Nurse Practitioner Regulation
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Framework Implementation Plan Project

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Nurse Practitioner

Draft Entry-Level Competencies

Consultation Version – June 2022

Canadian Council of CCRNR Registered Nurse Regulators

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Consultation Overview

From mid-June to mid-July 2022, we are seeking feedback from individuals, groups, and organizations interested in the regulation of Nurse Practitioners (NPs) in Canada. The consultation focuses exclusively on draft entry-level competencies (ELCs) for NPs.

Purpose of the NP Entry-Level Competencies

NP entry-level competencies reflect the knowledge, skills, abilities, and judgement required of NPs to practice safely and ethically. They are used by regulatory bodies for a number of purposes, including but not limited to:

- Academic program approval / recognition
- Assessment of internationally educated applicants
- Assessment of applicants for the purpose of re-entry into the profession
- Practice advice / guidance to clinicians
- Reference for professional conduct matters
- Use in regulatory processes
- Public and employer awareness of the practice expectations of nurse practitioners

The entry-level NP competencies focus primarily on the **advance practice** of an NP and cover the first two-years of practice; however all NPs are ultimately accountable to meet the competencies throughout their careers relative to their specific context and/or client population. They are provided to nursing schools to guide curricula and prepare future NP graduates five to seven years into the future.

About the draft NP entry-level competencies

The draft entry-level competencies were developed as part of a national project commissioned by the Canadian Council for Registered Nurse Regulators (CCRNR) for a new model for NP regulation in Canada. As part of implementation, it was recognized that there was a need to refresh existing NP entry-level competencies to reflect the current environment and health care trends.

The entry-level competencies in this document were drafted after an environmental scan was completed and the NP competencies from New Zealand, Australia, United Kingdom, and the USA were reviewed; competencies from other high-risk professions, such as medicine and midwifery were also reviewed. Targeted literature searches were conducted to supplement the environmental scan. Early consultation included focus groups with regulatory leaders, NP educators and NPs as well as key informant interviews with individuals who could provide Indigenous and anti-rascism perspectives; advice was also sought from the project's Stakeholder Advisory Panel.

How the draft NP entry-level competencies are structured

Like RN entry-level competencies, NP competencies are organized into roles, with broad role descriptions and competency statements. A key enhancement is the addition of performance indicators in the draft NP entry-level competencies.

Performance indicators describe how the competency can be demonstrated and measured and considered best practice in competency development. The competency statement and corresponding indicators should be read together, as indicators do not stand alone but rather fall under the competency statement. Where possible, redundancies in indicators across the document have been removed.

As with the RN entry-level competencies, a glossary is included at the end. The terms do not replicate those found in the RN competency glossary although in some instances, an updated description is provided. The purpose of the glossary is to aid the reader in understanding the intent of new terms or concepts identified in the draft NP entry-level competencies and indicators. The glossary is not intended to provide definitive definitions but rather descriptions of what is meant by a new term or concept.

NP and RN Entry-Level Competencies are Related

Both RNs and NPs practice autonomously within legislation, practice standards, ethics, and scope of practice in their jurisidiction. Like RN entry-level competencies, the client relationship continues to be the central focus of NP practice. In most instances a client is a person who receives services from a NP but it can also include family members, substitute decision-makers, a group, community, population.

The draft NP entry-level competencies **build on but do not duplicate** entry-level RN competencies; NPs are expected to meet both RN and NP competencies.

- Where gaps exist or current trends were not addressed in the 2018 RN entry-level competencies or the 2015 NP entry-level competencies, they have been captured.
- Terms defined in the RN entry-level competencies' glossary are not repeated; only new or updated terms are included.
- Where there are no differences between the RN and NP roles or entry-level competencies, they are not included in the NP entry-level competencies.
- An additional role, Counsellor, was added to the NP entry-level competencies

There are six roles and 30 competencies identified in the NP entry-level competencies.

