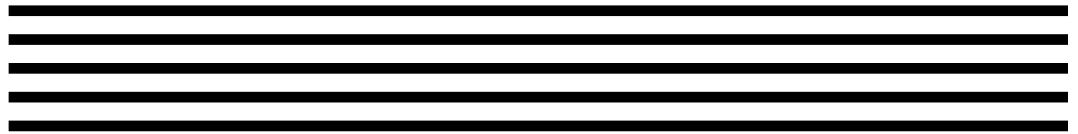


ON AUGUST 19, 2005 RNABC BECAME THE COLLEGE OF REGISTERED NURSES OF BRITISH COLUMBIA (CRNBC). THIS DOCUMENT REMAINS ACCURATE AND RELEVANT. OVER THE NEXT SEVERAL MONTHS RNABC DOCUMENTS WILL BE CHANGED TO INCORPORATE THE CRNBC NAME AND IDENTITY.

Competencies Required of a New Graduate



Section One: Profile and Generic Competencies



REGISTERED NURSES
ASSOCIATION OF
BRITISH COLUMBIA

RNABC'S MISSION

Our mission is safe and appropriate nursing practice regulated by nurses in the public interest and achieved by promoting good practice, preventing poor practice, and intervening when practice is unacceptable.

Copyright July 2000
REGISTERED NURSES ASSOCIATION OF BRITISH COLUMBIA
2855 Arbutus Street, Vancouver, BC V6J 3Y8
Pub. No. 375

FOREWORD

The Registered Nurses Association of British Columbia (RNABC) regularly reviews and revises the competencies expected of a newly graduated registered nurse. The revised entry-level competencies developed by RNABC during 1997-2000 are published in Sections 1 and 2 of *Competencies Required of a New Graduate*. As of 1 December 2000, both of these sections will be used by RNABC for the approval of basic and refresher nursing education programs. Together with the Standards for Nursing Practice in British Columbia, the entry-level competencies approved by the RNABC Board of Directors make up the professional practice requirements used in the nursing education program approval process as set out in the *Nurses (Registered) Act* Rules, Part 3: Approval of Schools of Nursing. Only graduates of approved programs are eligible to write the Canadian Registered Nurse Examination (RN exam). Successful completion of the RN exam is a requirement for initial registration to practice as a registered nurse in B.C.

Section 2 of *Competencies Required of a New Graduate* is published separately and contains practice exemplars for eight age groups. The practice exemplars are illustrative examples of the nature and diversity of practice contexts, core knowledge and related clinical competencies required for entry-level nursing practice. They augment the contents of this document (Section 1), which includes a profile of practice for the newly graduated registered nurse, a practice context description, 10 categories of generic competencies and a glossary of terms.

RNABC is aware that the information in *Competencies Required of a New Graduate* is of interest beyond entry-level nursing education. Because entry-level competencies are developed for nursing education program approval by RNABC, caution should be exercised when considering using this information for other purposes.

ACKNOWLEDGEMENTS

RNABC extends appreciation to the hundreds of nurses from practice, education and administration throughout British Columbia who generated and validated the competencies in this document. Seven panels of expert nurses contributed generously of their time and lived practice experiences to create and refine the practice exemplars in Section 2 of *Competencies Required of a New Graduate*. Although the names and unique contributions of each expert practicing nurse are too numerous to identify here, RNABC acknowledges the importance of the work completed by these nurses.

In the fall of 1997, RNABC convened an advisory panel of stakeholders from government, union, employers and leaders in nursing education and administration. This advisory group provided valuable advice about emerging client health needs, new directions in health policy, delivery systems and related developments in nursing practice. This information provided a foundation for the development of the *Competencies Required of a New Graduate* over the next three years. RNABC appreciates the expertise and time the various participants devoted to these meetings.

Early in 2000, 30 employers of nurses from across British Columbia shared their perspectives on the profile of practice for the newly graduated registered nurse and the practice context description in this document. RNABC thanks each of them for their time and thoughtful contributions.

The design, planning and implementation of the

process of revising entry-level competencies was guided by an ad hoc advisory group formed in 1998. This advisory group comprised three educators from different nursing programs and three nurses from practice with expertise working with different age groups and in different settings. RNABC gratefully acknowledges the depth and breadth of expertise contributed by these members:

Annie Baldwin, Strategic Information and Planning Analyst, Community Health Services, South Okanagan Health Unit, Kelowna

Katherine McIndoe, Clinical Nurse Specialist – Psychiatry, St. Paul's Hospital, Vancouver

Dawn Blais, Director of Care
Yaletown House, Vancouver

Colleen Varcoe, Assistant Professor
University of Victoria School of Nursing

Katharyn May, Professor and Director
University of British Columbia School of Nursing,
Vancouver

Heather Zand, replaced by Sylvia Barton,
Nursing Faculty, University of Northern
British Columbia, Prince George

Four project assistants were contracted by RNABC at different times during 1997-2000 to help with the development process for various components of *Competencies Required of a New Graduate*. RNABC acknowledges the fine work of these registered nurses who assisted with the entry-level competencies program: Jennifer Craig, Lori Miller, Annette Schultz and Lisa Venables.

