COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

CRNBC

# *Competencies Required for Nurse Practitioners in British Columbia*

# Foreword

The College of Registered Nurses of British Columbia (CRNBC) holds the mandate to ensure that all individuals seeking entry to practice and maintaining registration are competent and ethical professionals. Competencies are statements about the knowledge, skills, attitudes and judgments required to perform safely within an individual's nursing practice or in a designated role or setting.

The competencies in this document are those required by nurse practitioners in British Columbia. The competencies approved by the CRNBC Board establish part of the requirements for nurse practitioner registration as a member of the College who are entitled to practise and use the protected title of nurse practitioner under the Health Professions Act.

*Competencies Required for Nurse Practitioners in British Columbia* replaces the 2003 publication by the same name and is effective for CRNBC regulatory purposes as of January 1, 2011.

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# Introduction

## DEFINITION

Nurse practitioners (NPs) are health professionals who have achieved the advanced nursing practice competencies at the graduate level of nursing education that are required for registration as a nurse practitioner with CRNBC. Nurse practitioners provide health care services from a holistic nursing perspective, integrated with the autonomous diagnosis and treatment of acute and chronic illnesses, including prescribing medications (CRNBC, 2010).

## PURPOSES

The competencies for nurse practitioners approved by the CRNBC Board establish part of the requirements for registration as a member of the College. The competencies are used during the following processes in relation to the eligibility of applicants for registration:

- review and recognition of nurse practitioner education programs in B.C.;
- assessment of individual applicants for registration; and
- development of the CRNBC clinical examination required for nurse practitioner registration.

The competencies in this publication are effective for these purposes as of January 1, 2011.

## BACKGROUND

*A Regulatory Framework for Nurse Practitioners in British Columbia* (2007) describes the context of the regulation, education and introduction of nurse practitioners as health care providers in British Columbia following a government decision in December 2000. https://www.crnbc.ca/downloads/ NP_Regulatory_framework.pdf.

Currently, the competencies approved by the CRNBC Board establish part of the requirements for nurse practitioner registration as a member of the college who are entitled to practise and use the protected title of nurse practitioner. This is done under the authority of the Health Professions Act (2010). One of the duties and objects of a college set out in the Health Professions Act (HPA) Section 16 (2) (c) is to establish the conditions or requirements for registration of a person as a member of the college. Section 19 (m) allows for the conditions or requirements for registration established by the college to include competencies or other qualifications, standards of academic or technical achievement, and requirements for providing evidence of good character. Section 19 (m.1) provides for the board of the college to specify academic or technical programs that are recognized by the college as meeting a standard established under 19 (m) (i).

The recognition of nurse practitioner graduate education programs in nursing offered within British Columbia involves evaluative reviews conducted by the Education Program Review Committee (EPRC) established in Bylaw 1.21. The programs recognized by CRNBC are specified

in Schedule C of the Bylaws. Graduates of recognized programs are eligible to proceed in the nurse practitioner registration process with CRNBC. The competencies underpin the clinical examination required for nurse practitioner (NP) registration and the CRNBC prior learning framework used in competence assessment and quality assurance practice reviews for NPs.

The CRNBC competencies are reviewed and revised regularly to keep them current and consistent, whenever appropriate, with the competencies used in other Canadian provinces/territories. The revisions in this document result from provincial consultations and national deliberations during 2009-2010.

## REVISION PROCESSES

A three phase revision process encompassed consultations at the provincial level before and after national level deliberations. During phase one, towards the end of 2008 and early 2009, CRNBC conducted an assessment of the changes needed in the CRNBC competencies. The assessment involved a literature review and identification of updates needed based on provincial developments in nurse practitioner legislation, standards, and practice since the first publication in 2003. The results were used to develop a consultation document of draft revisions that was field tested in a focus group with nurse practitioner educators. Substantial feedback on the revisions in the consultation document was obtained in the winter of 2009 through an on-line survey of all nurse practitioners registered with CRNBC and employers. The survey feedback was augmented by several focus groups. The results informed the national deliberations outlined next.

The second phase of revisions involved participation at the national level in the revision of the 2005 *Canadian Nurse Practitioner Core Competency Framework* (Framework) published by the Canadian Nurses Association (CNA) and used by its subsidiary, Assessment Strategies Incorporated (ASI) to develop the Canadian Nurse Practitioner (Family/All Ages) Examination. A Canadian Nurse Practitioner Competencies Committee (CNPCC) was established by CNA/ASI in the spring of 2009 for this purpose. The membership of the CNPCC consisted of one NP nominated by each regulatory body and one staff member from each participating regulatory body (Quebec did not participate) in Canada.