- Clinician – 12 competencies
- Leader – 4 competencies
- Advocate – 5 competencies
- Educator – 2 competencies
- Scholar – 3 competencies
- Counsellor (new role) – 4 competencies

Addressing Culture, Equity, Diversity, and Inclusion

Indigenous-specific racism and the care and treatment of Indigenous Peoples negatively affects their ability to access health care and their health outcomes. The Truth and Reconciliation Commission's Calls to Action in 2015 initially set the stage to advance the process of Canadian reconciliation. The NP entry level competencies, released in 2015, broadly address cultural safety for all. The RN entry-level competencies, released three years later in 2018 address health disparities, inequities, and social justice for all and specifically reference the Calls to Action in the Truth and Reconciliation Commission.

Additional evidence of racism, discrimination, and oppression impacting the health of Indigenous Peoples has been subsequently highlighted in two more recent publications suggesting the need to do more -

- In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care (December 2020)
- Reclaiming Power and Place - The Final Report of the National Inquiry Into Missing And Murdered Indigenous Women And Girls (June 2019)

The draft NP entry-level competencies fill the gap since 2018 when the RN entry-level competencies were released. Competencies addressing cultural safety, anti-racism, anti-oppression, inclusion, and health inequities for all people have been strengthened. Further, expectations for culturally safer and anti-racist care for Indigenous Peoples are made explicit. These enhanced competencies represent a critical step forward in eliminating racism, discrimination, and oppression in the health care system.

1.0 CLINICIAN

Nurse practitioners deliver safe, competent, and ethical care across the lifespan with diverse populations and in a range of practice settings. Nurse practitioners ground their care in evidence-informed practice and use critical inquiry in their advanced diagnostic and clinical reasoning.

Assessment

1.1 Establish the reasons for client encounter to determine the nature of the services required by the client.

a. Perform initial observational assessment of the client's condition.
b. Ask pertinent questions to establish the presenting issues.
c. Evaluate information relevant to the client's presenting concerns.
d. Prioritize routine, urgent, emergent, and life-threatening situations.

1.2 Obtain informed consent according to legislation and regulatory requirements, and co-create a shared understanding of services, expectations, and priorities.

a. Use a respectful approach to establish a therapeutic relationship.
b. Support clients to make informed decisions, discussing risks, benefits, alternatives, and consequences.
c. Obtain informed consent for the collection, use, and disclosure of personal and health information.

1.3 Analyze and synthesize information from multiple sources and use critical inquiry to identify client needs to inform the assessment and diagnosis.

a. Establish a shared understanding of client's culture, strengths, and limitations.
b. Integrate information specific to the client's psychosocial, behavioural, cultural, ethnic, and spiritual circumstances; current developmental life stage; gender expression, and social determinants of health, considering epidemiology and population-level characteristics.
c. Integrate findings from past and current health history and investigations.
d. Collect pharmacological history, including over-the-counter products and integrative and functional medicine, and traditional medicine.
e. Identify client directions related to advance care planning, end of life and palliative care needs.

1.4 Conduct an evidence-informed assessment that is relevant to the client's presentation to inform diagnostic decisions.

a. Determine the need for conducting a focused or comprehensive assessment.
b. Conduct an assessment using valid and reliable techniques and tools.
c. Conduct assessments with sensitivity to client's culture, lived experiences, gender identity, and personal expression.
d. Conduct a mental-health assessment, applying advanced knowledge of emotional, psychological, and social measures of well-being.
e. Conduct a review of the body systems to identify pertinent presenting findings.
f. Apply principles of resource stewardship in ordering tests.
g. Order and perform screening and diagnostic investigations including point of care tests.