TABLE OF CONTENTS

INTRODUCTION	2
Revision of Entry-Level Competencies	2
Assumptions about Entry-Level Nursing Education.....	3
PROFILE OF PRACTICE FOR THE NEWLY GRADUATED REGISTERED NURSE.....	5
THE PRACTICE CONTEXT OF THE NEWLY GRADUATED REGISTERED NURSE.....	7
GENERIC ENTRY-LEVEL COMPETENCIES	8
These entry-level competencies were drawn from the National Nursing Competency Project (1997) and validated for nursing practice in British Columbia.	
1. Provides competent, professional care	
2. Serves the public and the nursing profession	
3. Performs and refines client assessments	
4. Develops client-focused plans of care	
5. Intervenes: Puts theory into action	
6. Intervenes: Communicates with clients	
7. Intervenes: Teaches clients, verifies learning	
8. Evaluates client progress	
9. Organizes care delivery for self and team members	
10. Practices collaboratively in the health system	
GLOSSARY OF TERMS.....	19
REFERENCES	22

INTRODUCTION

The Registered Nurses Association of British Columbia (RNABC) is responsible through the *Nurses (Registered) Act* for the approval of basic and refresher nursing education programs in British Columbia. RNABC reviews and evaluates each nursing education program in the province at least once every five years. Graduates of approved basic nursing education programs are eligible to write the Canadian Registered Nurse Examination (RN exam). Successful completion of the RN exam is a requirement for initial registration to practice.

RNABC's nursing education program approval process is conducted by the Association's Education Approval Committee, which recommends program approval status to the RNABC Board of Directors for a decision. The objective of RNABC's Education Approval Program is to act in the public interest by ensuring that basic and refresher nursing education programs prepare graduates who achieve the requirements for professional practice. The criteria for approval are set out in the *Nurses (Registered) Act* Rules, Part 3: Approval of Schools of Nursing. The primary focus of these criteria for approval of a program is the achievement of professional practice requirements by the students and new graduates.

The professional practice requirements are adopted by the RNABC Board of Directors and published in the *Standards for Nursing Practice in British Columbia* and in Sections 1 and 2 of *Competencies Required of a New Graduate*. Entry-level registered nurses are required to

meet the Standards for Nursing Practice in British Columbia at a beginning or novice level. The six Standards for Nursing Practice are:

1. Responsibility and Accountability
2. Specialized Body of Knowledge
3. Competent Application of Knowledge
4. Code of Ethics
5. Provision of Service to the Public
6. Self-Regulation

The competencies required of a new graduate may be considered specific indicators of the Standards for Nursing Practice relevant to the context of entry-level practice. Entry-level competencies are the baseline practice requirements of the newly graduated registered nurse.

Revision of Entry-Level Competencies

The dynamic nature of the health care environment necessitates that the *Competencies Required of a New Graduate* be regularly reviewed and revised. RNABC continues to review and revise the required entry-level competencies on a regular basis to keep them current with emerging client health needs, new directions in health policy and delivery systems, and related developments in nursing practice.

The revised entry-level competencies in *Competencies Required of a New Graduate* were developed over three years. Although not fully completed until spring 2000, the initial generic competencies and practice exemplars

in *Competencies Required of a New Graduate* were published and widely distributed in spring 1998 to give due notice of the significant changes that were being made.

The revision process was initiated by RNABC's participation in the National Nursing Competency Project (NNCP), which began in early 1995 with 29 partners from across Canada. This project was designed to develop a national data base of entry-level competencies for licensed practical nurses, registered nurses and registered psychiatric nurses required for practice in 1996 and 2001. In June 1997, the RNABC Board of Directors approved a plan to validate the NNCP entry-level competencies and to augment the general NNCP competencies through the development of practice exemplars for eight age groups.

The entry-level competencies for registered nurses in the NNCP (1997) report were extensively reviewed by RNABC in 1997-1998 and subjected to a validation process to establish their relevance to clinical nursing practice in British Columbia. As a result, the RNABC Board of Directors adopted, with some refinements, the generic competency statements organized in the 10-category framework developed in the NNCP (1997). The full NNCP report is available from the RNABC Helen Randal Library.

Likewise, all other provincial and territorial regulatory bodies for registered nurses reviewed the NNCP findings and adopted similar entry-level competencies. The NNCP competencies served as a major source of information for the comprehensive review of, and revisions to, the competencies on which the Canadian Registered Nurse Examination is based. All Canadian regulatory bodies for registered nurses, with the

exception of Quebec, have identified the RN exam as a standard to facilitate mobility of nurses across regulatory jurisdictions in Canada in accordance with the Agreement on Internal Trade.

The practice exemplars for the eight age groups in Section 2 of *Competencies Required of a New Graduate* were completed in fall 1999. These practice exemplars are strongly grounded in the everyday practice experiences of nurses in direct client care and clinical teaching roles across B.C. The basic development design began with panels of nurses who created the practice exemplars with related competencies. This was followed by a wider peer review conducted by mail and teleconference. Feedback from the peer review determined the appropriateness, nature and diversity of the practice exemplars.