The first draft developed by the CNPCC was reviewed by each jurisdiction. CRNBC provided feedback based on a focus group with registered nurse practitioners. Further changes were made in the draft and a national on-line survey was completed in the fall of 2009. Each regulatory body forwarded the survey to all of their registered nurse practitioners. The CNPCC made further revisions based on the survey results and CNA forwarded the Draft Canadian Nurse Practitioner Core Competency Framework (December 18, 2009) to each participating regulatory body for final review.

In the third phase during early 2010, CRNBC engaged in provincial consultation with nurse practitioners, employers and educators in focus groups to determine the suitability of the competencies in the national draft considering the scope of practice for NPs in B.C. *The*

*Canadian Nurse Practitioner Core Competency Framework* (2010, p.5) may be either adopted as is or modified by regulatory bodies to suit the particular context of each http://www.cna-aiic.ca/CNA/documents/pdf/publications/Competency_Framework_2010_e.pdf.
The evidence obtained from CRNBC focus groups indicated that modifications to the competencies and related assumptions in the Framework were required to suit the B.C. context and legislated scope of nurse practitioner practice. The modified competencies were approved by the CRNBC Board as published here, to become effective January 1, 2011.

## Acknowledgements

CRNBC extends appreciation to the nurse practitioners, registered nurses, and other participants across the province who provided input during various stages of the revision process. The time and expertise contributed by representatives of the following groups provided essential feedback:

- Educators from the three nurse practitioner (family) master's degree programs in the province – the University of Victoria, the University of British Columbia-Vancouver, and the University of Northern British Columbia.
- Chief Nursing Officers in the B.C. Health Authorities and the First Nations and Inuit Health Branch of Health Canada.
- Nurse practitioners registered with CRNBC who responded to two online surveys – the assessment survey conducted by CRNBC in winter 2009, and the national survey conducted in the fall of 2009 by Assessment Strategies Incorporated of the Canadian Association of Nurses.
- Nursing practice leaders in the B.C. Health Authorities who provided the perspective of those who employ nurse practitioners.
- Executive of the British Columbia Nurse Practitioners Association.
- Members of the CRNBC Nurse Practitioner Examination Committee.
- Members of the CRNBC Nurse Practitioner Standards Committee.
- Nurse practitioner content experts for the CRNBC Objective Structured Clinical Examination (OSCE) required for nurse practitioner registration.
- Members of the CRNBC Education Program Review Committee.

The members of the Canadian Nurse Practitioner Competencies Committee (CNPCC) established by CNA/ASI are acknowledged in the *Canadian Nurse Practitioner Core Competency Framework* (May 2010, p. 21) www.cna-aiic.ca/CNA/documents/pdf/publications/Competency_Framework_2010_e.pdf

A special thank you is extended to Connie Lapadat, NP (Family) and Lynn Guengrich, NP (Pediatric) who represented British Columbia on the CNPCC along with CRNBC staff.

## Assumptions

The assumptions used to develop these competencies are essential to understanding how they are applied to nurse practitioner practice in any role and setting, not specific to a particular client population or practice environment. The following assumptions were made:

- The practice of nurse practitioners is grounded in the values, knowledge and theories of professional nursing practice.
- Nurse practitioner competencies build and expand upon the competencies required of a registered nurse.
- Nurse Practitioner practice is advanced in the application of in-depth knowledge and theory from nursing and other fields, including experiential knowledge gained from clinical practice experience as registered nurses.
- Nurse practitioners have achieved additional competencies at the graduate level of nursing education, with a substantial clinical component.
- Nurse practitioner core competencies are the foundation for all nurse practitioner practice and apply across diverse practice settings and client populations. A common set of NP core competencies is essential to all nurse practitioner education and practice regardless of practice stream (family, adult, or pediatric). A description of each stream of practice demonstrates how the core competencies are applied by family, adult or pediatric nurse practitioners.
- Nurse practitioner core competencies are an essential element of nurse practitioner competence assessment.
- Nurse practitioner practice is grounded in the five World Health Organization (WHO) principles of primary health care: accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration.
- Nurse practitioners provide services relating to health promotion, illness/injury prevention, rehabilitative care, curative and supportive care, and palliative/end-of-life care.
- The identified competencies incorporate those of advanced nursing practice and specifically address the activities that are included in the additional legislated scope of practice of nurse practitioners, e.g., advanced health assessment, diagnosis of acute and chronic illnesses and their therapeutic management.
- Nurse practitioners engage in interprofessional collaborative practice to provide safe, client-centered, high quality health care services.
- Newly graduated nurse practitioners gain proficiency in the breadth and depth of their practice over time with support from employers, mentors and health-care team members.