Diagnosis

1.5 Integrate advanced critical inquiry and diagnostic reasoning to formulate differential diagnoses and final diagnoses.

a. Interpret the results of investigations, point-of-care test results, and data.
b. Generate differential diagnoses.
c. Create a shared understanding of assessment findings, diagnoses, anticipated outcomes, and prognosis.
d. Confirm most likely diagnosis based on clinical reasoning and available evidence

Management

1.6 Use advanced clinical reasoning to create a shared management plan based on the diagnoses and the client's preferences and goals.

a. Examine and explore with the client options for managing the diagnoses
b. Consider availability, cost, determinants of health, clinical efficacy, and potential client adherence to determine feasibility and sustainability of the management plan.
c. Determine and prioritize interventions integrating client goals and preferences, resources, and clinical urgency.
d. Provide and seek consultation from other professionals and organizations to support client management.
e. Use technology to deliver healthcare services after considering the appropriateness of virtual services, environmental factors, the nature of the service, the security of the system, alternative approaches, and contingency plans.
f. Use electronic health records and tracking systems to accurately collect and document client information and delivery of health services.

1.7 Apply advanced critical thinking when prescribing and counselling clients on pharmacological and non-pharmacological interventions.

a. Use evidence-informed pharmacological interventions based on diagnoses, concurrent client therapies, and medication history, using available drug-information systems.
b. Use prescription monitoring and reporting programs according to jurisdictional and legislative requirements.
c. Complete medication reconciliation to make clinical decisions based on an analysis of the client's current pharmacology and non-pharmacology therapy compared to prescribed medications.
d. Analyze polypharmacy to identify unnecessary and unsafe prescribing, and deprescribe where possible.
e. Recommend or order non-pharmacological interventions and integrative and functional medicine based on client preference, history, and cultural practice.
f. Incorporate principles of pharmacological stewardship.
g. Establish a plan to monitor client responses to pharmacological therapy.
h. Initiate interventions for end of life & palliative care.
i. Counsel clients on pharmacological and non-pharmacological interventions, including rationale, cost, potential adverse effects, interactions, contraindications, precautions, reasons to adhere to the prescribed regimen, required monitoring, and follow up.

1.8 Apply harm-reduction strategies and evidence-informed practice to support clients with substance use disorder, adhering to federal and provincial/territorial legislation and regulation.

a. Identify potential risks and signs of substance use disorder.
b. Co-create a harm-reduction management plan, considering treatment and intervention options.
c. Safely prescribe evidence-informed pharmacological and non-pharmacological interventions.
d. Advocate for the safe and secure storage and handling of controlled drugs and substances.

1.9 Perform invasive and non-invasive interventions as indicated by the management plan.

a. Co-create with the client an understanding of procedures, including indications, potential risks and benefits, adverse effects, anticipated aftercare, and follow-up care.
b. Perform procedures using evidence-informed techniques.
c. Monitor and evaluate clinical findings, aftercare, and follow-up.
d. Initiate interventions for purposes of stabilizing the client in urgent, emergent, and life-threatening situations.

1.10 Evaluate effectiveness of the management plan to identify required modifications and/or terminations of treatment.

a. Develop a systematic and timely process for monitoring client progress, and follow-up on results and interventions.
b. Evaluate responses to the management plan in collaboration with the client, and revise management plan as needed.
c. Discuss and implement follow-up to facilitate continuity of care in collaboration with the client.
d. Facilitate implementation of the management plan with others involved.
e. Facilitate referral to another practitioner or service if the client would benefit from the consultation or if the client-care needs are beyond the NP's individual competence or scope of practice.

1.11 Lead admission, transitional care, and discharge planning that ensures continuity and safety of client care.

a. Collaborate with client to facilitate access to required resources, drug therapy, diagnostic tests, procedures, and follow-up to support the continuum of care.
b. Facilitate transfer of information to support continuity of care.
c. Promote client access to community services and other system resources.
d. Monitor and modify the management plan based on the client's transitional needs.

1.12 Conduct record keeping activities according to legislation and jurisdictional regulatory standards.

a. Document all client encounters and rationale for actions to facilitate continuity of care.
b. Collect, disclose, use, and destroy health information according to privacy and confidentiality legislation, regulations, and jurisdictional regulatory standards.
c. Apply relevant security measures and systems to client and financial records.

