



Entry-Level Competencies for Licensed Practical Nurses



Table of Contents

Foreword	2
Introduction	2
Assumptions.....	3
Entry-Level Competencies.....	4
Professional Practice	4
Ethical Practice	6
Legal Practice	5
Foundations of Practice	6
Collaborative Practice.....	7
Glossary	8
References.....	18

COPYRIGHT © 2019 CCPNR

All rights reserved. The reproduction, storage in a retrieval system or transmission in any form or by any means (including electronic, mechanical, photographic, photocopying or recording) of any part of this publication without the prior written permission from CCPNR (Canadian Council for Practical Nurse Regulators) is an infringement of copyright law.

For information contact CCPNR:
Email: ed@ccpnr.ca \ Website: www.ccpnr.ca



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



FOREWORD

The Canadian Council for Practical Nurse Regulators (CCPNR) is a federation of provincial and territorial members who are identified in legislation, and responsible for the safety of the public through the regulation of licensed practical nurses (LPNs)¹. In 2012, CCPNR recognized the need to describe the competencies expected of the entry-level LPN in Canada. In 2013, CCPNR “Entry-to-Practice Competencies for LPNs” were published. In response to the changing health care environment, these competencies were updated in 2019. Now referred to as the CCPNR “Entry-Level Competencies for LPNs”, this document describes the knowledge, skills, judgment and attitudes required of beginning practitioners to provide safe, competent and ethical nursing care.

A task force comprised of representatives from jurisdictions who license and/or regulate LPNs across Canada (with Quebec as an observer) led the project. This document was validated by the LPN community and key stakeholder groups across Canada and was approved by the Boards of the respective regulatory authorities of the CCPNR’s Board members.

The entry-level competencies (ELCs) are applicable in Canadian provinces or territories that have adopted or enacted them in accordance and consistent with applicable laws for that jurisdiction. For specific information, consult the provincial/territorial regulatory authority.

INTRODUCTION

This document describes the ELCs expected of the LPN in Canada. Entry-level LPNs are at the point of initial registration or licensure, following graduation from an approved practical nursing education program. ELCs are used by LPN regulators and other stakeholders for a number of purposes including:

- Practical nursing education program approval/recognition
- Development of standards
- Practice assessment and measurement of initial applicants and current registrants
- Professional conduct review
- Competency-based assessments
- Curriculum development
- Exam development
- Practice consultation
- Stakeholder information
- A resource for employers and the public to promote awareness of the practice expectations of the entry-level licensed practical nurse.

¹ For the purposes of this document, the term “licensed practical nurse” also refers to “registered practical nurse.”

Entry-level LPNs are beginning practitioners whose level of practice, autonomy and proficiency will be enhanced through reflective practice, evidence-informed knowledge, collaboration, mentoring and support from colleagues (e.g. managers, other healthcare team members and employers). Through formalized and informal ongoing education and practice experience, LPNs expand their knowledge base and competence throughout their career. This additional learning and professional growth after becoming licensed is not reflected in this document.

Each province and territory is responsible for ensuring graduates of practical nursing programs in Canada and nurses educated in other countries applying for licensure as an LPN meet the minimum level of competence before they begin practice, informed in part by the ELCs.

LPN stakeholders with a specific understanding of entry-to-practice competence were consulted as part of the 2019 update. Focus groups with LPN educators, supervisors and new graduates from across the country (in both official languages) were conducted in early 2019. Participants were asked to share their views on what changes in the profession had occurred over the past five years and what, if any, modifications should be made to the 2013 version. Feedback was reviewed by the task force who adjusted existing and/or added new ELCs accordingly. A draft set of ELCs was then validated through a national survey yielding over 14,000 responses.

ASSUMPTIONS

The following are a set of assumptions that are understood to apply to the practice of practical nursing in Canada and to the ELCs that follow.