## Organizing Framework

The competencies are organized in a four category framework:

1. Professional Role, Responsibility, and Accountability
2. Health Assessment and Diagnosis
3. Therapeutic Management
4. Health Promotion and Prevention of Illness and Injury

The competencies in each category build on those of registered nurses, incorporate those of advanced nursing practice, and address the unique practice role of nurse practitioners. Nurse practitioner competencies build and expand upon the competencies required of a registered nurse published in *Competencies in the Context of Entry-level Registered Nurse Practice in British Columbia* (2009) www.crnbc.ca:81/Registration/RNApplication/BCEN/Pages/Default.aspx Registered nurse competencies form the foundation for the practice of all registered nurses, including the practice of nurse practitioners.

The nurse practitioner role is recognized in Canada as advanced nursing practice (CNA, 2008, p.16) www.cna-nurses.ca/cna/documents/pdf/publications/anp_national_framework_e.pdf Advanced nursing practice is an umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole (CNA, 2008, p. 10). The first category of nurse practitioner competencies incorporates those of advanced nursing practice as they are adapted and applied in nurse practitioner practice: clinical, research, leadership, and consultation and collaboration (CNA, 2008, pp. 22-27).

Core competencies are those common to all nurse practitioner practice because they apply across all contexts of practice, with adaptations to make them appropriate for the unique health needs of the client population served. The core competencies constitute the entry-level competencies because they are required for initial registration as a nurse practitioner in B.C. Three streams of nurse practitioner practice are used by CRNBC for registration purposes: family (all ages), adult, and pediatric. The core competencies are applied in these population-based streams and form the broad foundation on which more specialized practice may be built (Wearing, Black and Kline, 2009). A description of each stream of practice follows the listing of the competencies in the four categories of the organizing framework. The document also provides a glossary of terms and references.

# Nurse Practitioner Competencies

## 1. Professional Role, Responsibility, and Accountability

Professional role, responsibility and accountability encompass the core competencies for advanced nursing practice as they apply to nurse practitioner practice in: clinical practice; leadership; research; collaboration, consultation and referral (adapted from CNA, 2008). Nurse practitioner practice is characterized by the simultaneous interaction and blending of competencies at a complexity that reflects the nurse practitioner's highly developed critical inquiry, clinical nursing experience and advanced education with a substantial clinical component. The competencies listed below are fundamental to advanced nursing practice and integrated in practice by nurse practitioners. Therefore, the competencies listed in Category 1. Professional Role, Responsibility, and Accountability apply to each of the three other competency categories in this document: Health Assessment and Diagnosis; Therapeutic Management; and Health Promotion and Prevention of Illness and Injury.

### CLINICAL PRACTICE

1.1. Practises in accordance with federal and provincial/territorial legislation, professional and ethical standards and policy relevant to nurse practitioner practice.

1.2. Understands the changes in scope of practice from that of a registered nurse and how this affects responsibilities and accountabilities when assuming the reserved title and scope of practice of a nurse practitioner.

1.3. Incorporates knowledge of diversity, cultural safety and the determinants of health in assessment, diagnosis and therapeutic management of the client and the evaluation of outcomes.

1.4. Incorporates knowledge of developmental and life stages, pathophysiology, psychopathology, epidemiology, environmental exposure, infectious diseases, determinants of health, behavioural sciences, demographics and family process when performing health assessment, making diagnoses and providing overall therapeutic management.

1.5. Incorporates knowledge of the clinical manifestations of normal health events, acute illness/injuries, chronic diseases, comorbidities and emergency health needs, including the effects of multiple etiologies in assessment, diagnosis and therapeutic management of the client and the evaluation of outcomes.

1.6. Integrates the principles of resource allocation and cost-effectiveness in clinical decision-making.

1.7. Provides client diagnostic information and education that is relevant, theory-based and evidence-informed using appropriate teaching/learning strategies.