2.0 Leader

Nurse practitioners serve as role models and mentors demonstrating leadership to advance continuous improvement of client outcomes and health systems: to support a culture of excellence; to promote system changes where needed; and, to facilitate the development of effective teams and communications in complex health systems.

2.1 Demonstrate leadership to effectively guide health services, improve client outcomes, and build partnerships with individuals, communities, and organizations.

a. Collaborate with inter- and intra-professional teams to achieve common goals and shared vision.
b. Build confidence and capacity to provide effective mentorship and coaching with individuals and team members including students and volunteers.
c. Identify mutually beneficial partnerships with individuals, organizations, and agencies.
d. Provide content-matter expertise to support the design and evaluation of programs and services.
e. Design, implement and evaluate programs to improve healthcare service delivery.

2.2 Apply advanced interpersonal skills and team dynamics to complex situations.

a. Manage situations that are unfamiliar, complex, or unpredictable.
b. Integrate effective communication and relational practices of individual and organizational patterns of behaviour.
c. Engage in and encourage others to demonstrate transparent communications to support a trusting culture.
d. Apply conflict resolution and negotiation skills to establish common ground and to promote a resolution.
e. Articulate situational awareness when conducting a critical analysis of individual, team, and organizational functioning.

2.3 Participate in and lead quality and risk management initiatives to identify system issues and improve delivery of services.

a. Identify, analyze, manage, and mitigate risks to improve service delivery outcomes.
b. Engage in environmental scanning to identify future needs.
c. Monitor own practice and integrate peer feedback to determine areas for improvement
d. Use established benchmarking and best practices to establish goals to facilitate system changes.
e. Develop, modify, and implement quality management tools and strategies to collect and track quality improvement data.
f. Establish goals and recommendations for a quality improvement plan.
g. Communicate quality improvement outcome data and recommendations to advance knowledge, change practice, and enhance effectiveness of services.

2.4 Provides a culture of excellence when acting as self-employed practitioner.

a. Engage in ethical business practices that adhere to jurisdictional and federal legislation, regulations, guidelines, and ethical standards for nursing.
b. Implements evidence-informed business, care delivery, and service policies & practices.
c. Take responsibility for accurate, honest, and ethical billing and advertising practices.
d. Act as a health information custodian to ensure client information is secure and remains confidential.
e. Identify and manage potential and real conflicts of interest, always acting in the client's best interest.

3.0 Advocate

Nurse practitioners lead advocacy efforts to change policies and legislation; engage in health-promotion and protection activities; and take steps to address health inequities, culture, equity, diversity, and inclusion to improve health outcomes.

3.1 Promote anti-oppressive and culturally safer, inclusive relationships.

a. Contribute to a practice environment that is culturally safer, anti-racist, anti-ableist, and inclusive.
b. Practise self-reflection to minimize personal bias and inequitable behaviour based on social position, privilege, and power.
c. Apply principles of intersectionality, including acknowledging that everyone has their own unique experiences of discrimination and oppression.
d. Demonstrate respect and cultural humility when engaging with clients and integrate their understanding of health, well-being, and healing into the plan of care.
e. Adapt language that shows respect for gender, gender affirmation, and gender identity.
f. Seek out resources to develop culturally safer and inclusive approaches.
g. Collaborate with local partners, such as interpreters and leaders.
h. Take action when observing others behaving in a racist or discriminatory manner.
i. Engage in critical dialogue with other stakeholders to create positive change.

3.2 Facilitate culturally safer, anti-racist care for Indigenous Peoples.

a. Identify the historical and ongoing effects of colonialism and settlement on the health care experiences of Indigenous Peoples.
b. Acknowledge, analyze, and understand the ongoing negative and disproportionate effects of systemic and historical oppression on Indigenous Peoples.
c. Recognize that Indigenous languages, histories, heritage, cultural and healing practices, and ways of knowing, may differ between Indigenous communities.
d. Practice cultural humility and examine own values, assumptions, beliefs, and privileges that may impact the therapeutic relationship with Indigenous peoples.
e. Utilize the principles of self-determination and support the Indigenous client in making decisions that affect how they want to live their life.
f. Acknowledge the Indigenous persons' cultural identity, seek to understand their lived experience, and provide time and space needed for discussing needs and goals.
g. Identify, integrate, and facilitate the involvement of cultural resources, families, and others such as community elders, cultural navigators, and interpreters when needed and requested.
h. Evaluate and seek feedback on own behaviour towards Indigenous Peoples.