The profile of practice and context of practice descriptions were developed through telephone interviews with 19 nurses practicing in different roles and settings across the province. The results were sent out as a draft discussion paper for review by nurses and employers of nurses. Nurses in various roles provided feedback via a mail survey as individuals and, in 20 cases, as a result of group discussions. The discussion paper was placed on the RNABC Web site with an online survey. A focus group was held with recently graduated registered nurses. Employer feedback was obtained through telephone interviews.

Assumptions about Entry-Level Nursing Education

Several assumptions underlie the educational preparation and practice of entry-level

registered nurses. These nurses are prepared to practice as generalists, safely and effectively along the continuum of care in stable and unstable situations of health and illness care across the client's life cycle (CNA, 1999). The continuum of care includes all the essential components of health care (i.e., health promotion, disease and injury prevention, curative, supportive and rehabilitative care).

Entry-level registered nurses are prepared to practice autonomously and collaboratively in stable situations, and collaboratively in consultation or with direction in unstable situations (CNA, 1999). They are prepared to practice in diverse settings at a beginning level

(e.g., hospital, community, home, clinic, school, long term, intermediate or extended care facility).

Entry-level competencies have, as their basis, a strong foundation in nursing knowledge, bio/psycho/social sciences, humanities, research and ethics (RNABC, 1999). The *Competencies Required of a New Graduate* and the Standards for Nursing Practice in British Columbia are the baseline practice requirements for the newly graduated registered nurse in B.C. Some entry-level registered nurses will surpass these baseline requirements.

PROFILE OF PRACTICE FOR THE NEWLY GRADUATED REGISTERED NURSE

This profile provides a conceptual overview of the practice expected of the newly graduated registered nurse. It is used by RNABC in the approval process of basic and refresher nursing education programs. The profile highlights basic competencies that graduates of approved nursing programs in B.C. are expected to demonstrate.

All entry-level registered nurses know the Standards for Nursing Practice in British Columbia and apply them in their beginning clinical practice. They inquire about agency policies and practice accordingly. They are team members who can be relied upon to accept responsibility and demonstrate accountability for their nursing practice and, in particular, to know their limits, ask questions and seek consultation or direction as needed. Newly graduated nurses know what constitutes an unsafe practice situation based on their level of knowledge and experience.

During the first 6 to 12 months of practice, entry-level registered nurses function as novices, possessing a broad scope of basic knowledge and a beginning level of practical experience with knowledge application. They are familiar with, and apply, basic nursing knowledge and skills (e.g., pain management, basic technical skills, health teaching, communication skills, mental health concepts). They draw on content from other sciences and humanities relevant to nursing practice (e.g., pathophysiology, pharmacology, microbiology, human growth and development, nutrition, genetics). They have introductory knowledge about evolving trends in health care delivery (e.g., health reform, primary health care, community development, partnerships, health promotion issues, determinants of health, and population health). They possess knowledge

and beginning-level skills in therapeutic communication, negotiation, conflict management, advocacy and leadership.

Entry-level registered nurses possess basic computer literacy and awareness of nursing informatics. They know how to locate and use research findings in nursing and related fields to inform and build an evidence-based practice. They have an introductory understanding of the overall organization of the health care system and the political processes involved in health and illness care.

Entry-level registered nurses apply knowledge and critical thinking skills in their nursing practice. They are building on a foundation of practical experience to strengthen organization, prioritization and decision-making skills in client care. During the first 6 to 12 months, they tend to focus on the details and rules of practice, with limited attention to the broader picture. Their efficiency/productivity and the client workload they can manage will increase with support and experience. They recognize client safety issues in rapidly changing health situations and respond appropriately, usually by seeking help. They show initiative and self-awareness in seeking help. New graduates consistently apply safety principles in the provision of holistic, client-centred care. They possess the communication knowledge and skills to engage in partnerships and

collaborative relationships with clients and members of various health disciplines. Their decision-making process includes assessment, planning, performing and evaluating nursing interventions. They document their nursing practice in an accurate and timely way.

Entry-level registered nurses adhere to nursing codes of ethics, demonstrating honesty, integrity and respect in all their professional activities. They report potential or actual unsafe situations for clients or health care professionals and act as advocates to promote clients' rights. They are beginning to develop and coordinate partnership relationships with clients and other members of an inter-disciplinary health care team to ensure

continuity of health and illness care for clients.

Entry-level registered nurses realize the importance of identifying what they know and do not know, what their learning gaps are and how to access available resources in this regard. They recognize the limits of their beginning practice and take responsibility to build a nursing theory and evidence-based practice by seeking out information independently and asking questions of appropriate people. Their ability to do this is rooted in self-awareness, confidence, assertiveness and communication skills. They seek out, are receptive to, and act upon feedback about their nursing practice.