1.8. Promotes safe client care by mitigating harm and addressing immediate risks for clients and others affected by adverse events and near misses.

1.9. Discloses the facts of an adverse event to the client, and reports adverse events to appropriate authorities, in keeping with relevant legislation and organizational policies, e.g., the Canadian Adverse Drug Reporting system.

1.10. Documents clinical data, assessment findings, diagnoses, plan of care, therapeutic intervention, client's response and clinical rationale in a timely and accurate manner.

1.11. Adheres to federal and provincial legislation, policies and standards related to privacy, documentation and information management (this applies to verbal, written or electronic records).

1.12. Meets the CRNBC Standards of Practice including Professional Standards, Practice Standards and Scope of Practice Standards.

1.13. Engages in ongoing professional development and accepts personal responsibility for maintaining nurse practitioner competence.

## COLLABORATION, CONSULTATION AND REFERRAL

1.14. Consults and/or refers clients to other health-care providers at any point in the care continuum when the client's condition is not within nurse practitioner scope of practice or the individual nurse practitioner's competence.

1.15. Acts as a consultant and/or refers and accepts referrals from health-care providers, community agencies and allied non-health-care professionals.

1.16. Advocates for clients in relation to therapeutic intervention, health-care access, the health-care system and policy decisions that affect health and quality of life.

1.17. Collaborates with members of the health-care team to provide and promote interprofessional client-centered care at the individual, organizational and systems levels.

1.18. Collaborates with members of the health-care team to promote and guide continuous quality improvement initiatives at the individual, organizational and systems levels.

1.19. Applies advanced knowledge and skills in communication, negotiation, coalition building, change management, and conflict-resolution including the ability to analyze, manage and negotiate conflict.

## RESEARCH

1.20. Engages in evidence-informed practice by critically appraising and applying relevant research, best practice guidelines and theory when providing health-care services.

1.21. Develops, utilizes and evaluates processes within the practice setting to ensure that clients receive coordinated health services that identify client outcomes and contribute to knowledge development.

1.22. Identifies and implements research-based innovations for improving client care at the individual, organizational and systems levels.

1.23. Identifies, collects data on, and evaluates the outcomes of, nurse practitioner practice for clients and the health-care system.

1.24. Collaborates with other members of the health-care team or community to identify research opportunities, to conduct and/or support research.

1.25. Acts as a change agent through knowledge translation and dissemination of new knowledge that may include formal presentations, publication, informal discussions and the development of best practice guidelines and policies.

## LEADERSHIP

1.26. Provides leadership in clinical care and is a resource person, educator and role model.

1.27. Precepts, mentors and coaches nursing colleagues, other members of the health-care team and students.

1.28. Articulates and promotes the role of the nurse practitioner to clients, other health-care providers, social and public service sectors, the public, legislators and policy-makers.

1.29. Provides leadership in the development and integration of the nurse practitioner role within the health-care system.

1.30. Advocates for, and participates in, creating an organizational environment that supports safe client care, collaborative practice and professional growth.

1.31. Guides, initiates and provides leadership in the development and implementation of standards, practice guidelines, quality assurance, and education and research initiatives.

1.32. Guides, initiates and provides leadership in policy-related activities to influence practice, health services and public policy.

## 2. Health Assessment and Diagnosis

The nurse practitioner integrates a current, scientific knowledge base and critical appraisal to obtain the required information for determining diagnoses and client needs. Throughout the process, the nurse practitioner works collaboratively with the client to identify and mitigate health risks, promote understanding of health issues and support healthy behaviour.

2.1 Performs a focused health assessment and/or an advanced comprehensive health assessment, using and adapting assessment tools and techniques based on client needs and relevance to client stage of life.

2.2 Performs a complete or focused health history appropriate to client situation including physical, psychosocial, emotional, ethnic, cultural and spiritual dimensions of health.

2.3 Performs a complete or focused physical examination, and identifies and interprets normal and abnormal findings as appropriate to client presentation.

2.4 Synthesizes health assessment information using critical inquiry, clinical and diagnostic reasoning to diagnose health risks and states of health/illness.

2.5 Formulates differential diagnoses through the integration of client information, nursing and medical knowledge, and evidence-informed practice.