3.3 Promote equitable care and service delivery.

a. Navigate systemic barriers to enable access to resources.
b. Challenge biases and social structures of privilege that marginalize people and communities.
c. Respond to the social, structural, political, and ecological determinants of health, well-being, and opportunities.
d. Act on situations and systems of inequity and oppression within own sphere of influence.
e. Work to minimize effects of the unequal distribution of power and resources on the delivery of health care services.

3.4 Advocate for access to resources and for system changes to promote cultural safety and humility.

a. Advocate for the development of resources and education that address anti-racism and oppression.
b. Advocate for environments and policies that support equitable access to care.
c. Raise awareness of limitations and bias in information, and systems.
d. Raise clients' awareness of their right to access quality care.

3.5 Participate in and lead population health initiatives to encourage positive client outcomes and system changes.

a. Use population health data, evidence-informed literature, and research to analyze the impact of global, national, and local population health issues and policies.
b. Advocate for changes in health policies and legislation at local and national levels.
c. Develop and implement disaster- and pandemic-planning protocols and policies.
d. Provide an evidence-informed perspective and interpret clinical information for communities.

4.0 Educator

Nurse practitioners use their advanced knowledge and skill to develop and deliver education that empowers clients, applying relevant teaching and learning theories.

4.1 Design, select, and implement education materials, programs, and strategies to empower NPs, other health care professionals and clients to promote behaviour change and positive outcomes.

a. Apply advanced teaching and learning theories when designing, developing, and implementing educational strategies and materials.
b. Co-create specific, measurable, and attainable learning goals and objectives.
c. Develop and modify learning activities and educational materials to improve health literacy.
d. Integrate technology to enhance learning experiences and information delivery.

4.2 Evaluates the learning and delivery methods to make modifications and improve outcomes.

a. Develop and use evaluation instruments to assess client outcomes.
b. Evaluate clients' knowledge acquisition and modify content delivery approach.
c. Obtain feedback on teaching style and content delivery methods used.
d. Analyze and synthesize collated data to recommend and make modifications.

5.0 Scholar

Nurse practitioners participate in and lead scholarly and research activities to evaluate, explore, advance knowledge, and support knowledge translation within clinical practice, education, administration, and policy development.

5.1 Participate in and lead research initiatives to promote evidence-informed practice.

a. Identify the links between research and advance practice.
b. Apply principles of ownership, control, access, and possession regarding data collection processes.
c. Identify research-based innovations for care and gaps in knowledge to determine research priorities.
d. Develop research approaches that inform practice and advance healthcare delivery methods and systems.
e. Conceptualize and articulate research questions.
f. Use valid and reliable research methodologies.
g. Follow ethical and relevant guidelines and procedures.

5.2 Analyze and critically review research findings to optimize client & system outcomes.

a. Critically analyze research findings to draw valid conclusions and make recommendations.
b. Determine the validity, reliability, and applicability of research findings.
c. Integrate and use research evidence to support practice & system changes.

5.3 Engage in advanced scholarly activities to promote continuous learning.

a. Use critical inquiry to analyze scholarly findings and integrate findings into practice and knowledge-translation activities.
b. Present research findings to contribute to nursing, health care, and systems' body of knowledge.
c. Contribute to the development of standards, guidelines, and policies that improve client care and health care systems.
d. Promote knowledge translation and application of research findings.

6.0 Counsellor

Nurse practitioners use advanced education, counselling theory, therapeutic communication, and counselling skills to achieve optimal mental health.