THE PRACTICE CONTEXT OF THE NEWLY GRADUATED REGISTERED NURSE

Newly graduated registered nurses are employed in diverse practice settings (e.g., hospitals, home care, extended care, intermediate care, long term care, community clinics and health centres) with varied work environments. The nature of the practice environment has an impact on the level at which new graduates, as entry-level registered nurses, can practice according to the RNABC Standards for Nursing Practice. The RNABC Education Approval Committee considers information about the practice environment when interpreting feedback about the performance of graduates from nursing education programs during nursing education program approval reviews. The following describes the characteristics of a practice environment that enables new graduates to demonstrate entry-level competencies in their practice.

Newly graduated registered nurses require orientation, learning resources and support in the practice environment to deal effectively with the challenges of novice practice. These challenges occur along two continua:

1. from feeling confident and empowered to experiencing stress and fear about the safety of their practice; and
2. from being enthusiastic, energetic and keen about nursing practice, to feeling challenged and overwhelmed by the complexity and the level of responsibility of the workload.

A high level of complexity and diversity, stress and lack of available support or mentoring impede the consolidation of new graduate (RN) practice and the development of expertise based on experience.

Initial experience working in the same practice environment, with similar clients, helps newly graduated registered nurses consolidate their knowledge application and skills. Orientation with mentoring and appropriate nurse:client ratios, established through systematic methods,

are critical for safe, appropriate nursing practice by entry-level registered nurses. An environment conducive to safe beginning practice encourages entry-level registered nurses to ask questions and obtain guidance without fear of being criticized. Resources in the practice environment that facilitate safe practice for entry-level registered nurses include human resources (e.g., experienced nurses, clinicians, clinical nurse specialists and members of other disciplines for consultation or direction), material resources (e.g., established policies, procedure manuals, computer access to information, basic reference texts, supplies and clinical practice guidelines) and educational resources (e.g., ongoing inservices/continuing education and support to participate).

Entry-level registered nurses practice best in environments where experienced nurses are encouraged to mentor them and where these experienced nurses are provided education, support and recognition for mentoring. Ongoing constructive feedback and formal evaluation processes are essential for the development of the practice of newly graduated registered nurses.

GENERIC ENTRY-LEVEL COMPETENCIES

These entry-level competencies were drawn from the National Nursing Competency Project (1997) and validated for nursing practice in British Columbia.

1. Provides competent, professional care

- | | |
|---|--|
| <p>1.1 Identifies effects of own values and assumptions on interactions with clients.</p> <p>1.2 Demonstrates attitudes which contribute to effective partnerships with clients (respect, empathy, honesty).</p> <p>1.3 Provides care that demonstrates sensitivity to client diversity (culture, race, age, sexual orientation, gender, beliefs, values).</p> <p>1.4 Supports clients while coming to decisions about their health care, then supports those decisions.</p> <p>1.5 Forms partnership with clients to achieve mutually agreed health outcomes with individuals, families, and in certain conditions, with groups, populations and communities.</p> <p>1.6 Promotes clients' rights and responsibilities with individuals, families, and in certain conditions, with groups, populations and communities.</p> <p>1.7 Advocates for clients or the client's designated representative, especially when the client is unable to advocate for</p> | <p>self, for individuals, families, and in certain conditions, for groups, populations and communities.</p> <p>1.8 Practices in a manner consistent with professional standards of the regulatory body, values and obligations to take action, scope of practice within nursing, and provincial and federal legislation.</p> <p>1.9 Practices independently within legislated scope of practice.</p> <p>1.10 Accepts accountability for own actions and decisions.</p> <p>1.11 Challenges questionable actions, orders, decisions made by other health team members.</p> <p>1.12 Takes action on questionable orders, decisions or actions made by other health team members.</p> <p>1.13 Uses Standards for Nursing Practice in British Columbia to highlight own learning needs by identifying gaps in knowledge and skills, evaluating own nursing practice, and taking action to update own competencies.</p> <p>1.14 Assesses, on a continuing basis, own competencies related to knowledge, skills, attitudes, and judgment.</p> |
|---|--|

GENERIC ENTRY-LEVEL COMPETENCIES

- 1.15 Recognizes limitations of own competence and seeks assistance when necessary.
- 1.16 Seeks opportunities for professional growth which enhance competence (reading journals, attending in-services, taking courses).
- 1.17 Demonstrates openness to new ideas which may change, enhance or support nursing practice.
- 1.18 Integrates research findings from nursing, health sciences and related disciplines into own nursing practice (with peer consultation).
- 1.19 Engages in conducting health or nursing research by identifying researchable questions and collecting or assembling research data (under direction).
- 1.20 Attends to changes in the health system by:
 - a) recognizing and analyzing changes that affect own practice and client care
 - b) implementing changes developed by others
 - c) developing strategies to manage changes that affect own practice and client care.
- 1.21 “Role models” professional behavior with nursing students and others.