2.6 Anticipates and diagnoses urgent, emergent and life-threatening situations.

2.7 Orders and/or performs screening and diagnostic investigations, interprets results using evidence-informed clinical reasoning and critical inquiry, and assumes responsibility for follow-up.

2.8 Diagnoses diseases, disorders, injuries, conditions and identifies health needs while considering the client response to the health/illness experience.

2.9 Communicates with clients about health assessment findings and/or diagnosis, including outcomes and prognosis.

## 3. Therapeutic Management

Nurse practitioners collaborate and share decision-making with clients to set priorities for the provision and overall coordination of care along the health/illness continuum. The nurse practitioner selects appropriate interventions from a range of non-pharmacological and pharmacological interventions to assist clients in promoting, restoring or maintaining functional, physiological, emotional and mental stability to achieve optimal client health.

3.1 Creates an environment in which effective communication of diagnostic and therapeutic intervention can take place.

3.2 Explores therapeutic options with clients considering implications for the clients by integrating client information and evidence-informed practice.

3.3 Determines care options and initiates therapeutic interventions in negotiation with clients while considering client perspectives, feasibility and best outcomes.

3.4 Initiates interventions for the purpose of stabilizing clients in urgent, emergent and life threatening situations.

3.5 Supports, educates, coaches and counsels clients regarding diagnoses, prognoses, and self-management including their personal responses to diseases, disorders, conditions, injuries, risk factors, lifestyle changes and therapeutic interventions.

3.6 Promotes client self-efficacy in navigating the health-care system and in identifying and accessing the necessary resources.

3.7 Coordinates and facilitates client care with other health-care providers, agencies and community resources.

3.8 Performs procedures (invasive/non-invasive) for the clinical management/prevention of disease, injuries, disorders or conditions.

3.9 Prescribes pharmacotherapy based on the client's health history, disease, disorder, condition and stage of life and individual client circumstances. Uses information from PharmaNet when possible.

3.10 Applies knowledge of pharmacotherapeutics and evidence-informed practice in prescribing, monitoring and dispensing drugs.

3.11 Considers the active participation of clients, cost effectiveness and affordability when prescribing drug therapy.

3.12 Counsels clients on medication therapy, benefits, potential side effects, interactions, importance of adherence and recommended follow-up.

3.13 Demonstrates awareness of health products, medical devices, medications, alternative therapies and health programs, and is mindful of the power dynamics and marketing strategies used to promote them.

3.14 Intervenes as appropriate when potential or actual problematic substance use and/or misuse of drugs, including complementary and alternative therapies, is identified.

3.15 Prescribes and/or dispenses drugs in accordance with CRNBC standards and provincial or federal legislative requirements.

3.16 Uses an evidence-informed approach in the selection or consideration of complementary and alternative therapies and considers the benefits and risks to clients' health and safety.

3.17 Negotiates ongoing contact with clients to monitor their response to therapeutic intervention(s) and adjust interventions as needed.

3.18 Monitors, evaluates and revises the plan of care and therapeutic intervention with clients, based on current evidence-informed practice, client goals, preferences, health status and outcomes.

## 4. Health Promotion and Prevention of Illness and Injury

Nurse practitioners in all practice settings focus on promoting, improving and restoring health. The nurse practitioner may lead or collaborate with other health-care team members, other sectors and/or the community by participating in initiatives that promote health and reduce the risk of complications, illness and injury for their individual clients, client groups and/or the population as a whole.

4.1 Assesses, identifies, and critically analyzes information from a variety of sources to determine client and/or population trends and patterns that have health implications.

4.2 Initiates or participates in the development of strategies to address identified client and/or population health implications. e.g., implementing evidence-informed screening for populations at risk and harm reduction strategies that are population based.

4.3 Initiates or participates in the design of services/interventions for health promotion, health protection and the prevention of injury, illness, disease and complications.

4.4 Participates in the implementation, monitoring and evaluation of health promotion and illness/injury prevention strategies in partnership with other health care providers, communities, social and public service sectors.

4.5 Collaborates with other health care providers and other sectors to use knowledge of determinants of health and principles of community development to help groups or entire communities obtain the services they need to meet their health goals.

4.6 Advocates for and creates an environment that facilitates learning and maximizes client participation and control of their own health, including living with chronic disease and meeting their own health needs.

4.7 Provides culturally safe and competent care with people from diverse backgrounds by tailoring services to unique client attributes.

