



NCSBN

National Council of State Boards of Nursing

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Canada - NCSBN Entry-Level Competency Statement Comparison

National Council of State Boards of Nursing, Inc. (NCSBN®)

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BACKGROUND

Nursing is a self-regulated profession in both Canada and the United States (U.S.). The regulatory bodies in both jurisdictions are charged with helping to ensure public protection and client safety through their respective jurisdictional licensure processes. An essential element of any licensure process, regardless of jurisdictional idiosyncrasies, is the identification of specific competencies which reflect the minimal knowledge, skills and abilities required of the practitioner in the provision of safe and effective practice within the profession. While there are variations in the operational structures and procedures promulgated by each jurisdictional regulatory body, the commonality which underpins each jurisdiction's desire for regulatory excellence is their focus on ensuring the protection of the public through the licensure of nurses based on predefined competencies which reflect safe and professional nursing practice.

To this end, each jurisdiction has developed, through rigorous and methodologically sound procedures, a list of nursing practice competencies or activity statements which form the basis for defining the depth and breadth of competent entry-level nursing practice. The purpose of this study was to identify similarities between the established nursing competencies of Ontario, Canada and the U.S. in an effort to build a more collaborative relationship with respect to nursing regulation and licensure.

METHODOLOGY

The study consisted of a comparison of the entry-level nursing competencies expected of a Registered Nurse (RN) in Ontario to the relevant competencies expected of an RN in the U.S. For the study, RN competencies identified in the *National Competencies in the Context of Entry-Level Registered Nurse Practice*¹ were compared with the activity statements identified in the National Council of State Boards of Nursing (NCSBN®) *2008 RN Practice Analysis*², the knowledge, skills and abilities (KSAs) identified in the *2008 Knowledge of Newly Licensed Registered Nurses Survey*³ and the Integrated Processes described in the *2010 NCLEX-RN® Test Plan*.⁴

The NCSBN Practice Analysis, KSA Statements and Integrated Processes are three components which are essential in describing the practice of newly licensed nurses within the U.S. and ultimately provide the structure and content description for the NCLEX® Test Plan. The NCSBN RN Practice Analysis is conducted on a triennial basis and results in the identification of entry-level nurse activity statements which guide the structure and content distribution of the NCLEX. The KSA statements, also developed on a triennial basis, identify the knowledge, skills, and abilities needed by newly licensed nurses and are used to inform the depth and breadth of item content contained within the NCLEX. The Integrated Processes, identified in the NCLEX Test Plans, are fundamental to the practice of nursing and are integrated throughout the Client Needs categories and subcategories of the NCLEX-RN® Test Plan. The Integrated Processes identified as essential to entry-level nursing practice are as follows:

1. Nursing Process
A scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation
2. Caring
Interaction of the nurse and client in an atmosphere of mutual respect and trust
3. Communication and Documentation
Verbal and nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team
4. Teaching/Learning
Facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior

To complete this comparative study, the Ontario RN competency statements were divided into the following nine categories:

1. Professional responsibility and accountability
2. Specialized body of knowledge
3. On-going holistic assessment
4. Collaborates with clients to develop health care plans
5. Provides nursing care with clients
6. On-going evaluation of client care
7. Ethical practice
8. Service to the public
9. Professional self-regulation

The nine categories included a total of 145 statements and several sub-statements. For the purpose of this study, sub-statements were counted as separate competencies.

The list of Ontario nurse competencies was provided to two master-prepared nurses who were charged to independently identify any one-to-one relationship with the NCSBN activity statements, the NCSBN knowledge, skills and abilities statements (KSAs) and the integrated processes. The results of the independent review by each nurse were provided to a third master-prepared nurse, who combined the reports and identified any differences between the competency relationships reported during the initial analysis. Finally, a group of four master-prepared nurses (the three already involved in the study and one additional master-prepared nurse) collectively reviewed the differences to determine if any one-to-one relationship between competencies across jurisdictions existed.

RESULTS

RN Comparison

The data indicates 93.10% of the Ontario RN competencies possessed a one-to-one relationship with an NCSBN RN activity statement, KSA statement or integrated process. Only two specific competency categories reflected the presence of less than 93% one-to-one relationships while five competency categories were reported to have 100% one-to-one match across competencies. *See Table 1.* The two competency categories which possessed the weakest one-to-one relationship were “*Service to the Public*” (80.65%) and “*Professional Self-Regulation*” (85.71%). A majority of the differences in these two categories are related to structure of the international, national, provincial, and local health care system. It is also important to note that these two categories contained an increased number of overarching competency statements containing sub-statements. Because the sub-statements are essentially clarification of the overarching competency statement, any identified mismatch of competencies at the level of the overarching statement will ultimately result in a mismatch of the majority of the competency sub-statements. Therefore, the lower percentage of one-to-one relationships in these competency areas should be interpreted cautiously. An area where a one-to-one relationship is not particularly clear is related to the Ontario competency which states entry-level RNs should “*provide nursing care that is informed by a variety of theories.*” While there is no direct relationship to an NCSBN RN activity statement or KSA, the integrated processes require “*a scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation.*” A particularly promising finding was that those competency categories which reflect direct client care represented the largest overall percentage of one-to-one competency agreement between NCSBN and Ontario. The Ontario RN and NCSBN RN competency one-to-one relationships are presented in Appendix A.

Category	Ontario Statements	Total Statements	NCSBN Match	Unmatched	% Matched
1. Professional Responsibilities and Accountability	1-20	20	20	0	100.00%
2. Specialized Body of Knowledge	21-36	16	15	1	93.75%
3. On-Going Holistic Assessment	37-48	12	12	0	100.00%
4. Collaborates with Clients to Develop Health Care Plans	49-59	11	11	0	100.00%
5. Provides Nursing Care with Clients	60-80	21	20	1	95.24%
6. On-Going Evaluation of Client Care	81-85	5	5	0	100.00%
7. Ethical Practice	86-100	15	15	0	100.00%
8. Service to the Public	101-114	31	25	6	80.65%
9. Professional Self-Regulation	115-123	14	12	2	85.71%
	Total	145	135	10	93.10%

Unmatched Competencies

There are a total of ten Ontario RN competencies that do not show an exact one-to-one correlation to an NCSBN RN activity statement, KSA statement or integrated process. The majority of the mismatches in competencies are related to locale-specific issues and/or national healthcare system structures. Less numerous, but requiring additional investigation, are the competencies related to theory-based nursing care for RNs in Ontario. *See Table 3.*

Table 3. Unmatched Ontario RN Competencies		
2. Specialized Body of Knowledge		
33	Understands the role of primary health care in health delivery systems and its significance for population health	Ontario-Specific
5. Provides Nursing Care with Clients		
60	Provides nursing care that is informed by a variety of theories relevant to health and healing (e.g., nursing, family, communication and learning, crisis intervention, systems, cultural, community development, and population health theories)	Theory Based
8. Service to the Public		
102	Demonstrates basic knowledge about the structure of the healthcare system at the:	
	(a) national/international level;	Ontario-Specific
	(b) provincial/territorial level;	Ontario-Specific
	(c) regional/municipal level;	Ontario-Specific
	(d) agency level; and	Ontario-Specific
	(e) clinical practice or program level	Ontario-Specific
112	Supports healthy public policy and social justice	Ontario-Specific
9. Professional Self-Regulation		
115	Demonstrates an understanding of the mandates of regulatory bodies, professional associations, and unions	Continued Competence
121	Develops support networks with registered nurse colleagues, other healthcare team members, and community supports	Continued Competence