- The foundation of practical nursing is defined by:
 - entry-level competencies;
 - professional nursing standards of practice of the regulatory authority;
 - nursing code(s) of ethics/ethical standards;
 - scope of nursing practice applicable in the jurisdiction; and
 - provincial/territorial and federal legislation and regulations that direct practice.
- LPN practice is built upon the four concepts of person, environment, health and nursing and is grounded within the context of the current Canadian healthcare system, primary health care and emerging health trends.
- LPNs possess competencies that are transferable across all areas of responsibility (e.g. direct care, administration, education and research).
- LPNs are active participants in health promotion, illness prevention and harm reduction activities.
- LPNs practise in any setting or circumstance where healthcare is delivered.
- Requisite skills and abilities are required to attain the LPN ELCs.
- LPNs practise autonomously, safely, competently and ethically along the continuum of care in situations of health and illness across a client's lifespan.
- LPNs practise in situations of varying complexity and work collaboratively with the healthcare team to maximize client outcomes.



- LPNs demonstrate leadership by fostering continued self-growth to meet the challenges of an evolving healthcare system.
- LPNs follow a systematic approach by using the nursing process to deliver safe, competent and ethical care.
- LPNs advocate for the implementation and utilization of evidence-informed practice.

ENTRY-LEVEL COMPETENCIES

The 76 entry-level competencies are organized in five categories: 1) professional practice, 2) legal practice, 3) ethical practice, 4) foundations of practice and 5) collaborative practice. The order of the categories and **competencies** is not an indication of priority or importance. Terms in bold text are defined in the glossary at the end of the document.

Professional Practice

Licensed practical nurses adhere to practice standards and an ethical framework. They are responsible and accountable for safe, competent and ethical nursing practice. They are expected to demonstrate professional conduct as reflected through personal attitudes, beliefs, opinions and actions. Licensed practical nurses focus on personal and professional growth. Licensed practical nurses are expected to utilize knowledge, **critical thinking**, **critical inquiry** and research to build an **evidence-informed practice**.

1. Demonstrates accountability and accepts responsibility for own decisions and actions.
2. Practises **autonomously** within legislated **scope of practice**.
3. Displays self-awareness and recognizes when to seek assistance and guidance.
4. Adheres to regulatory requirements of jurisdictional legislation.
5. Practises within own level of **competence**.
6. Initiates, maintains and terminates the **therapeutic nurse-client relationship**.
7. Provides **client** care in a non-judgmental manner.
8. Adapts practice in response to the spiritual beliefs and cultural practices of **clients**.
9. Supports clients in making informed decisions about their healthcare and respects their decisions.
10. Engages in self-reflection and continuous learning to maintain and enhance competence.
11. Integrates relevant evidence into practice.
12. Collaborates in the analysis, development, implementation and evaluation of practice and policy.
13. Integrates continuous **quality improvement** principles and activities into nursing practice.
14. Demonstrates a professional presence, honesty, integrity and respect in all interactions.
15. Demonstrates **fitness to practice**.
16. Maintains current knowledge about trends and issues that impact the client, the licensed practical nurse, the healthcare team and the delivery of health services.
17. Identifies and responds to inappropriate behaviour and incidents of **professional misconduct**.
18. Recognizes, responds and reports own and others' **near misses**, errors and **adverse events**.
19. Distinguishes between the mandates of **regulatory bodies**, professional associations and unions.



Ethical Practice

Licensed practical nurses use ethical frameworks (e.g. Code of Ethics, ethical standards) when making professional judgments and practice decisions. They engage in **critical thinking** and **critical inquiry** to inform decision-making and use self-reflection to understand the impact of personal values, beliefs and assumptions in the provision of care.

20. Establishes and maintains **professional boundaries**.
21. Takes action to minimize the impact of personal values and assumptions on interactions and decisions.
22. Demonstrates respect for the values, opinions, needs and beliefs of others.
23. Applies ethical frameworks and reasoning to identify and respond to situations involving moral and ethical conflict, dilemma or distress.
24. Obtains knowledge of and responds to the *Calls to Action of the Truth and Reconciliation Commission of Canada*².
25. Preserves the dignity of **clients** in all personal and professional contexts.
26. **Advocates** for equitable access, treatment and allocation of resources, particularly for vulnerable and/or **diverse clients** and populations.
27. **Advocates** for **clients** or their representatives especially when they are unable to **advocate** for themselves.