# Nurse Practitioner Streams of Practice

Three streams of practice are used by CRNBC to register nurse practitioners: family, adult and pediatric. The descriptions of each stream were originally developed in 2003. The principles underpinning this approach to registration are described by Wearing, Black and Kline (2009). In June 2010, the CRNBC Board approved revised descriptions that provide more clarity on each stream for employers, nurse practitioners and other regulatory bodies. The description for each stream of nurse practitioner practice also includes a profile of a newly graduated nurse practitioner for that stream.

The following sections describe how the nurse practitioner core competencies are applied in each of the three streams of practice that are used by CRNBC to register nurse practitioners – family, adult and pediatric.

## NURSE PRACTITIONER (FAMILY)

The nurse practitioner (family) is educated to provide health care services to persons of all ages, including, newborns, infants, toddlers, children, adolescents, adults, pregnant and postpartum women, and older adults. The nurse practitioner (family) brings advanced knowledge and experience with persons and families of all ages to the context of practice that is usually in, but not limited to, community clinics, health care centres or other community settings. The nurse practitioner (family) develops and sustains partnerships with clients of all ages and may serve as the primary care provider to individuals and their families.

### Profile of the Newly Graduated Nurse Practitioner (Family)

Entry-level nurse practitioners (family) are prepared with the competencies to work independently with clients of all ages in general primary care settings. Entry-level nurse practitioners (family) effectively diagnose and treat acute/episodic health conditions, diseases and disorders, and chronic illnesses prevalent to the client population served. Mental health at the primary care level is included in the entry-level competencies of the nurse practitioner (family). These expectations are set out in more detail in Section A of the *Scope of Practice for Nurse Practitioner (Family): Standards, Limits and Conditions*. www.crnbc.ca/Standards/ScopePractice/Pages/Default.aspx

At the time of beginning practice, the nurse practitioner (family) is not prepared to independently provide care for clients with complex health problems or chronic diseases with multiple co-morbidities, such as one would find in specialty practice areas, acute care settings and complex residential care. The entry-level nurse practitioner (family) may go on to develop the competencies to provide care for clients with higher acuity and complexity or specialized needs through practice experience, mentorship and formal and informal education.

## NURSE PRACTITIONER (ADULT)

The nurse practitioner (adult) is educated to provide health care services to young, middle-aged and older adults. Care of older adolescents may also be provided by a nurse practitioner (adult) in some instances when the adolescent's developmental age and/or lifestyle may more closely approximate that of an adult. Nurse practitioners (adult) can be found in acute and residential care as well as community settings. The nurse practitioner (adult) develops and sustains partnerships with adults and their families and may serve as the primary care provider for adults.

### Profile of the Newly Graduated Nurse Practitioner (Adult)

Entry-level nurse practitioners (adult) are prepared with the competencies to enter practice in environments such as acute and residential care settings where clients with acute and complex care needs and multi-system problems are found. They are prepared with the same primary care competencies for the care of adults as the nurse practitioner (family) and then focus on the care of adults with higher acuity, complexity and co-morbidities. The competencies to care for the frail older person with complex care needs and co-morbidities are included in the preparation of the nurse practitioners (adult). The diseases, disorders and conditions diagnosed and managed by the entry-level nurse practitioner (adult) are set out in detail in Section A of the *Scope of Practice for Nurse Practitioner (Adult): Standards, Limits and Conditions* www.crnbc.ca/Standards/ScopePractice/Pages/Default.aspx

Their broad preparation allows them to practise across the continuum of care and to serve as the primary care provider to adults. At the time of beginning practice, the nurse practitioner (adult) is not prepared with specialized competencies unique to a particular practice area. The entry-level nurse practitioner (adult) may go on to provide care for adults with specialized needs through practice experience, mentorship and formal and informal education.

## NURSE PRACTITIONER (PEDIATRIC)

The nurse practitioner (pediatric) is educated to provide health care services to children, including newborns, infants, toddlers, children and adolescents. The term "children" in the following description refers to this age range. In some instances, nurse practitioners (pediatric) may provide care to young adults whose developmental age may closely approximate that of a child or adolescent rather than that of an adult, or a young adult who has been receiving care from the nurse practitioner (pediatric) for a chronic disease since childhood (e.g., cystic fibrosis). Nurse practitioners (pediatric) can be found in acute and residential care as well as community settings. The nurse practitioner (pediatric) develops and sustains partnerships with children and their families and may serve as the primary care provider to children. They attend to transition issues to ensure ongoing care from other providers as the adolescent becomes an adult.