DISCUSSION

Differences exist between the foundational structures of the Ontario and U.S. healthcare delivery systems. The healthcare systems of the U.S. and its territories are not considered universal healthcare systems. They are primarily multipayer, heavily private systems supported by employer, private citizen, public and federal funds. The majority of hospitals within the U.S. healthcare systems are not-for-profit hospitals, with the remaining hospitals essentially divided among for-profit and public hospitals⁵. The Ontario healthcare delivery system is a single payer universal system with the majority of healthcare services provided by the private sector. These fundamental differences in healthcare delivery systems make a direct comparison of Ontario and U.S. nursing competencies difficult. If Ontario-specific competencies, such as *“understands the role of primary health care in health delivery systems and its significance for population health”* are fundamentally related to primary healthcare delivery concepts and population wellness, the U.S nursing competencies align quite well.

A similar example of an Ontario-specific competency related to healthcare delivery structures that creates difficulty in making a direct comparison to U.S competencies is *“demonstrates basic knowledge about the structure of the healthcare system at the national/international level; provincial/territorial level; regional/municipal level; agency level; and clinical practice or program level.”* Again, it is necessary to understand how the competency, as stated, relates to the practice of entry-level nursing within the Ontario healthcare system. If the intent is to ensure that the entry-level nurse provides competent care for clients while appropriately interacting with other healthcare professionals within the healthcare delivery system, the U.S. RN competencies, once again, align quite nicely. The *2010 NCLEX-RN Test Plan* states *“the nurse assists clients (individual, family or group) in the promotion of health; in coping with health problems; in adapting to and/or recovering from the effects of disease or injury.”* The U.S. competency does not explicitly place the client within any healthcare environment; however, it is assumed that the nurse/client (individual, family, or group) interaction may occur within a variety of environments encompassed by the healthcare system. This competency requires the entry-level nurse to provide competent client care in all nursing related areas of the healthcare system. Therefore, the entry-level nurse within the U.S. must *“demonstrate basic knowledge about the structure of the healthcare system.”*

Competencies related to the direct provision of client care have provided almost a 100% agreement between Ontario and the U.S. However, terminology did at times create some confusion. For example, some Ontario competencies relate to “theory based” care (e.g., *“provides nursing care that is informed by a variety of theories relevant to health and healing (e.g., nursing, family, communication and learning, crisis intervention, systems, cultural, community development and population health theories).”* Similar to the discussions above, clarification of the operational definition of “theory-based” is necessary before an absolute conclusion of congruence can be determined. The NCLEX Integrated Processes define the nursing process for the entry-level nurse as a *“scientific, clinical reasoning approach to client care,”* and a subsequent activity statement requires the entry-level nurse to *“apply evidence-based practice when providing care.”* It would be reasonable to assume these two statements encompass “theory-based” care. If so, then the difference in competencies is merely related to the use of different terminology and not to evidence of competent practice.

CONCLUSION

This study reveals a well-defined pattern of similarity in the entry-level nursing competencies between Ontario, Canada and the U.S. for RN practice. Any significant deviations from similarity related to competencies appear to be within the structure of jurisdiction health care delivery systems and concepts. An area of discrepancy between jurisdictional competencies is related to Ontario practice competency which states “*nursing care is informed by a variety of theories relevant to health and healing.*” The corresponding NCSBN competency which most closely reflects this concept is nursing care should “*incorporate evidence-based practice/research results.*” While this does not appear to be a conclusive one-to-one relationship, it is clear that the tenets of theory-based practice encompass evidence-based practice. Several foundational nursing and healthcare concepts were consistently present in the competency documents of both jurisdictions such as public safety, the definition of client, the definition of entry-level nursing, as well as nursing beliefs and assumptions. Possibly the most promising finding is that those competency categories which reflect direct client care by entry-level RN’s represented the largest overall percentage of direct one-to-one competency agreement between NCSBN and Ontario.

It is important to remember that *National Competencies in the Context of Entry-Level Registered Nurse Practice* provides a list of competencies that are expected by regulatory bodies to be contained within a basic nursing education program leading to nurse licensure, and which are applied within the context of the practice environment of entry-level nurses. Unlike the NCSBN Practice Analyses, KSA statements, and NCLEX Integrated Processes, that are developed solely to direct the development of the respective NCLEX examination for the primary purpose of assessing the minimal competencies needed to for safe and competent entry-level nursing care, the Ontario competency documents appear to have multiple purposes. The Ontario competency documents appear to have a threefold purpose, namely to direct regulatory body expectations of nursing competence, direct nursing education program content, and guide development of minimal competency measurements related to the practice environment. In the context of this research, it was unclear which of the Ontario competencies were related to measurement of minimal competency, continued competency or educational content. This is an important distinction that must be further investigated. However, it is very promising that discrepancies among competencies appeared to focus primarily on continuing competency and/or education content issues rather than minimal competence related to direct nurse/client interactions. This strongly suggests that the NCLEX-RN would provide a fair, valid, and psychometrically sound measurement of minimal nursing competencies required for safe and competent practice of entry-level RNs within Ontario, Canada.

REFERENCES

1. College of Nurses of Ontario (2009). *National Competencies in the Context of Entry-Level Registered Nurse Practice*. Toronto, ON: Author.
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APPENDIX A. ONTARIO RN AND NCSBN RN COMPETENCY ONE-TO-ONE RELATIONSHIPS

APPENDIX A. ONTARIO RN AND NCSBN RN COMPETENCY ONE-TO-ONE RELATIONSHIPS		
		Indicates No Match
		AS: Activity Statement
		KSA: Knowledge, Skills and Abilities
		IP: Integrated Process
Professional Responsibility and Accountability		
1. Competencies: Professional Responsibility and Accountability		
1		Represents self by name and professional designation (protected title) to clients and healthcare team members
	IP	<ul style="list-style-type: none"> ● Integrated process: Communication & Documentation-verbal and nonverbal interactions between the nurse and the client, the client significant others and other members of the health care team
2		Is accountable and accepts responsibility for own actions and decisions
	AS	<ul style="list-style-type: none"> ● Practices in a manner consistent with a code of ethics for registered nurses
	AS	<ul style="list-style-type: none"> ● Provide care within the legal scope of practice
3		Recognizes limitations of practice and seeks assistance as necessary
	AS	<ul style="list-style-type: none"> ● Recognize limitations of self/others, seek assistance and/or begin corrective measures at the earliest opportunity
	AS	<ul style="list-style-type: none"> ● Provide care within the legal scope of practice
4		Articulates the role and responsibilities of a registered nurse as a member of the nursing and health care teams
	AS	<ul style="list-style-type: none"> ● Collaborate with health care members in other disciplines when providing client care
	AS	<ul style="list-style-type: none"> ● Provide care within the legal scope of practice
5		Demonstrates a professional presence and models professional behavior
	AS	<ul style="list-style-type: none"> ● Practices in a manner consistent with a code of ethics for registered nurses
6		Demonstrates leadership in client care by providing healthy and culturally safe work environments