Legal Practice

Licensed practical nurses adhere to applicable provincial/territorial and federal legislation and regulations, professional standards and employer policies that direct practice. They engage in professional regulation by enhancing their **competence**, promoting safe practice and maintaining their **fitness to practise**. Licensed practical nurses recognize that safe nursing practice includes knowledge of relevant laws and legal boundaries within which the licensed practical nurse must practise.

28. Practises according to legislation, **practice standards**, ethics and organizational policies.
29. Practises according to relevant mandatory reporting legislation.
30. Recognizes, responds and reports questionable orders, actions or decisions made by others.
31. Adheres to the **duty to report**.
32. Protects **clients'** rights by maintaining confidentiality and privacy in all personal and professional contexts.
33. Respond to the **clients'** right to healthcare information in accordance with relevant privacy legislation.
34. Documents according to established legislation, **practice standards**, ethics and organizational policies.
35. Obtains **informed consent** to support the **client's** informed decision-making.

² See: *Truth and Reconciliation Commission of Canada: Calls to Action* - http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf



Foundations of Practice

Licensed practical nurses use **critical thinking**, reflection, and evidence integration to assess **clients**, plan care, implement interventions and evaluate outcomes and processes. Foundational knowledge includes: nursing theory, health sciences, humanities, pharmacology and ethics.

36. Completes comprehensive **health assessments** of **clients** across the lifespan.
37. Selects and utilizes information and communication technologies (ICTs) in the delivery of **client** care.
38. Researches and responds to relevant **clinical data**.
39. Engages in **evidence-informed practice** by considering a variety of relevant sources of information.
40. Comprehends, responds to and reports assessment findings.
41. Formulates **clinical decisions** consistent with **client** needs and priorities.
42. Identifies **nursing diagnoses**.
43. Develops the care plan with the **client, healthcare team** and others.
44. Implements nursing interventions based on assessment findings, **client** preferences and desired outcomes.
45. Responds to **clients'** conditions by organizing competing priorities into actions.
46. Assesses **clients' health literacy**, knowledge and readiness to learn.
47. Assesses, plans, implements and evaluates the teaching and learning process.
48. Provides information and access to resources to facilitate health education.
49. Evaluates the effectiveness of health education.
50. Applies principles of **client safety**.
51. Engages in **quality improvement** and **risk management** to promote a quality practice environment.
52. Evaluates the effectiveness of nursing interventions by comparing actual outcomes to expected outcomes.
53. Reviews and revises the plan of care and communicates accordingly.
54. Assesses implications of own decisions.
55. Uses **critical thinking, critical inquiry** and **clinical judgment** for decision-making.
56. Demonstrates professional judgment in utilizing information and communication technologies (ICTs) and **social media**.
57. Recognizes high risk practices and integrates mitigation strategies that promote safe care.
58. Applies strategies to prevent, de-escalate and manage disruptive, aggressive or violent behaviour.
59. Recognizes and responds immediately when a **client's** condition is deteriorating.
60. Demonstrates knowledge of nursing theory, pharmacology, health sciences, humanities and ethics.



Collaborative Practice

Licensed practical nurses work collaboratively with **clients** and other members of the healthcare team. They recognize that collaborative practice is guided by shared values and accountability, a common purpose or care outcome, mutual respect and effective communication.