### Profile of the Newly Graduated Nurse Practitioner (Pediatric)

Entry-level nurse practitioners (pediatric) are prepared with the competencies to enter practice in environments such as acute and residential care settings where clients with acute and complex care

needs and multi-system problems are found. They are prepared with the same primary care competencies for the care of children as the nurse practitioner (family) and then focus on the care of children with higher acuity, complexity and co-morbidities. The diseases, disorders and conditions diagnosed and managed by the entry-level nurse practitioner (pediatric) are set out in detail in Section A of the *Scope of Practice for Nurse Practitioner (Pediatric): Standards, Limits and Conditions*. www.crnbc.ca/Standards/ScopePractice/Pages/Default.aspx

Their broad preparation allows them to practise across the continuum of care and to serve as the primary care provider to children. At the time of beginning practice, the nurse practitioner (pediatric) is not prepared with specialized competencies unique to a particular practice area. The entry-level nurse practitioner (pediatric) may go on to provide care for children with specialized needs through practice experience, mentorship and formal and informal education.

# Glossary

**ACCOUNTABILITY:** The obligation to answer, individually and collectively, for the professional, ethical and legal responsibilities of one's activities and duties.

**ADVANCED NURSING PRACTICE:** The umbrella term used to describe an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole (CNA, 2008).

**ADVERSE EVENT:** An event that results in unintended harm to the patient and is related to the care and/or service provided to the patient rather than the patient's underlying condition (CPSI, 2008).

**ADVOCACY:** Active support of an important cause, supporting others to act for themselves or speaking on behalf of those who cannot speak for themselves (CRNBC, 2010).

**AUTONOMOUS:** Having and using the authority, accountability and responsibility to perform nursing functions, activities and interventions independently (CRNBC, 2010).

**CLIENT:** Individuals, families, groups, entire communities who require nursing expertise. In some clinical settings, the client may be referred to as a patient or resident (CRNBC, 2009).

**CLOSE CALL:** An event with the potential for harm that did not result in harm because it did not reach the patient due to timely intervention or good fortune (sometimes called a near miss). The term "good catch" is a common colloquialism to indicate the just-in-time detection of a potential adverse event (Canadian Patient Safety Institute (CPS, 2008).

**COLLABORATION:** Client care involving joint communication and decision-making processes among the client, nurse practitioner and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centred care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team (CNA, 2010).

**COLLABORATIVE PATIENT-CENTRED PRACTICE:** An approach to care in which health care professionals work together and with their patients. It involves the continuous interaction of two or more professionals or disciplines, organized into a common effort, to solve or explore common issues with the best possible participation of the patient. Collaborative patient-centred practice is designed to promote the active participation of each discipline in patient care. It enhances patient- and family-centred goals and values, provides mechanisms for continuous communication among care givers, optimizes staff participation in clinical decision making within and across disciplines, and fosters respect for disciplinary contributions of all professionals (Herbert, 2005).

**COMMUNITY DEVELOPMENT:** A process of working with a community that is based on the capacity of people to identify and resolve concerns that impact on the health of that community, when they have access to the appropriate resources.

**COMPETENCE:** The integration and application of knowledge, skills, attitudes and judgments required to perform safely and ethically within an individual's nursing practice or in a designated role and setting and includes both entry-level and continuing competence (CRNBC, 2009).

**COMPETENCIES:** Statements about the knowledge, skills, attitudes and judgments required to perform safely within the scope of an individual's nursing practice or in a designated role or setting (CRNBC, 2009).

**COMPLEMENTARY AND ALTERNATIVE HEALTH CARE:** Modalities or interventions utilized to address client needs in situations of health and illness that are not considered at this time to be a part of mainstream health practices in B.C. "Complementary" practices are used alongside the mainstream health care system while "alternative" practices are used in place of mainstream health care practices (CRNBC, 2008).

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

**CORE COMPETENCIES:** The competencies that are the foundation for all nurse practitioner practice and apply across diverse practice settings and client populations. A common set of NP core competencies is essential to all nurse practitioner education and practice regardless of practice stream (family, adult, or pediatric). The core competencies constitute entry-level competencies in B.C. because they are required for initial registration as a nurse practitioner with CRNBC. A description of each stream of practice demonstrates how the core competencies are applied by family, adult or pediatric nurse practitioners (adapted from CNA, 2010).