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	AS	<ul style="list-style-type: none"> • Incorporate client cultural practice and beliefs when planning and providing care 	
7		Displays initiative, a beginning confidence, self awareness, and encourages collaborative interactions within the health care team	
	AS	<ul style="list-style-type: none"> • Collaborate with health care members in other disciplines when providing client care 	
8		Demonstrates critical inquiry in relation to new knowledge and technologies that change, enhance or support nursing practice	
	AS	<ul style="list-style-type: none"> • Use emerging technology in managing client health care (e.g., telehealth, electronic records) 	
	AS	<ul style="list-style-type: none"> • Use information technology (e.g., computer, video, books) to enhance the care provided to a client 	
	AS	<ul style="list-style-type: none"> • Incorporate evidence-based practice/research results when providing care 	
9		Exercises professional judgement when using agency policies and procedures or when practicing in the absence of agency policies and procedures	
	AS	<ul style="list-style-type: none"> • Practices in a manner consistent with a code of ethics for registered nurses 	
	AS	<ul style="list-style-type: none"> • Provide care within the legal scope of practice 	
10		Organizes own workload and develops time-management skills for meeting responsibilities	
	AS	<ul style="list-style-type: none"> • Prioritize workload to manage time effectively 	
11		Demonstrates responsibility in completing assigned work and communicates honestly about work completed and not completed	
	AS	<ul style="list-style-type: none"> • Prioritize workload to manage time effectively 	
12		Uses basic conflict resolution strategies in which situations of conflict are transformed into healthier interpersonal interactions	
	AS	<ul style="list-style-type: none"> • Manage conflict among clients and health care staff 	
	AS	<ul style="list-style-type: none"> • Use therapeutic communication techniques to provide support to client 	
13		Adheres to the duty to report unsafe practice in the context of professional self-regulation	

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	AS	<ul style="list-style-type: none"> Report unsafe practice of health care personnel to internal/external entities and intervene as appropriate (e.g., substance abuse, improper care, staffing practices) 	
14		Protects clients through recognizing and reporting unsafe practices when client or staff safety and well-being are potentially or actually compromised	
	AS	<ul style="list-style-type: none"> Report unsafe practice of health care personnel to internal/external entities and intervene as appropriate (e.g., substance abuse, improper care, staffing practices) 	
	AS	<ul style="list-style-type: none"> Recognize limitations of self/others, seek assistance and/or begin corrective measures at the earliest opportunity 	
15		Questions and challenges unclear or questionable orders, decisions, or actions, made by other health care team members.	
	AS	<ul style="list-style-type: none"> Receive and/or transcribe health care provider orders 	
	AS	<ul style="list-style-type: none"> Verify appropriateness and/or accuracy of a treatment order 	
	AS	<ul style="list-style-type: none"> Report unsafe practice of health care personnel to internal/external entities and intervene as appropriate (e.g., substance abuse, improper care, staffing practices) 	
16		Recognizes and reports near misses and errors (own and others) and takes action to stop and minimize harm arising from adverse events.	
	AS	<ul style="list-style-type: none"> Protect client from injury (e.g., falls, electrical hazards) 	
	AS	<ul style="list-style-type: none"> Acknowledge and document practice error (e.g., incident report for medication error) 	
	AS	<ul style="list-style-type: none"> Report unsafe practice of health care personnel to internal/external entities and intervene as appropriate (e.g., substance abuse, improper care, staffing practices) 	
17		Identifies, reports, and takes action on actual and potential safety risks to clients, self or others.	
	AS	<ul style="list-style-type: none"> Acknowledge and document practice error (e.g., incident report for medication error) 	
	AS	<ul style="list-style-type: none"> Protect client from injury (e.g., falls, electrical hazards) 	
	AS	<ul style="list-style-type: none"> Report unsafe practice of health care personnel to internal/external entities and intervene as appropriate (e.g., substance abuse, improper care, staffing practices) 	

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18		Participates in the analysis, development, implementation and evaluation of practice and policy that guide delivery of care.	
	AS	<ul style="list-style-type: none"> ● Initiate, evaluate, and update plan of care, care map, clinical pathway used to guide and evaluate client care 	
19		Integrates quality improvement principles and activities into nursing practice.	
	AS	<ul style="list-style-type: none"> ● Participate in performance improvement/quality assurance process (e.g., collect data or participate on a team) 	
20		Participates in a variety of professional activities related to the practice of registered nurses.	
	IP	<ul style="list-style-type: none"> ● Integrated process: Teaching/Learning-facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change in behavior. 	
Knowledge-Based Practice			
2. Competencies: Specialized Body of Knowledge			
21		Demonstrates knowledge of the contribution of registered nurse practice to the achievement of positive client health outcomes.	
	AS	<ul style="list-style-type: none"> ● Incorporate evidence-based practice/research results when providing care 	
	AS	<ul style="list-style-type: none"> ● Participate in performance improvement/quality assurance process (e.g., collect data or participate on a team) 	
22	AS	Has a knowledge base from nursing and other disciplines concerning current health care issues (e.g., the health care needs of older people, vulnerable and/or marginalized populations, health promotion, pain prevention and management, end-of-life care, problematic substance use, blood borne pathogens and traumatic stress syndrome).	
		<ul style="list-style-type: none"> ● Identify pathophysiology related to an acute or chronic condition (e.g., signs and symptoms) 	
23		Has a knowledge base about human growth, development and role transitions for people of all ages and genders, especially how these impact various states of health and wellness.	
	AS	<ul style="list-style-type: none"> ● Provide care and education that meets the special needs of the infant client 1 month to 1 year 	
	AS	<ul style="list-style-type: none"> ● Provide care and education that meets the special needs of the preschool client ages 1 year to 4 years 	

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	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the school age client ages 5 to 12 years 	
	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the adolescent client ages 13 to 18 years 	
	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the adult client ages 19 to 64 years 	
	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the older adult client ages 65 to 85 years 	
	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the older adult, over 85 years 	
24		Has a knowledge base in the health sciences including physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology and nutrition.	
	AS	<ul style="list-style-type: none"> • Identify pathophysiology related to an acute or chronic condition (e.g., signs and symptoms) 	
25		Has a knowledge base about workplace health and safety including ergonomics, safe work practices, prevention and management of aggressive or violent behavior.	
	AS	<ul style="list-style-type: none"> • Use ergonomic principles when providing care (e.g., assistive devices, proper lifting) 	
	AS	<ul style="list-style-type: none"> • Assess the potential for violence and initiate/maintain safety precautions (e.g., suicide, homicide, self-destructive behavior) 	
	AS	<ul style="list-style-type: none"> • Participate in institution security plan (e.g., newborn nursery security, bomb threats) 	
26		Has a knowledge base concerning the growth and development of groups, communities, and population health perspectives.	
	AS	<ul style="list-style-type: none"> • Assess and teach client about health risks based on known population or community characteristics 	
	AS	<ul style="list-style-type: none"> • Plan and/or participate in the education of individuals in the community (e.g., health fairs, school education) 	
27		Has theoretical and practical knowledge of relational practice and understands that relational practice is the foundation for all nursing practice.	
	AS	<ul style="list-style-type: none"> • Use therapeutic communication techniques to provide support to client 	
	AS	<ul style="list-style-type: none"> • Establish and maintain a therapeutic relationship with client 	