6.1 Facilitate counselling in individual and group sessions to promote healing, health and well-being.

a. Co-create with the client a clear understanding of their goals.
b. Explain the indications, contraindications, benefits, risks, and limitations of counseling.
c. Incorporate client strengths, coping resources, and resilience.
d. Manage transference and countertransference in therapeutic relationships.
e. Integrate social and cultural underpinnings to mental-health issues.

6.2 Provide trauma informed care to diverse populations.

a. Integrate theories of cognitive and emotional development across the lifespan.
b. Distinguish between healing-centered engagement and trauma-informed approaches.
c. Explore root causes of trauma including intergenerational trauma with the client.
d. Determine an evidence-informed approach.
e. Integrate impact of personal and contextual factors on selection of counselling methods.

6.3 Create a culturally safer environment for the delivery of counselling services.

a. Self-reflect on personality, insights, perceptions, and judgments.
b. Identify potential and real biases and impact on the creation of safe spaces.
c. Recognize and minimize the impact of power imbalances.
d. Establish culturally safer relationships and experiences and anti-racist, anti-oppressive ethical spaces.
e. Integrate therapeutic use of self and self-disclosure in client interactions.

6.4 Maintain a therapeutic counselling relationship that is conducive to optimal health outcomes.

a. Co-create with clients a shared understanding of scope of services, expectations, client's strengths and limitations, and priorities.
b. Assist in the resolution or removal of barriers that interfere with goals of counselling.
c. Anticipate and responds therapeutically to the expression of intense emotions.
d. Use developmentally, socio-demographically, and culturally relevant communication techniques and tools.
e. Respond professionally to expressions of inappropriate attachment by the client.
f. Evaluate effectiveness of counselling relationship to optimize outcomes
g. Recognize when to continue, discontinue, modify, or transfer care in the best interest of the client.

	GLOSSARY
Anti-racism	The practice of actively identifying, challenging, preventing, eliminating, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism. It is more than just being "not racist" but involves taking action to create conditions of greater inclusion, equality, and justice. (Turpel-Lafond, 2020)
Bias	A way of thinking or operating based explicitly or implicitly on a stereotype or fixed image of a group of people. (Turpel-Lafond, 2020)
Co-Create	Engaging in an intentional relationship for the purpose of creating something together. It goes beyond collaboration and client-focused care as it requires the dynamics of the relationship to build something. It means that clients and nurses are equal partners and share power in the relationship. (Hemberg & Bergdahl, 2019)
Colonialism	Colonizers are groups of people or countries that come to a new place or country and steal the land and resources from Indigenous peoples, and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous peoples, violently suppress the governance, legal, social, and cultural structures of Indigenous peoples, and force Indigenous peoples to conform with the structures of the colonial state. (Turpel-Lafond, 2020)

Contextual Factors	There are three layers of contextual factors • Micro contextual factors involve the client's immediate environment – their own health status, family, friends, and their physical environment. • Meso contextual factors involve the policies and processes embedded in the organization and health system that affect the client. • Macro contextual factors involve the larger socioeconomic and political context around the client – social and cultural values and beliefs, laws, and public policies. (ACOTRO, ACOTUP, & CAOT, 2021)
Cultural Humility*	A life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. While western models of medicine typically begin with an examination of the patient, cultural humility begins with an in-depth examination of the provider's assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship. Undertaking cultural humility allows for Indigenous voices to be front and centre and promotes patient/provider relationships based on respect, open and effective dialogue, and mutual decision-making. This practice ensures Indigenous peoples are partners in the choices that impact them, and ensures they are party and present in their course of care. (Turpel-Lafond, 2020)
Cultural Safety*	A culturally safe environment is physically, socially, emotionally and spiritually safe. There is recognition of, and respect for, the cultural identities of others, without challenge or denial of an individual's identity, who they are, or what they need. Culturally unsafe environments diminish, demean, or disempower the cultural identity and well-being of an individual. (Turpel-Lafond, 2020)
Culturally Safer	Culturally 'safer' is a refinement to the concept of 'cultural safety'. A competent NP does everything they can to provide culturally safe care. But they remain aware that they are in a position of power in relation to clients and some clients may never feel fully safe. The NP allows those who receive the service to determine what they consider to be safe. The NP supports them in drawing strength from their identity, culture, and community. Because cultural safety is unlikely to be fully achievable, we work toward it. (ACOTRO, ACOTUP, & CAOT, 2021)
Gender Identity	A person's internal and deeply-felt sense of being man or woman, both, neither, or somewhere along the gender spectrum. A person's gender identity may or may not align with the gender typically associated with the sex they were assigned at birth. Gender identity is not necessarily visible and is not related to sexual orientation (Government of Canada, 2019)
Gender Affirmation	Refers to an interpersonal, interactive process whereby a person receives social recognition and support for their gender identity and expression. (Sevelius, 2014)