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

**CULTURAL SAFETY:** A manner that affirms, respects and fosters the cultural expression of clients. This usually requires nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practice in a way that affirms the culture of clients and

nurses. Unsafe cultural practice is any action which demeans, diminishes or disempowers the cultural identity and well being of people. Cultural safety addresses power relationships between the service provider and the people who use the service (IPAC-AFMC, 2008; Smye & Browne, 2002).

**CULTURE:** The system of shared beliefs, values, customs, behaviours and artifacts that members of a particular community use to cope with their world and with one another, and that are shared between and within generations (CRNBC, 2010).

**DETERMINANTS OF HEALTH:** Definable entities that are associated with or induce health outcomes. These entities include health behaviours, lifestyles, coping abilities, biology, gender and genetics, income and social status, culture, education, employment and working conditions, access to appropriate health services, and the physical environment (CNA, 2010).

**EVIDENCE-INFORMED PRACTICE:** An approach to decision-making in which the clinician conscientiously integrates critically appraised evidence, clinical practice experience, and knowledge of contextual factors in consultation with the patient, in order to decide upon the option that best suits the patient's needs. Evidence may include, but is not limited to, published research, grey literature research, clinical practice guidelines, consensus statements, clinical experts, quality assurance and patient safety data (CNA, 2010).

**FAMILY:** Two or more individuals who depend on one another for emotional, physical and/or economic support. The members of the family are defined by the individual (CRNBC, 2010).

**HEALTH PROTECTION:** Activities in food hygiene, water purification, environmental sanitation, drug safety and other areas that, as far as possible, eliminate the risk of adverse consequences to health that are attributable to environmental hazards (Public Health Agency of Canada, 2008).

**HOLISTIC HEALTH CARE:** Care that tends to the mind, body, and spirit of individuals (CRNBC, 2010).

**NEAR Miss:** See definition earlier for **Close Call**.

**NURSE PRACTITIONER:** Nurse practitioners are health professionals who have achieved the advanced nursing practice competencies at the graduate level of nursing education that are required for registration as a nurse practitioner with CRNBC. Nurse practitioners provide health care services from a holistic nursing perspective, integrated with the autonomous diagnosis and treatment of acute and chronic illnesses, including prescribing medications (Adapted from CNA, 2010).

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

**PRIMARY CARE PROVIDER:** Primary care providers are health professionals who take primary responsibility for an established group of patients for whom they provide: longitudinal person-

focused care; comprehensive care for most health needs; first contact assessment for new health care needs; and referral and coordination of care when it must be sought elsewhere. Primary health care providers, together with non-government organizations, work as a team with patients and their extended families. A primary care provider is ideally chosen by an individual to serve as his or her health care professional to address a wide variety of health issues including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury (CRNBC, 2010 with reference to the B.C. Primary Health Care Charter, 2007).

**PRIMARY CARE:** The element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury. It is the element within primary health care, an approach to health and a spectrum of services beyond the traditional health care system. Primary health care includes all services that play a part in health, such as income, housing, education, and environment (Health Canada, 2010).

**REGISTRATION:** The process of providing authority to persons entered on a register to use an exclusive title (CRNBC, 2010).

**REGULATION:** All of those legitimate and appropriate means (governmental, professional, private and individual) whereby order, identity, consistency, and control are brought to the profession. The profession and its members are defined, the scope of practice is determined, standards of education and of ethical and competent practice are set, and systems of accountability are established through these means (CRNBC, 2010).

**REGULATORY AUTHORITY:** The authority vested in a group, in this case the nursing profession, through legislation to permit registered nurses and nurse practitioners to autonomously provide health services (CRNBC, 2010).

**SCOPE OF NURSING PRACTICE:** Activities that nurses are educated and authorized to perform, set out in the Nurses (Registered) and Nurse Practitioners Regulation under the Health Professions Act and complemented by standards, limits and conditions as set by CRNBC (CRNBC, 2009).

**STANDARD:** A desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable (CRNBC, 2010).

**THERAPEUTIC MANAGEMENT:** Refers to the interventions, therapies, pharmaceuticals, and non-pharmaceuticals that nurse practitioners prescribe/order to promote health, prevent disease, and treat diseases, disorders, conditions and injuries. The goal of therapeutic management is to maximise the client's wellness potential (CRNBC, 2010).

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