot reasonably be expected to follow an anticipated path with respect to timing and nature.

**Unstable:** A situation in which a client's health status is fluctuating with atypical responses. The care is complex requiring frequent assessment of the client and modification of the care plan and the client is managed with interventions that may have unpredictable outcomes or risks.

**Unregulated Care Provider:** A family member, household member, or paid individual who assists with or provides personal care, such as personal hygiene, dressing, feeding, and ambulation. These individuals observe and report their findings to the appropriate regulated health professional. They are not regulated. They are also known as Personal Care Workers (PCW), Resident Care Aids/Attendants (RCA), Personal Care Aids PCA), Home Support Workers (HSW), or Continuing Care Assistants (CCA).

**Variability:** The degree to which a client's condition or situation changes or is likely to change.

## References and Resources

- British Columbia College of Nursing Professionals. (2013). *Entry-to-Practice Competencies for Licensed Practical Nurses of British Columbia*. Vancouver: Author.
- Canadian Council for Practical Nurse Regulators. (2013). *Standards of Practice and Code of Ethics for Licensed Practical Nurses in Canada*. Retrieved from [https://www.clpnnl.ca/sites/default/files/2016-10/StandandsofPracticeandCodeofEthicsforLPNs\\_0.pdf](https://www.clpnnl.ca/sites/default/files/2016-10/StandandsofPracticeandCodeofEthicsforLPNs_0.pdf)
- Canadian Council for Practical Nurse Regulators. (2019). *Entry Level Competencies for Licensed Practical Nurses*. Retrieved from <https://www.clpnnl.ca/sites/default/files/2016-11/entry.pdf>
- Canadian Nurses Association. (2019). Interprofessional collaboration. *Position Statement*. Retrieved from <https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/interprofessional-collaboration-ps-2019.pdf>
- College of Licensed Practical Nurses of Nova Scotia. (2015). *Practice Support: Entry-Level and Beyond Entry-Level Competencies*. Halifax: Author.
- College of Licensed Practical Nurses of Alberta. (2017). *Competency Profile for Licensed Practical Nurses of Alberta*. (3<sup>rd</sup> Ed.). Edmonton: Author.
- Government of Alberta. (2015). *Competency Profile for the Saskatchewan Association of Licensed Practical Nurses, 2016*. (3<sup>rd</sup> Ed.). Retrieved from <https://salpn.com/wp-content/uploads/2017-Saskatchewan-Competency-Profile-3rd-Edition-Final.pdf>
- Government of Alberta. (2016). *Competency Profile for Licensed Practical Nurses of Nova Scotia*. Retrieved from <https://clpnns.ca/wp-content/uploads/2013/04/LPN-Competency-Profile-.pdf>
- Licensed Practical Nurses Act, SNL 2005. L-12.1. Retrieved from <https://www.assembly.nl.ca/Legislation/sr/statutes/l12-1.htm> 17b

# Appendix A

## Description of LPN practice

LPNs in Newfoundland and Labrador are autonomous practitioners practicing in collaborative relationships with other care providers. The level of an LPNs independence in their practice varies in relation to the needs of the client, the LPNs' individual capacity or competence, and the supports and resources<sup>9</sup> in the practice environment.

LPNs are authorized to make care decisions independently with clients with established plans of care and where outcomes are predictable. When a client's needs or outcomes become variable and less predictable, LPNs work in consultation<sup>10</sup> with other care providers to make care decisions. When caring for a client whose needs or outcomes are rapidly changing, unpredictable or are no longer readily anticipated LPNs practice with the guidance or direction of an appropriate care provider, as outlined in the Licensed Practical Nurses Act (2005). LPNs are accountable to know when, how, and with whom they should consult or seek guidance and direction.

### Collaborative Practice

LPNs use the nursing process to provide care for clients with predictable outcomes and participate in the care of clients with unpredictable outcomes. When providing care for clients with unpredictable outcomes, LPNs practice within their own level of competence. They engage in **collaborative practice** and seek additional information and/or guidance of a competent practitioner (for example, a registered nurse, nurse practitioner or physician) when aspects of the care required are beyond their level of skill or competence. In all collaborative situations, the degree of collaboration will depend on the complexity of client care.

A collaborative team approach where health care providers work together increases the ability to deliver safe, competent and ethical nursing care. Effective collaboration requires an understanding of roles and scopes of practice, and a mutual respect among team members in relation to what each provider brings to the provision of client care.

### Assignment of Care

For the benefit of the client and the health care system there must be flexibility among team members as to who performs a specific function in areas of practice where roles overlap, and skills are shared. In some care situations all members of the nursing team may possess the necessary knowledge, skills, and judgment to provide the required care. In other situations, the knowledge, skills and judgment required may be unique to one provider. The decision as

---

<sup>9</sup> Includes agency policy authorizing and supporting LPN practice.

<sup>10</sup> Consultation can come in many forms, in person, by telephone or via written policy or directive.

to who will perform these roles or functions will be based on the client, the environment, and the nurse.