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	AS	<ul style="list-style-type: none"> • Provide a therapeutic environment for clients with emotional/behavioral issues
28		Has a knowledge base in social sciences, the humanities, and health-related research (e.g., culture, power relations, spirituality, philosophical and ethical reasoning).
		<ul style="list-style-type: none"> • 2010 NCLEX-RN® Basic Test Plan -- Belief Section
	AS	<ul style="list-style-type: none"> • Incorporate client cultural practice and beliefs when planning and providing care
29		Demonstrates awareness about emerging community disasters and global health issues.
	AS	<ul style="list-style-type: none"> • Implement emergency response plans (e.g., internal/external disaster)
30		Demonstrates knowledge of population health research and population health issues (e.g., pandemic, emergency/disaster planning, food and water safety).
	AS	<ul style="list-style-type: none"> • Implement emergency response plans (e.g., internal/external disaster)
	AS	<ul style="list-style-type: none"> • Assess and teach client about health risks based on known population or community characteristics
31		Knows how and where to find evidence to support the provision of safe, competent and ethical nursing care.
	AS	<ul style="list-style-type: none"> • Recognize ethical dilemmas and take appropriate action
	AS	<ul style="list-style-type: none"> • Practices in a manner consistent with a code of ethics for registered nurses
32		Knows how and where to find evidence to ensure personal safety and safety of other health care workers.
	AS	<ul style="list-style-type: none"> • Participate in institution security plan (e.g., newborn nursery security, bomb threats)
33		Understands the role of primary health care in health delivery systems and its significance for population health.
34		Understands the significance of nursing informatics and other information and communications technologies (ICTs) used in health care.
	AS	<ul style="list-style-type: none"> • Use information technology (e.g., computer, video, books) to enhance the care provided to a client

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	AS	<ul style="list-style-type: none"> • Use emerging technology in managing client health care (e.g., telehealth, electronic records) 	
	AS	<ul style="list-style-type: none"> • Ensure proper identification of client when providing care 	
35		Engages in nursing or health research by reading and critiquing research reports and identifying research opportunities.	
	AS	<ul style="list-style-type: none"> • Incorporate evidence-based practice/research results when providing care 	
	AS	<ul style="list-style-type: none"> • Ensure proper identification of client when providing care 	
36		Supports involvement in nursing or health research through collaboration with others in conducting research, participating in research, and implementing research findings into practice.	
	AS	<ul style="list-style-type: none"> • Incorporate evidence-based practice/research results when providing care 	
3. Competencies: On-Going Holistic Assessment			
37		Uses appropriate assessment tools and techniques in consultation with clients and other health care team members.	
	AS	<ul style="list-style-type: none"> • Perform comprehensive health assessment 	
	AS	<ul style="list-style-type: none"> • Perform targeted screening examination (e.g., scoliosis, vision and hearing assessments) 	
	AS	<ul style="list-style-type: none"> • Perform focused assessment and re-assessment (e.g., gastrointestinal, respiratory, cardiac) 	
38		Engages clients in an assessment of the following: physical, emotional, spiritual, cultural, cognitive, developmental, environmental and social needs.	
	AS	<ul style="list-style-type: none"> • Perform comprehensive health assessment 	
	AS	<ul style="list-style-type: none"> • Assess psychosocial, spiritual and occupational factors affecting care and plan interventions as appropriate 	

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39		Collects information on client status using assessment skills of observation, interview, history taking, interpretation of laboratory data, mental health assessment, and physical assessment, including inspection, palpation, auscultation and percussion.
	AS	<ul style="list-style-type: none"> • Perform comprehensive health assessment
40		Uses anticipatory planning to guide an on-going assessment of client health status and health care needs.
	AS	<ul style="list-style-type: none"> • Perform comprehensive health assessment
	AS	<ul style="list-style-type: none"> • Initiate, evaluate, and update plan of care, care map, clinical pathway used to guide and evaluate client care
41		Analyzes and interprets data obtained in client assessments to draw conclusions about client health status.
	AS	<ul style="list-style-type: none"> • Evaluate the effectiveness of the treatment regimen for a client with an acute or chronic diagnosis
	AS	<ul style="list-style-type: none"> • Recognize trends and changes in client condition and intervene appropriately
42		Takes action to minimize the potential for personal values, beliefs and positional power to influence or bias client assessment and care.
	AS	<ul style="list-style-type: none"> • Practices in a manner consistent with a code of ethics for registered nurses
43		Demonstrates knowledge of the origins of the health disparities of Aboriginal peoples and the contributions of nursing practice to the achievement of positive health outcomes for Aboriginal peoples.
	AS	<ul style="list-style-type: none"> • Incorporate client cultural practice and beliefs when planning and providing care
	AS	<ul style="list-style-type: none"> • Assess and teach client about health risks based on known population or community characteristics
44		Engages clients in identifying their health needs, strengths, capacities and goals (e.g., the use of community development and empowerment principles, networking strategies, understanding of relational power and community capacity assessment).
	AS	<ul style="list-style-type: none"> • Assess client understanding of and ability to manage self-care in the home environment (e.g., community resources)
45		Collaborates with other health care team members to identify actual and potential client health care needs, strengths, capacities and goals.
	AS	<ul style="list-style-type: none"> • Collaborate with health care members in other disciplines when providing client care

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46		Completes assessments in a timely manner.	
	AS	<ul style="list-style-type: none"> • Prioritize workload to manage time effectively 	
	AS	<ul style="list-style-type: none"> • Perform comprehensive health assessment 	
	AS	<ul style="list-style-type: none"> • Perform procedures necessary to safely admit, transfer or discharge a client 	
47		Completes assessments in accordance with agency policies and protocols.	
	AS	<ul style="list-style-type: none"> • Perform procedures necessary to safely admit, transfer or discharge a client 	
48		Uses existing health and nursing information systems to manage nursing and health care data during client care.	
	AS	<ul style="list-style-type: none"> • Use information technology (e.g., computer, video, books) to enhance the care provided to a client 	
	AS	<ul style="list-style-type: none"> • Use emerging technology in managing client health care (e.g., telehealth, electronic records) 	
4. Competencies: Collaborates with Clients to Develop Health Care Plans			
49		Uses critical inquiry to support professional judgment and reasoned decision making to develop health care plans.	
	AS	<ul style="list-style-type: none"> • Initiate, evaluate, and update plan of care, care map, clinical pathway used to guide and evaluate client care 	
50		Uses principles of primary health care in developing health care plans.	
	AS	<ul style="list-style-type: none"> • Initiate, evaluate, and update plan of care, care map, clinical pathway used to guide and evaluate client care 	
51		Facilitates the appropriate involvement of clients in identifying their preferred health outcomes.	
	AS	<ul style="list-style-type: none"> • Educate client and staff about client rights and responsibilities (e.g., ethical/legal issues) 	
	AS	<ul style="list-style-type: none"> • Act as a client advocate 	