2. Serves the public and the nursing profession

- 2.1 Commits to the principle that the primary purpose of the professional nurse is to serve the public.
- 2.2 Attends to trends in society, health and nursing which may result in changes to nursing practice by:
 - a) monitoring and discussing trends and possible changes (with peer consultation)
 - b) detailing and analyzing trends and possible changes (under direction)
 - c) implementing strategies to change nursing practice (practicing independently).
- 2.3 Supports professional efforts in nursing to achieve a healthier society (lobbying, health fairs, promoting principles of the *Canada Health Act*).
- 2.4 Attends to health service needs availability by identifying assets and gaps in health services (under direction).
- 2.5 Understands the overall organization of health care at the unit level, agency level, regional/municipal level, provincial/territorial level and national level.
- 2.6 Participates in analyzing, developing, implementing and evaluating nursing

GENERIC ENTRY-LEVEL COMPETENCIES

practice and policy in the workplace:

- a) at the unit level (with peer consultation)
- b) at the agency level (under direction).

2.7 Promotes the continuing development of the discipline of nursing (joining association committees, attending association meetings, writing for nursing journals).

3. *Performs and refines client assessments*

- 3.1 Uses the unit's usual assessment tools to guide data collection for assessing clients (practicing independently).
- 3.2 Customizes standardized assessment tools to individualize them to the client's particular needs (practicing independently).
- 3.3 Employs additional assessment tools and techniques for finer detail and discrimination (with peer consultation).
- 3.4 Consults with the literature, colleagues and other sources in selecting appropriate assessment tools and techniques (with peer consultation).
- 3.5 Performs comprehensive and holistic nursing assessments for:
 - a) stable neonates, infants, children, adolescents, adults, elderly adults and families (practicing independently), and stable groups, populations and communities (in certain conditions)
 - b) unstable infants, children, adolescents, adults, elderly adults, families, groups and communities (in certain conditions).
- 3.6 Uses various techniques of data

GENERIC ENTRY-LEVEL COMPETENCIES

collection with clients: observation, interviewing, inspection, auscultation, and palpation.

- 3.7 Refines and extends client assessment information (practicing independently) by:
- a) collecting data from a variety of sources (client, family, other health team members and documentation)
 - b) using initial assessment findings to focus on additional and more detailed assessments
 - c) incorporating the determinants of health (income, social status, education, employment, work conditions)
 - d) analyzing and interpreting data from client assessments.
- 3.8 Collaborates with clients to perform a holistic assessment (practicing independently) of the following needs: physical, emotional, psychological, cognitive, social, spiritual, developmental, cultural, information and education.
- 3.9 Collaborates with stable clients (practicing independently) and unstable clients (with peer consultation) to identify their health problems and issues.
- 3.10 Anticipates for stable clients (practicing independently) and for unstable clients (with peer consultation) potential health problems or issues and their resultant consequences.

4. *Develops client-focused plans of care*

- 4.1 Makes clinical judgments about clients for:
- a) stable infants, children, adolescents, adults, elderly adults and families (practicing independently), and in certain conditions, populations and communities
 - b) stable neonates and groups (with peer consultation)
 - c) unstable adolescents, adults, elderly adults (with peer consultation) and unstable infants and children (in certain conditions)
 - d) unstable families (under direction) and unstable groups and communities (in certain conditions).
- 4.2 Identifies for stable clients (practicing independently) and for unstable clients (with peer consultation) the range of acceptable health outcomes (from minimal to optimal).
- 4.3 Collaborates with clients to develop a plan of care by:
- a) identifying expected outcomes for stable clients (practicing independently) and for unstable clients (with peer consultation)
 - b) questioning and offering suggestions regarding approaches to care for stable and unstable clients (practicing independently)

GENERIC ENTRY-LEVEL COMPETENCIES

- c) reducing complex health problems into systematically manageable components for stable clients (practicing independently) and for unstable clients (with peer consultation)
- d) developing a range of possible alternatives and approaches to care for stable clients (practicing independently) and for unstable clients (with peer consultation)
- e) establishing priorities of nursing care for stable clients (practicing independently) and for unstable clients (with peer consultation)
- f) seeking information from relevant nursing research, experts and the literature for stable clients (practicing independently) and for unstable clients (with peer consultation).

- 4.4 Selects appropriate technology in accordance with available resources and client needs (with peer consultation).
- 4.5 Develops plans to ensure continuity of care for clients as they move through the health care system (practicing independently).

5. *Intervenes: Puts theory into action*

- 5.1 Uses evidence-based knowledge from nursing, health sciences and related disciplines to select and individualize nursing interventions (practicing independently).
- 5.2 Selects and implements nursing interventions which reflect a variety of theories (family theories, communication theories, system theories) with individuals and families (practicing independently), and with groups, populations and communities (in certain conditions).
- 5.3 Performs nursing interventions as directed by the care plan established for the client for:
 - a) stable neonates, infants, children, adolescents, adults, elderly adults and families (practicing independently)
 - b) stable groups and populations (with peer consultation) and, in certain conditions, stable communities
 - c) unstable children, adolescents, adults, elderly adults (with peer consultation) and, in certain conditions, unstable infants, families, groups and communities.
- 5.4 Performs a range of nursing interventions:

GENERIC ENTRY-LEVEL COMPETENCIES

- a) simple (assisting ambulation or hygiene, basic dressing changes, teaching relaxation) (practicing independently)
 - b) complex (facilitating group processes, initiating IV infusions, debriefing critical incidents) (with peer consultation) and stable communities in certain conditions
 - c) specialized (pre and post ECT care, establishing client-controlled analgesics, managing arterial lines) (under direction)
 - d) developing creative, innovative interventions that go beyond the established plan of care (under direction).
- 5.5 Manages multiple nursing interventions simultaneously for stable clients (practicing independently) and for unstable clients (with peer consultation).
- 5.6 Negotiates with the client to determine when consultation is required with other health team members or other health related sectors (practicing independently).
- 5.7 Makes formal referrals to other health team members and other health related sectors for clients who require consultation (practicing independently).
- 5.8 Includes the family in client's care delivery (with the client's consent) (practicing independently).
- 5.9 Assists stable clients (practicing independently) and unstable clients (in certain conditions) to establish and maintain satisfying and healthy relationships within the family and community.
- 5.10 Assists stable clients (practicing independently) and unstable clients (with peer consultation) to select choices which will support positive changes in their affect, cognition and behavior.
- 5.11 Supports clients to draw on own assets and resources for self-care and health promotion (practicing independently).
- 5.12 Encourages clients to seek out support groups for mutual aid and support (practicing independently).
- 5.13 Practices independently to perform nursing interventions (actions, treatments, techniques) which:
 - a) promote health
 - b) prevent disease and injury
 - c) maintain and restore health
 - d) promote rehabilitation
 - e) foster rehabilitation
 - f) provide palliation.
- 5.14 Uses appropriate technology to perform safe, effective and efficient nursing interventions (practicing independently).
- 5.15 Applies safety principles and protective devices consistently in client interactions

GENERIC ENTRY-LEVEL COMPETENCIES

(practicing independently).

5.16 Reports situations which are potentially unsafe for clients (practicing independently).

5.17 Responds appropriately to rapidly changing situations which affect client health or safety (practicing independently).

5.18 For clients experiencing difficulty protecting self, provides support and protection.

6. *Intervenes: Communicates with clients*

6.1 Maintains a distinction between social interaction and professional communication.

6.2 Establishes and maintains a caring environment which supports clients to achieve health outcomes working with:

- a) individuals
- b) families
- c) groups
- d) populations and communities (in certain conditions).

6.3 Forms partnerships with clients to achieve mutually agreed-upon health outcomes for:

- a) stable neonates, infants, children, adolescents, adults, elderly adults, families and groups (practicing independently) and populations and communities (in certain conditions)
- b) unstable adolescents, adults and elderly adults (with peer consultation), and unstable infants, children, families and communities (in certain conditions).

6.4 Selects methods of communication which are appropriate to client circumstances and needs (practicing independently).

GENERIC ENTRY-LEVEL COMPETENCIES

- 6.5 Employs a range and variety of communication skills appropriate to various clients:
- a) applies basic communication skills (listening, responding, restating, assertiveness) (practicing independently)
 - b) applies more complex communication skills (disclosure, confrontation, immediacy, contracting, counselling) (with peer consultation).
- 6.6 Shares appropriate information about clients' care while respecting confidentiality (practicing independently).

7. *Intervenes: Teaches clients, verifies learning*

- 7.1 Provides general health-related information to individuals, families and populations (practicing independently), to groups (under direction) and to communities (in certain conditions).
- 7.2 Individualizes health-related information to meet clients' specialized needs for:
- a) children, adolescents, adults, elderly adults and families (practicing independently)
 - b) neonates, infants, groups and populations (with peer consultation) and communities (in certain conditions).
- 7.3 Selects appropriate media and learning strategies to meet client learning needs for individuals, families, and groups (practicing independently), and for populations and communities (in certain conditions).
- 7.4 Addresses clients' learning needs (practicing independently):
- a) assesses the learning needs of clients
 - b) develops learning plans for clients
 - c) implements simple learning plans for clients
 - d) verifies whether clients have grasped essential information and skills.

GENERIC ENTRY-LEVEL COMPETENCIES

8. *Evaluates client progress*

- 8.1 Monitors status of stable clients (practicing independently) and unstable clients (with peer consultation) in relation to anticipated outcomes.
- 8.2 Evaluates the effectiveness of nursing interventions, including learning plans, for stable clients (practicing independently) and for unstable clients (with peer consultation) by comparing actual outcomes to anticipated outcomes.
- 8.3 Verifies evaluation findings with the stable client (practicing independently) and the unstable client (with peer consultation) and other members of the health team.
- 8.4 Modifies and individualizes the learning plan, in collaboration with the stable client (practicing independently) and the unstable client (with peer consultation) according to evaluation findings.