**The Client** – (the complexity of the client’s health status and care needs). The overall client care requirements are influenced by the complexity of care needs and the predictability of outcomes in response to care provided.

**The Environment** – (the context of practice). The consideration of environment includes availability of and access to resources, including support for nurses, policies, procedures, medical directives and protocols to guide decision making.

**The Nurse** – (the competency of the individual practitioner). Practitioners must possess the competencies and care provider characteristics including education, experience, and expertise to meet cognitive and clinical skill requirements.

### **Educational Preparation of the LPN**

The practical nursing education program in Newfoundland and Labrador is a four-semester diploma program preparing graduates to independently and interdependently care for clients across the lifespan and in a variety of settings, within the context of practical nursing’s scope of practice. Graduates of approved practical nursing education programs have attained the entry-to practice competencies<sup>11</sup> required for entry into the profession. LPNs have a responsibility to maintain and increase their knowledge, skill and ability to provide safe, competent and ethical nursing care to clients. In addition to practice experience, LPNs are expected to build on their foundational knowledge through strategies such as self-directed study, nursing rounds, journal reading, in-service education, conferences, workshops and/or by obtaining additional formal education (e.g. certification).

---

<sup>11</sup> Entry-to-practice competencies change and evolve over time. As new entry-to-practice competencies are added to the profession, current practitioners who need to attain the new competency would have to complete additional education and practice experience.

# Appendix B

## Delegation of Function to a Licensed Practical Nurse (LPN)

Delegation is a formal process to provide authority for an LPN to carry out a competency for which they are, or can be, educated to competently perform, but which is not currently authorized by the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) to be within the scope of practice of the profession in Newfoundland and Labrador.

CLPNNL has the legislative responsibility to outline the functions and areas of competence for LPNs (LPN Act, 2005, s8(e)). Therefore, employers seeking a delegation of function for an LPN(s) must obtain prior approval from CLPNNL.

The following is required:

- The employer must apply to CLPNNL in writing to request a delegation of function for the activity they are considering. The request shall include:
  - a detailed description of the activity;
  - validation of a client need;
  - rationale for appropriateness of the LPN(s) performing the activity;
  - employer support for the LPN(s) to perform the activity;
  - the education and practice experience required for the LPN(s) to obtain and maintain competence;
  - the plan for obtaining the required education and practice experience;
  - the parameters of the delegation; i.e. who can perform the activity, in what circumstances and for which client(s).
  - an evaluation plan.
- An activity can only be considered for delegation to an LPN if:
  - a. the appropriate education builds on the practical nursing knowledge base;
  - b. the LPN can obtain and maintain competence; and,
  - c. another authorized health professional can provide any necessary direction and support to the LPN.
- The employer must have supporting policies and procedures for the delegation of activities to the LPN(s) that clearly identify both the employers and LPNs responsibilities and accountabilities.

Continued...



- Where needed, the employer will provide to the LPN, or arrange for, the appropriate theoretical and practical education (including clinical practice) in the activity to be delegated.
  - The employer must establish a process to validate the LPN's initial and ongoing competence and maintain a record of the validation.
  - A delegated competency is not automatically transferrable to another client, practice area or setting, or employer.

Additional CLPNNL documents are available to provide information related to the scope of practice and practice expectations for LPNs; for example:

- *Competency Profile for Licensed Practical Nurses in Newfoundland and Labrador*
- *Standards of Practice and Code of Ethics for Licensed Practical Nurses in Canada*
- *Scope of Practice Position Statement*
- *Entry-to-Practice Competencies for Licensed Practical Nurses*

It is important to note that some competencies may not be delegated. The law may specify which categories of health care providers are authorized to perform an activity (for example, prescriptive authority). If LPNs do not have the legal authority, they cannot perform that competency, and a delegation of function cannot be initiated. A change in law would be required.

# Appendix C

## **Advancing the Scope of Practice for the Profession**

The CLPNNL is committed to being responsive to the health care needs of the population in determining the scope of practice for LPNs in Newfoundland and Labrador.

The request to add new competencies into the scope of practice for the profession can be initiated by an LPN or by an employer, and must always reflect safe and competent care, best practices, the best interest of the client, as well as be compliant with applicable legislation.

Requests to include new competencies into the scope of practice for LPNs requires the requesting party to assess and document the following:

- Risks and benefits for adding the competency to the scope of practice for LPNs;
- The method for fulfilling educational requirements;
- Method for LPNs to validate and maintain competence;
- Process for evaluation of education and competence;
- Resources available to support anticipated and unanticipated outcomes.

When the above assessment has been completed, the request, including documentation, is forwarded to CLPNNL for consultation. Recommendations regarding advances to the scope of practice for the profession are presented to the CLPNNL Practice Committee which then may make recommendations to the CLPNNL Board of Directors for inclusion of a competency into the scope of practice for the profession.