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52		Negotiates priorities of care with clients while demonstrating an awareness of the influence of existing positional power relationships.	
	AS	<ul style="list-style-type: none"> • Act as a client advocate 	
53		Anticipates potential health problems or issues and their consequences for clients.	
	AS	<ul style="list-style-type: none"> • Recognize signs and symptoms of complications and intervene appropriately when providing client care 	
	AS	<ul style="list-style-type: none"> • Recognize trends and changes in client condition and intervene appropriately 	
54		Anticipates potential staff safety concerns and initiates appropriate action.	
	AS	<ul style="list-style-type: none"> • Report unsafe practice of health care personnel to internal/external entities and intervene as appropriate (e.g., substance abuse, improper care, staffing practices) 	
55		Explores and develops a range of possible alternatives and approaches for care with clients.	
	AS	<ul style="list-style-type: none"> • Act as a client advocate 	
56		Facilitates client ownership of direction and outcomes of care developed in their health care plans.	
	AS	<ul style="list-style-type: none"> • Act as a client advocate 	
57		Collaborates with other health care team members to develop health care plans that promote continuity for clients as they receive conventional and complementary health care.	
	AS	<ul style="list-style-type: none"> • Initiate, evaluate, and update plan of care, care map, clinical pathway used to guide and evaluate client care 	
	AS	<ul style="list-style-type: none"> • Collaborate with health care members in other disciplines when providing client care 	
58		Determines when consultation is required with other team members or health related sectors and assists clients to access resources available.	
	AS	<ul style="list-style-type: none"> • Collaborate with health care members in other disciplines when providing client care 	
	AS	<ul style="list-style-type: none"> • Recognize the need for referrals and obtain necessary orders 	

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59		Consults with other health care team members as needed to analyze and organize complex health challenges into manageable components for health care planning.
	AS	<ul style="list-style-type: none"> • Collaborate with health care members in other disciplines when providing client care
5. Competencies: Provides Nursing Care with Clients		
60		Provides nursing care that is informed by a variety of theories relevant to health and healing (e.g., nursing, family, communication and learning, crisis intervention, systems, cultural, community development and population health theories).
61		Incorporates evidence from research, clinical practice, client preference, client and staff safety and other available resources to make decisions about client care.
	AS	<ul style="list-style-type: none"> • Incorporate evidence-based practice/research results when providing care
62		Offers culturally safe nursing care.
	AS	<ul style="list-style-type: none"> • Incorporate client cultural practice and beliefs when planning and providing care
63		Supports clients through developmental and role transitions from birth to death.
	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the infant client 1 month to 1 year
	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the preschool client ages 1 year to 4 years
	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the school age client ages 5 to 12 years
	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the adolescent client ages 13 to 18 years
	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the adult client ages 19 to 64 years
	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the older adult client ages 65 to 85 years
	AS	<ul style="list-style-type: none"> • Provide care and education that meets the special needs of the older adult, over 85 years

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	AS	<ul style="list-style-type: none"> • Provide newborn care and education 	
64		Manages multiple nursing interventions for clients with co-morbidities, complex, and rapidly changing health status with consultation as needed.	
	AS	<ul style="list-style-type: none"> • Assess and respond to changes in client vital signs 	
	AS	<ul style="list-style-type: none"> • Assess/triage client(s) to prioritize the order of care delivery 	
	AS	<ul style="list-style-type: none"> • Recognize trends and changes in client condition and intervene appropriately 	
65		Recognizes, seeks immediate assistance, and helps others in a rapidly changing condition of clients that could affect client health or safety (e.g., myocardial infarction, surgical complications, acute neurological event, shock, acute respiratory event, cardiopulmonary arrest, perinatal crisis, premature birth, diabetes crisis, mental health crisis and trauma).	
	AS	<ul style="list-style-type: none"> • Perform emergency care procedures (e.g., cardio-pulmonary resuscitation, abdominal thrust maneuver, respiratory support, automated external defibrillator) 	
	AS	<ul style="list-style-type: none"> • Recognize trends and changes in client condition and intervene appropriately 	
	AS	<ul style="list-style-type: none"> • Recognize signs and symptoms of complications and intervene appropriately when providing client care 	
	AS	<ul style="list-style-type: none"> • Identify pathophysiology related to an acute or chronic condition (e.g., signs and symptoms) 	
66		Applies principles of population health by collaborating to implement strategies to prevent illness and injury (e.g., communicable diseases, violence, abuse, neglect, addictive behaviors, risks of mental health problems, community disasters and emergencies).	
	AS	<ul style="list-style-type: none"> • Plan and/or participate in the education of individuals in the community (e.g., health fairs, school education) 	
	AS	<ul style="list-style-type: none"> • Perform targeted screening examination (e.g., scoliosis, vision and hearing assessments) 	
67		Collaborates with clients to achieve mutually agreed upon health outcomes within the context of care.	
	AS	<ul style="list-style-type: none"> • Act as a client advocate 	
	AS	<ul style="list-style-type: none"> • Initiate, evaluate, and update plan of care, care map, clinical pathway used to guide and evaluate client care 	

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68		Assists and supports clients to make informed choices and draw on personal strength and resources to modify practices for self-care and health promotion.	
	AS	<ul style="list-style-type: none"> ● Provide information for prevention of high risk health behaviors (e.g., smoking cessation, safe sexual practice, drug education) 	
	AS	<ul style="list-style-type: none"> ● Provide information about healthy behaviors and health promotion/maintenance recommendations (e.g., physician visits, immunizations) 	
69		Assists clients to understand the link between health promotion strategies and health outcomes (e.g., physical activity and exercise, sleep, nutrition, stress management, personal and community hygiene practices, family planning, sexual health and community development).	
	AS	<ul style="list-style-type: none"> ● Provide information about healthy behaviors and health promotion/maintenance recommendations (e.g., physician visits, immunizations) 	
	AS	<ul style="list-style-type: none"> ● Plan and/or participate in the education of individuals in the community (e.g., health fairs, school education) 	
70		Develops and implements learning plans to meet identified client learning needs.	
	AS	<ul style="list-style-type: none"> ● Assess readiness to learn, learning preferences and barriers to learning 	
71		Assists clients to identify and access health and other resources in their communities (e.g., other health disciplines, community health services, support groups, home care, relaxation therapy, meditation and information resources).	
		<ul style="list-style-type: none"> ● Assess client understanding of and ability to manage self-care in the home environment (e.g., community resources) 	
72		Provides supportive care to clients with chronic and persistent health challenges (e.g., mental health, problematic substance use, dementia, cardiovascular conditions and diabetes).	
	AS	<ul style="list-style-type: none"> ● Evaluate the effectiveness of the treatment regimen for a client with an acute or chronic diagnosis 	
	AS	<ul style="list-style-type: none"> ● Provide care and education for acute and chronic behavioral health issues (e.g., anxiety, depression, dementia, eating disorders) 	
	AS	<ul style="list-style-type: none"> ● Recognize trends and changes in client condition and intervene appropriately 	
73		Applies knowledge consistently when providing care for physiological needs to prevent development of complications (e.g., optimal ventilation and respiration, circulation, fluid and electrolyte balance, nutrition, urinary elimination, bowel elimination, body alignment, mobility, tissue integrity, comfort and sensory stimulation).	