9. *Organizes care delivery for self and team members*

- 9.1 Comprehends the impact of the agency's organizational culture on nursing practice (with peer consultation).
- 9.2 Organizes own workload (plans, implements and evaluates own work pattern) (practicing independently).
- 9.3 Uses effective time management skills to carry out nursing tasks (organizing, prioritizing, setting time frames) (practicing independently).
- 9.4 Uses basic computer skills to document client care and obtain/forward information within and between agencies.
- 9.5 Uses computerized and other health and nursing information systems to plan and coordinate client care.
- 9.6 Maintains clear, concise, accurate and timely records of client's care.
- 9.7 Manages physical resources in order to provide effective and efficient care (equipment, supplies, medication, linen) (practicing independently).
- 9.8 Coordinates health team members to ensure continuity of health services for clients (with peer consultation).

GENERIC ENTRY-LEVEL COMPETENCIES

- 9.9 Recognizes and reports situations which are potentially unsafe for health team members (abusive clients, faulty equipment, under-staffing).
- 9.10 Assigns nursing workloads to others.
- 9.11 Delegates nursing workloads to others.
- 9.12 Evaluates workload management skills of others.
- 9.13 Exercises accountability for decisions which are delegated to others.
- 9.14 Directs and coordinates actions of others in emergency situations (under direction).
- 9.15 Participates in quality assurance and improvement activities to enhance client care and nursing practice.

10. Practices collaboratively in the health system

- 10.1 Collaborates as a member of an interdisciplinary health team.
- 10.2 Develops partnerships with nursing and health team members based on respect for the unique competencies of each team member (practicing independently).
- 10.3 Supports other team members to practice to their full scope of practice (with peer consultation).
- 10.4 Identifies how own values and assumptions affect the interactions between nursing and the interdisciplinary health team members.
- 10.5 Recognizes the impact of change on other health team members.
- 10.6 Promotes team problem-solving, decision-making and interdisciplinary collaboration (with peer consultation) by:
 - a) assessing shortfalls in nursing practice jointly
 - b) planning collaborative interventions
 - c) implementing new interdisciplinary strategies
 - d) evaluating impacts on clients and team members
 - e) developing new and innovative working relationships.

GENERIC ENTRY-LEVEL COMPETENCIES

- 10.7 Uses conflict resolution skills to facilitate interdisciplinary health team interactions (with peer consultation).
- 10.8 Presents nursing knowledge regarding the client in interdisciplinary team interactions (practicing independently).
- 10.9 Provides constructive feedback to colleagues about client care.
- 10.10 Uses established communication protocols within the practitioner's health care agency and across agencies within the health system.
- 10.11 Collaborates with other health related community sectors to achieve client health outcomes (practicing independently).

GLOSSARY OF TERMS

Advocacy: active participation with clients to enable and support their choices and decisions or to help them determine the unique meaning of their lived experience. Advocacy may encompass actions taken on behalf of others when they are unable to act on their own (Falk-Rafael, 1995, Kohnke, 1982).

Attitudes: the feelings, beliefs, opinions and values predisposing a nurse to behave in a certain way.

Client: individuals, families, groups, populations or entire communities who require nursing expertise (Registered Nurses Association of B.C., 1998).

Client Life Cycle: the entire lifespan of humans ranging from birth to death and ranging in age groups and human developmental stages from prenatal/infant, children, young adults through to the late elderly.

Competencies: the integrated knowledge, skills, attitudes and judgment required to perform safely within the scope of an individual's nursing practice.

Community: an organized group of persons bound together by ties of social, cultural, occupational origin or geographic location (Canadian Public Health Association, 1990).

Community Development: the process of working with a community in the identification and reinforcement of those aspects of

everyday life, culture and political activity that are conducive to health (Canadian Public Health Association, 1990).

Conflict Management: a process by which internal discord arising from differences in beliefs, ideas, values, or feelings of two or more people are reconciled (Marquis & Huston, 1992).

Continuum of Care: activities relating to health promotion, illness/injury prevention, curative/supportive care and rehabilitative care (Canadian Nurses Association, 1999).

Entry-level Competencies: the baseline expectations of new registered nurse graduates which are necessary to meet the Standards for Nursing Practice in British Columbia at an entry-level.

Entry-level Registered Nurse: the registered nurse at the point of initial registration in Canada is a generalist and graduate of a nursing education program. As a generalist, the entry-level registered nurse is prepared to practice safely and effectively along the continuum of care in stable and unstable situations of health and illness across the client's life cycle (Canadian Nurses Association, 1999).

Group: a set of individuals who have come together for a shared reason (National Nursing Competency Project, 1997).

Note: please refer also to the *Standards of Nursing Practice in British Columbia* (1998), Appendix 6: Glossary of Terms, p. 39.

Independent Practice: the individual carries out all aspects of nursing care, from assessment and decision-making to the evaluation of outcomes without assistance from others (adapted from the Registered Nurses Association of Nova Scotia, 1998).

Judgment: the intellectual process exercised in forming a conclusion, decision and plan of action based upon a critical analysis of relevant evidence.

Knowledge: broadly interpreted to extend beyond information, facts, and "knowing about" to include cognitive, experiential and intuitive sources of knowledge applied in nursing practice.