Healing Centred Engagement	A holistic, strengths-based approach that expands how one thinks about responses to trauma. It highlights the way trauma and healing are experienced collectively and re-centers culture as a central feature in well-being. (Gingwright, 2018)
Health inequity*	The presence of systematic disparities in health (or in the major social determinants of health) among groups with different social advantage/disadvantage. (Turpel-Lafond, 2020)
Indigenous peoples	The first inhabitants of a geographic area. In Canada, Indigenous peoples include those who may identify as First Nations (status and non-status), Métis and/or Inuit (Turpel-Lafond, 2020)
Indigenous-specific racism	The unique nature of stereotyping, bias, and prejudice about Indigenous peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous peoples in Canada that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from the colonial policies and practices. (Turpel-Lafond, 2020)
Integrative and Functional Medicine	While functional medicine focuses on creating individualized therapies tailored to treat underlying causes of illness, integrative medicine seeks to understand the individual as a whole and applies many forms of therapy to improve wellness. (Allessi, 2019)
Intergenerational trauma	Historic and contemporary trauma that has compounded over time and been passed from one generation to the next. The negative cumulative effects can impact individuals, families, communities, and entire populations, resulting in a legacy of physical, psychological, and economic disparities that persist across generations. For Indigenous peoples, the historical trauma includes trauma created as a result of the imposition of assimilative policies and laws aimed at attempted cultural genocide and continues to be built upon by contemporary forms of colonialism and discrimination. (Turpel-Lafond, 2020)
Intersectionality	A way of understanding and explaining complexity in the world, in people, and in human experiences by viewing categories of race, class, gender, sexuality, nation, ability, ethnicity, and age, as well as others. While often invisible, these intersecting power relations affect all aspects of the social world. (Collins and Bilge., 2020)
Knowledge Translation	A dynamic and iterative process that includes synthesis, dissemination, exchange, and ethically-sound application of knowledge to improve the health of clients and provides more effective health services and products and strengthen the health care system. (Canadian Institutes of Health Research, 2016)

Point of Care Testing	Point-of-care testing (POCT) refers to diagnostic tests performed at or near the patient's location by health care professional or other qualified personnel. It can include tests conducted by the patient themselves at home or a community setting. (Cowling & Dolcine, 2017)
Racism	The belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to discriminatory behaviours and policies that oppress, ignore or treat racialized groups as 'less than' non-racialized groups. (Turpel-Lafond, 2020)
Self Reflection	A deliberate process to develop an inner awareness of one's thoughts, feelings, judgments, beliefs, and perceptions to enable the delivery of authentic care and service. (Matshaka, 2021)
Systemic racism	Enacted through routine and societal systems, structures and institutions such as requirements, policies, legislation and practices that perpetuate and maintain avoidable and unfair inequalities across racial groups, including the use of profiling and stereotyping. (Turpel-Lafond, 2020)
Ways of Knowing	Indicates the vast variety of knowledge that exists across diverse Indigenous communities and signals that learning goes beyond human interaction and relationships to include learning from other elements of creation such as the plant and animal nations, and to "objects" that many people consider to be inanimate. (Queens University Office of Indigenous Initiatives, 2020)

*Updates definition in 2018 RN entry-level competencies

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