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	AS	<ul style="list-style-type: none"> Recognize trends and changes in client condition and intervene appropriately 	
74		Applies safety principles, evidence-informed practices, infection control measures and appropriate protective devices consistently when providing nursing care to prevent injury to clients, self, other health care workers and the public.	
	AS	<ul style="list-style-type: none"> Apply principles of infection control (e.g., hand hygiene, room assignment, isolation, aseptic/sterile technique, universal/standard precautions) 	
	AS	<ul style="list-style-type: none"> Use ergonomic principles when providing care (e.g., assistive devices, proper lifting) 	
	AS	<ul style="list-style-type: none"> Educate client and staff regarding infection control measures 	
75		Implements strategies related to the safe and appropriate administration and use of medication.	
	AS	<ul style="list-style-type: none"> Prepare and administer medications, using rights of medication administration 	
76		Demonstrates environmentally responsible practice (e.g., observing safe waste disposal methods, using energy as efficiently as possible, recycling plastic containers and other recyclable materials).	
	AS	<ul style="list-style-type: none"> Follow procedures for handling biohazardous materials 	
77		Manages therapeutic interventions safely (e.g., positioning, intravenous therapy, drainage tubes, skin and wound care, and psychosocial interaction).	
	AS	<ul style="list-style-type: none"> Protect client from injury (e.g., falls, electrical hazards) 	
	AS	<ul style="list-style-type: none"> Perform skin assessment and implement measures to maintain skin integrity and prevent skin breakdown (e.g., turning, repositioning, pressure-relieving surfaces) 	
	AS	<ul style="list-style-type: none"> Provide therapies for comfort and treatment of inflammation, swelling (e.g., apply heat and cold treatments, elevate limb) 	
78		Applies evidence-informed practices of pain prevention and management with clients using pharmacological and non-pharmacological measures.	
	AS	<ul style="list-style-type: none"> Assess client need for pain management and intervene as needed using non-pharmacological comfort measures 	
	AS	<ul style="list-style-type: none"> Use pharmacological measures for pain management as needed 	

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79		Prepares the client for diagnostic procedures and treatments; provides post diagnostic care; performs procedures; interprets findings and provides follow-up care as appropriate.	
	AS	<ul style="list-style-type: none"> Evaluate responses to procedures and treatments 	
	AS	<ul style="list-style-type: none"> Perform diagnostic testing (e.g., electrocardiogram, oxygen saturation, glucose monitoring) 	
	AS	<ul style="list-style-type: none"> Provide pre and/or postoperative education 	
	AS	<ul style="list-style-type: none"> Evaluate the results of diagnostic testing and intervene as needed 	
80		Provides nursing care to meet hospice, palliative or end-of-life care needs (e.g., pain and symptom control, spiritual support, advocacy and support for significant others).	
		<ul style="list-style-type: none"> Provide end of life care and education to clients (e.g., hospice) 	
6. Competencies: On-Going Evaluation of Client Care			
81		Uses critical inquiry to evaluate client care in a timely manner.	
	AS	<ul style="list-style-type: none"> Assess/triage client(s) to prioritize the order of care delivery 	
	AS	<ul style="list-style-type: none"> Prioritize workload to manage time effectively 	
82		Monitors the effectiveness of client care in collaboration and consultation with individuals, families, groups and communities, and other members of the health care team.	
	AS	<ul style="list-style-type: none"> Evaluate the effectiveness of the treatment regimen for a client with an acute or chronic diagnosis 	
	AS	<ul style="list-style-type: none"> Collaborate with health care members in other disciplines when providing client care 	
	AS	<ul style="list-style-type: none"> Evaluate responses to procedures and treatments 	
83		Modifies and individualizes client care based on the emerging priorities of the health situation, and in collaboration with clients and other members of the health care team.	

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	AS	<ul style="list-style-type: none"> Recognize signs and symptoms of complications and intervene appropriately when providing client care 	
	AS	<ul style="list-style-type: none"> Recognize trends and changes in client condition and intervene appropriately 	
84		Verifies that clients have an understanding of essential information and skills to be active participants in their own care.	
	AS	<ul style="list-style-type: none"> Act as a client advocate 	
	AS	<ul style="list-style-type: none"> Educate client and staff about client rights and responsibilities (e.g., ethical/legal issues) 	
	AS	<ul style="list-style-type: none"> Verify that the client comprehends and consents to care/procedures, including procedures requiring informed consent 	
85		Reports and documents client care and its ongoing evaluation in a clear, concise, accurate and timely manner.	
	AS	<ul style="list-style-type: none"> Use approved abbreviations and standard terminology when documenting care 	
Ethical Practice			
7. Competencies: Ethical Practice			
86		Establishes and maintains a caring environment that supports clients to achieve optimal health outcomes, goals to manage illness or a peaceful death.	
	AS	<ul style="list-style-type: none"> Assess and intervene in client performance of activities of daily living (ADL) and instrumental activities of daily living (IADL) 	
	AS	<ul style="list-style-type: none"> Provide end of life care and education to clients (e.g., hospice) 	
	AS	<ul style="list-style-type: none"> Establish and maintain a therapeutic relationship with client 	
	IP	<ul style="list-style-type: none"> Integrated process: Caring 	
87		Identifies effect of own values, beliefs and experiences concerning relationships with clients, and uses this self-awareness to support compassionate and culturally safe client care.	

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	AS	<ul style="list-style-type: none"> • Incorporate client cultural practice and beliefs when planning and providing care
88		Establishes and maintains appropriate professional boundaries with clients and other health care team members, including the distinction between social interaction and therapeutic relationships.
	AS	<ul style="list-style-type: none"> • Establish and maintain a therapeutic relationship with client
89		Engages in relational practice through a variety of approaches that demonstrates caring behaviours appropriate for clients (e.g., speech, touch, disclosure, confrontation and counselling).
	AS	<ul style="list-style-type: none"> • Establish and maintain a therapeutic relationship with client
90		Promotes a safe environment for clients, self, health care workers and the public that address the unique needs of clients within the context of care.
	AS	<ul style="list-style-type: none"> • Protect client from injury (e.g., falls, electrical hazards)
	AS	<ul style="list-style-type: none"> • Report unsafe practice of health care personnel to internal/external entities and intervene as appropriate (e.g., substance abuse, improper care, staffing practices)
	AS	<ul style="list-style-type: none"> • Apply principles of infection control (e.g., hand hygiene, room assignment, isolation, aseptic/sterile technique, universal/standard precautions)
	AS	<ul style="list-style-type: none"> • Provide a therapeutic environment for clients with emotional/behavioral issues
91		Demonstrates consideration of the spiritual and religious beliefs and practices of clients.
	AS	<ul style="list-style-type: none"> • Incorporate client cultural practice and beliefs when planning and providing care
92		Demonstrates knowledge of the distinction between ethical responsibilities and legal rights and their relevance when providing nursing care.
	AS	<ul style="list-style-type: none"> • Educate client and staff about client rights and responsibilities (e.g., ethical/legal issues)
	AS	<ul style="list-style-type: none"> • Provide care within the legal scope of practice
	AS	<ul style="list-style-type: none"> • Practices in a manner consistent with a code of ethics for registered nurses