Mentor: a person who relates directly to another person(s) in a one-to-one relationship for the explicit purpose of the mentor assisting the other person to learn (Jarvis, 1995). The mentor is assumed to be more experienced or knowledgeable than the other person.

New Graduates: those who have successfully completed the requirements of a basic or refresher nursing education program approved by RNABC as preparatory for registration to practice as a registered nurse in B.C. New graduates are entry-level registered nurses.

Negotiation: a process by which a difference in ideas, values or feelings is resolved in a way that is acceptable to all parties (Kelley, 1991; Hrinkaric, 1998).

Novice: a beginner with limited practice experience and tacit or experiential knowledge.

Nursing Informatics: the application of

computer science and information science to nursing. Nursing informatics promotes the generation, management and processing of relevant data in order to use information and develop knowledge that supports nursing in all practice domains (Herbert, 1999).

Orientation: a program of activities to familiarize the new registered nurse graduate with the work environment, including related expectations and policies. The activities aim to ease the adjustment of new graduates as employees by fostering their social integration into the organization and providing decision support for their novice level of nursing practice (Beeman, Jernigan & Hensley, 1999; *Random House Dictionary of the English Language*, 1979).

Population: all persons sharing a common health issue, problem or characteristic. These people may or may not come together as a group (National Nursing Competency Project, 1997).

Safely: not causing harm or creating undue risks (Canadian Nurses Association, 1999).

Skills: actions or behaviors, in the performance of tasks, carried out with a reasonably adequate degree of proficiency or dexterity. Skills can be psychomotor (involving body movement and dexterity), cognitive (involving critical interpretation and decision-making), or relational (involving communication and being with clients).

Stable Situation: a situation in which the client's health status can be anticipated, the plan of care readily established, and is managed with interventions that have

predictable outcomes (Canadian Nurses Association, 1999).

Unstable Situation: a situation in which the client's health status is fluctuating, with atypical responses, the plan of care is complex, requiring frequent assessment and modification, and is managed with interventions that may have unpredictable outcomes and/or risks (Canadian Nurses Association, 1999).

With Direction: the individual provides nursing care with the direct help of others, normally experienced RNs who determine if the individual's performance is appropriate and when to provide direction or guidance to

ensure safe practice (adapted from the Northwest Territories Registered Nurses Association, 1998).

With Peer Consultation: the individual provides nursing care after seeking advice from others, normally experienced RNs, competent in the performance of the competency in a designated role and setting. The nurse practicing with consultation knows when and from whom to seek advice (adapted from the Northwest Territories Registered Nurses Association, 1998).

REFERENCES

- Beeman, K.L., Jernigan, A.C., & Hensley, P.D. (1999). Employing new grads: A plan for success. *Nursing Economics, 17*(2), 91-95.
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.
- Canadian Nurses Association. (1999). *Blueprint for the Canadian registered nurse examination*. Ottawa: Author.
- Canadian Public Health Association. (1990). *Community health public health nursing in Canada*. Ottawa: Author.
- Falk-Rafael, A.R. (1995). Advocacy and empowerment: Dichotomous or synchronous concepts? *Advances in Nursing Science, 18*(2), 25-32.
- Herbert, M. (1999). *National nursing informatics project discussion paper. A project sponsored by the Canadian Association of University Schools of Nursing, Canadian Nurses Association, Registered Nurses Association of British Columbia, Academy of Canadian Executive Nurses, and the Nursing Informatics Special Interest Group of COACH*. Calgary: Health Informatics Research.
- Hrinkaric, J. (1998). Negotiation: A skill for nurses. *The Canadian Nurse, 94*(10), 36-39.
- Jarvis, P. (1995). Towards a philosophical understanding of mentoring. *Nurse Education Today, 15*, 414-419.
- Kelley, J.A. (1991). Negotiating skills for the nursing service administrator. In M.J. Ward & S.A. Price (Eds.), *Issues in nursing administration* (pp. 475-483). Toronto: Mosby Yearbook.
- Kohnke, M.F. (1982). Advocacy: What is it? *Nursing and Health Care, 3*, 314-318.
- Marquis, B.L., & Huston, C.J. (1992). *Leadership roles and management functions in nursing*. Philadelphia: Lippincott.
- National Nursing Competency Project. (1997). *National nursing competency project final report*. Ottawa: Author.
- Northwest Territories Registered Nurses Association (1998). *Entry-level competencies for nursing practice in the NWT*. Yellowknife: Author.
- The Random House dictionary of the English language* (Unabridged edition) (1979). New York: Random House.
- Registered Nurses Association of British Columbia. (1998). *Standards for nursing practice in British Columbia*. Vancouver: Author.
- Registered Nurses Association of British Columbia. (1999). *Position: Education requirements for future nurses*. Vancouver: Author.
- Registered Nurses Association of Nova Scotia. (1998). *Entry-level competencies for registered nurses in the year 2001*. Halifax: Author.



REGISTERED NURSES
ASSOCIATION OF
BRITISH COLUMBIA