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93		Respects and preserves clients' rights based on a code of ethics or ethical framework (e.g., safe, compassionate, competent and ethical care; informed decision making; dignity; privacy and confidentiality; and being accountable).	
	AS	<ul style="list-style-type: none"> • Educate client and staff about client rights and responsibilities (e.g., ethical/legal issues) 	
	AS	<ul style="list-style-type: none"> • Maintain client confidentiality/privacy 	
	AS	<ul style="list-style-type: none"> • Verify that the client comprehends and consents to care/procedures, including procedures requiring informed consent 	
	AS	<ul style="list-style-type: none"> • Practices in a manner consistent with a code of ethics for registered nurses 	
94		Demonstrates an understanding of informed consent as it applies in multiple contexts (e.g., consent for care, refusal of treatment, release of health information and consent for participation in research).	
	AS	<ul style="list-style-type: none"> • Verify that the client comprehends and consents to care/procedures, including procedures requiring informed consent 	
95		Uses an ethical reasoning and decision-making process to address situations of ethical distress and dilemmas.	
	AS	<ul style="list-style-type: none"> • Recognize ethical dilemmas and take appropriate action 	
96		Accepts and provides care for all clients being respectful of diverse health status, diagnosis, experiences, beliefs, and health practices.	
	AS	<ul style="list-style-type: none"> • Incorporate client cultural practice and beliefs when planning and providing care 	
97		Demonstrates support for clients in making informed decisions about their health care, and respects those decisions.	
	AS	<ul style="list-style-type: none"> • Verify that the client comprehends and consents to care/procedures, including procedures requiring informed consent 	
	AS	<ul style="list-style-type: none"> • Educate client and staff about client rights and responsibilities (e.g., ethical/legal issues) 	
98		Advocates for clients or their representatives especially when they are unable to advocate for themselves.	
	AS	<ul style="list-style-type: none"> • Act as a client advocate 	
99		Demonstrates an understanding of ethical and legal considerations related to maintaining client confidentiality in all forms of communication.	

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	AS	<ul style="list-style-type: none"> • Maintain client confidentiality/privacy 	
100		Uses relational knowledge and ethical principles when working with health care team members to maximize collaborative client care.	
	AS	<ul style="list-style-type: none"> • Practices in a manner consistent with a code of ethics for registered nurses 	
Service to the Public			
8. Competencies: Service to the Public			
101		Enacts the principle that the primary purpose of the registered nurse is to practice in the best interests of the public and to protect the public from harm.	
	AS	<ul style="list-style-type: none"> • Practices in a manner consistent with a code of ethics for registered nurses 	
	AS	<ul style="list-style-type: none"> • Provide care within the legal scope of practice 	
102		Demonstrates basic knowledge about the structure of the health care system at the:	
		(a) national/international level;	
		(b) provincial/territorial level;	
		(c) regional/municipal level;	
		(d) agency level; and	
		(e) clinical practice or program level.	
103		Demonstrates awareness of the impact of organizational culture on the provision of health care and acts to enhance the quality of a professional and safe practice environment.	
	KSA	<ul style="list-style-type: none"> • 2008 NCLEX-RN® KSA Survey -- KSA Statement #99: safety concerns 	

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104		Demonstrates leadership in the coordination of health care by:	
		(a) assigning and monitoring appropriate workloads for selected health care team members;	
	AS	<ul style="list-style-type: none"> ● Assess/triage client(s) to prioritize the order of care delivery 	
	AS	<ul style="list-style-type: none"> ● Supervise care provided by others (e.g., LPN/VN, assistive personnel, other RNs) 	
		(b) delegating and monitoring the performance of delegated nursing activities by selected health care team members;	
	AS	<ul style="list-style-type: none"> ● Supervise care provided by others (e.g., LPN/VN, assistive personnel, other RNs) 	
		(c) maintaining professional boundaries and accountabilities for decisions concerning selected team members; and	
	AS	<ul style="list-style-type: none"> ● Report unsafe practice of health care personnel to internal/external entities and intervene as appropriate (e.g., substance abuse, improper care, staffing practices) 	
	AS	<ul style="list-style-type: none"> ● Recognize limitations of self/others, seek assistance and/or begin corrective measures at the earliest opportunity 	
	AS	<ul style="list-style-type: none"> ● Acknowledge and document practice error (e.g., incident report for medication error) 	
		(d) directing and coordinating selected team members in emergency situations.	
	AS	<ul style="list-style-type: none"> ● Implement emergency response plans (e.g., internal/external disaster) 	
	AS	<ul style="list-style-type: none"> ● Participate in institution security plan (e.g., newborn nursery security, bomb threats) 	
105		Participates and contributes to nursing and health care team development by:	
		(a) promoting collaborative practice through application of principles of decision making, problem solving and conflict management with all members of the health care team;	
	AS	<ul style="list-style-type: none"> ● Collaborate with health care members in other disciplines when providing client care 	
	AS	<ul style="list-style-type: none"> ● Manage conflict among clients and health care staff 	

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	AS	<ul style="list-style-type: none"> Recognize limitations of self/others, seek assistance and/or begin corrective measures at the earliest opportunity
		(b) building partnerships with health care team members based on respect for the unique and shared competencies of each member;
	AS	<ul style="list-style-type: none"> Collaborate with health care members in other disciplines when providing client care
	AS	<ul style="list-style-type: none"> Manage conflict among clients and health care staff
		(c) recognizing that their values, assumptions and positional power affects team interactions, and uses this self-awareness to facilitate team interactions;
	AS	<ul style="list-style-type: none"> Collaborate with health care members in other disciplines when providing client care
	AS	<ul style="list-style-type: none"> Manage conflict among clients and health care staff
		(d) contributing nursing perspectives on issues being addressed by other health care team members;
	AS	<ul style="list-style-type: none"> Collaborate with health care members in other disciplines when providing client care
	AS	<ul style="list-style-type: none"> Manage conflict among clients and health care staff
		(e) knowing and supporting the full scope of practice of various team members;
	KSA	<ul style="list-style-type: none"> 2008 NCLEX-RN® KSA Survey -- KSA Statement #18: team member roles and responsibilities
	KSA	<ul style="list-style-type: none"> 2008 NCLEX-RN® KSA Survey -- KSA Statement #27: scope of practice for self and others
		(f) using appropriate channels of communication;
	AS	<ul style="list-style-type: none"> Collaborate with health care members in other disciplines when providing client care
	AS	<ul style="list-style-type: none"> Manage conflict among clients and health care staff
		(g) providing and encouraging constructive feedback amongst team members; and
	AS	<ul style="list-style-type: none"> Collaborate with health care members in other disciplines when providing client care

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	AS	<ul style="list-style-type: none"> • Manage conflict among clients and health care staff 	
		(h) demonstrating respect for diversity and viewing difference as an opportunity to learn.	
	AS	<ul style="list-style-type: none"> • Collaborate with health care members in other disciplines when providing client care 	
	AS	<ul style="list-style-type: none"> • Manage conflict among clients and health care staff 	
106		Collaborates with health care team members to respond to changes in the health care system by:	
		(a) recognizing and analyzing changes that affect own practice and client care;	
	AS	<ul style="list-style-type: none"> • Incorporate evidence-based practice/research results when providing care 	
		(b) developing strategies to manage changes affecting one's practice and client care;	
	AS	<ul style="list-style-type: none"> • Incorporate evidence-based practice/research results when providing care 	
		(c) implementing changes developed by others when appropriate; and	
	AS	<ul style="list-style-type: none"> • Incorporate evidence-based practice/research results when providing care 	
		(d) evaluating effectiveness of strategies implemented to change nursing practice.	
	AS	<ul style="list-style-type: none"> • Incorporate evidence-based practice/research results when providing care 	
107		Uses established communication protocols within and across health care agencies, and with other service sectors.	
	AS	<ul style="list-style-type: none"> • Maintain continuity of care between/among health care agencies 	
108		Identifies potentially abusive situations and takes action to protect self and colleagues from injury (e.g., aggressive clients, bullying and nurse-to-nurse violence).	
	AS	<ul style="list-style-type: none"> • Assess the potential for violence and initiate/maintain safety precautions (e.g., suicide, homicide, self-destructive behavior) 	

APPENDIX A. ONTARIO RN AND NCSBN RN COMPETENCY ONE-TO-ONE RELATIONSHIPS

		Indicates No Match
		AS: Activity Statement
		KSA: Knowledge, Skills and Abilities
		IP: Integrated Process
	AS	<ul style="list-style-type: none"> Report unsafe practice of health care personnel to internal/external entities and intervene as appropriate (e.g., substance abuse, improper care, staffing practices)
	AS	<ul style="list-style-type: none"> Manage conflict among clients and health care staff
109		Manages physical resources to provide effective and efficient care (e.g., equipment, supplies, medication and linen).
	AS	<ul style="list-style-type: none"> Facilitate appropriate and safe use of equipment
110		Uses safety measures and health care resources to ensure a safe work environment (e.g., patient lifting devices, safe disposal of sharps and staffing levels).
	AS	<ul style="list-style-type: none"> Use ergonomic principles when providing care (e.g., assistive devices, proper lifting)
	AS	<ul style="list-style-type: none"> Facilitate appropriate and safe use of equipment
111		Supports professional efforts in nursing to achieve a healthier society (e.g., lobbying, conducting health fairs and promoting principles of the Canada Health Act).
	AS	<ul style="list-style-type: none"> Plan and/or participate in the education of individuals in the community (e.g., health fairs, school education)
112		Supports healthy public policy and social justice.
113		Understands that policies can influence attitudes, beliefs, and the practices of health care providers, who must be advocates for equitable access to health care resources.
	AS	<ul style="list-style-type: none"> Act as a client advocate
114		Demonstrates an awareness of emergency preparedness planning and resources and works collaboratively with others to develop and implement plans to facilitate protection of the public.
	AS	<ul style="list-style-type: none"> Implement emergency response plans (e.g., internal/external disaster)
	AS	<ul style="list-style-type: none"> Participate in institution security plan (e.g., newborn nursery security, bomb threats)
Self-Regulation		

APPENDIX A. ONTARIO RN AND NCSBN RN COMPETENCY ONE-TO-ONE RELATIONSHIPS
Indicates No Match
AS: Activity Statement
KSA: Knowledge, Skills and Abilities
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9. Competencies: Professional Self-Regulation

115		Demonstrates an understanding of the mandates of regulatory bodies, professional associations and unions.
116		Demonstrates knowledge of nursing as a self-regulating and autonomous profession mandated by provincial/territorial legislation to protect the public.
	AS	<ul style="list-style-type: none"> • Provide care within the legal scope of practice
117		Distinguishes between the legislated scope of practice and the registered nurses' individual scope of practice based on own level of competence.
	AS	<ul style="list-style-type: none"> • Provide care within the legal scope of practice
118		Demonstrates self-regulation by assessing one's level of competence for safe, ethical practice in a particular context, and practices safely within the parameters of their own level of competence and legislated scope of practice.
	AS	<ul style="list-style-type: none"> • Provide care within the legal scope of practice
	AS	<ul style="list-style-type: none"> • Recognize limitations of self/others, seek assistance and/or begin corrective measures at the earliest opportunity
119		Understands the significance of the concept of fitness to practice in the context of individual self-regulation and public protection.
	AS	<ul style="list-style-type: none"> • Recognize limitations of self/others, seek assistance and/or begin corrective measures at the earliest opportunity
	AS	<ul style="list-style-type: none"> • Report unsafe practice of health care personnel to internal/external entities and intervene as appropriate (e.g., substance abuse, improper care, staffing practices)
120		Identifies and implements activities that maintain one's fitness to practice.
	AS	<ul style="list-style-type: none"> • Recognize limitations of self/others, seek assistance and/or begin corrective measures at the earliest opportunity
121		Develops support networks with registered nurse colleagues, other health care team members, and community supports.
122		Demonstrates an understanding of the concept of continuing competence, its role in self-regulation at the individual and professional levels and its significance for public protection.

APPENDIX A. ONTARIO RN AND NCSBN RN COMPETENCY ONE-TO-ONE RELATIONSHIPS

		Indicates No Match
		AS: Activity Statement
		KSA: Knowledge, Skills and Abilities
		IP: Integrated Process
	KSA	● 2008 NCLEX-RN® KSA Survey -- KSA Statement #32: continuing educational requirements for professional development needs
123		Demonstrates continuing competence by:
		(a) committing to life-long learning;
	KSA	● 2008 NCLEX-RN® KSA Survey -- KSA Statement #32: continuing educational requirements for professional development needs
		(b) assessing one's practice to identify individual learning needs;
	AS	● Assess readiness to learn, learning preferences and barriers to learning
	AS	● Recognize limitations of self/others, seek assistance and/or begin corrective measures at the earliest opportunity
		(c) obtaining feedback from peers and other sources to augment one's assessment and develop a learning plan;
	KSA	● 2008 NCLEX-RN® KSA Survey -- KSA Statement #32: continuing educational requirements for professional development needs
		(d) seeking and using new knowledge that may enhance, support or influence competency in practice;
	AS	● Incorporate evidence-based practice/research results when providing care
		(e) implementing and evaluating the effectiveness of one's learning plan and developing future learning plans to maintain and enhance one's competence as a registered nurse; and
	KSA	● 2008 NCLEX-RN® KSA Survey -- KSA Statement #32: continuing educational requirements for professional development needs
		(f) meeting regulatory requirements for continuing competence.
	KSA	● 2008 NCLEX-RN® KSA Survey -- KSA Statement #32: continuing educational requirements for professional development needs