61. Engages **clients** in identifying their health needs, strengths, capacities and goals.
62. Communicates collaboratively with the **client** and the **healthcare team**.
63. Provides essential **client** information to the **client** and the healthcare team.
64. Promotes effective interpersonal interaction.
65. Uses **conflict resolution** strategies to promote healthy relationships and optimal **client** outcomes.
66. Articulates own role based on legislated **scope of practice**, individual **competence** and care context including employer policies.
67. Determines their own professional and **interprofessional** role within the team by considering the roles, responsibilities and the **scope of practice** of others.
68. **Advocates** for the use of Indigenous health knowledge and healing practices in **collaboration** with the **client**.
69. Demonstrates **leadership**, direction and supervision to **unregulated health workers** and others.
70. Participates in emergency preparedness and disaster management.
71. Participates in creating and maintaining a quality practice environment that is healthy, respectful and psychologically safe.
72. Fosters an environment that encourages questioning and exchange of information.
73. Initiates and fosters mentoring relationships.
74. Applies the principles of team dynamics and group processes in **interprofessional** team **collaboration**.
75. Demonstrates **formal** and **informal leadership** in practice.
76. Organizes workload, assigns/coordinates nursing care, sets priorities and demonstrates effective time management skills.



Glossary

Adverse Event

An event that results in unintended harm to the patient and is related to the care and/or services provided to the patient rather than to the patient's underlying medical condition. (Canadian Patient Safety Institute, 2015)

Advocate

To speak or act on behalf of self or others. (Canadian Nurses Association, 2010)

Autonomous practice

Autonomous practice means having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base. (Skår, R., 2010)

Autonomy

The freedom to act in accordance with self-chosen and informed goals. It includes making independent decisions about client care within one's role and legislated scope of practice. (Skår, R., 2010)

Client

An individual (or designated representative), family, group or community. (Canadian Patient Safety Institute, 2017)

Client Safety

The reduction or mitigation of unsafe acts within the healthcare team and healthcare system as well as the use of best practices shown to lead to optimal client outcomes. (Canadian Patient Safety Institute, 2017)

Clinical data

All assessment and diagnostic results that apply to a client's health status. This includes data collected in a variety of ways to provide client information. (Canadian Practical Nurse Examination Blueprint, 2017)

Clinical judgement

Processes that rely on critical inquiry to reflect the complex, intuitive and conscious thinking strategies that guide nursing decisions. (Canadian Practical Nurse Examination Blueprint, 2017)

Collaboration

A joint communication and decision-making process with the expressed goal of working together toward identified outcomes while respecting the unique abilities and autonomy of each team member. (Canadian Practical Nurse Examination Blueprint, 2017)

Competence

The quality or ability of a practical nurse to integrate and apply the knowledge, skills, judgements and personal attributes required to practice safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attributes, values and beliefs. (College of Nurses of Ontario, 2014, rev 2018)

Competencies

The integrated knowledge, skills, behaviors, attitudes, critical thinking and clinical judgement expected of an entry-level licensed practical nurse to provide safe, competent and ethical care. (Canadian Council of Registered Nurse Regulators, 2013; Frank, J.R., Snell, L., Sherbino, J., editors, 2015)

Conflict resolution

The process of arriving at a mutually agreeable solution to a dispute or conflict between two or more parties by adequately addressing the interests of all parties. (College of Registered Nurses of Nova Scotia, 2012)

Critical Inquiry

This term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry refers to a process of purposive thinking and reflective reasoning whereby practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning and application of standards. (van Graan, A. C., Williams, M. J. S., & Koen, M. P., 2016; Brunt, B. A., 2005)

Critical thinking

An active and purposeful problem-solving process. It requires the practical nurse to advance beyond the performance of skills and interventions to provide the best possible care, based on evidence-informed practice. It involves identifying and prioritizing risks and problems, clarifying and challenging assumptions, using an organized approach to assessment, checking for accuracy and reliability of information, weighing evidence, recognizing inconsistencies, evaluating conclusions and adapting thinking. (Canadian Practical Nurse Examination Blueprint, 2017)

Diverse/diversity

Based on the understanding that each individual is unique, the concept of diversity encompasses acceptance and respect. These differences include culture, race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs and ideologies. (Canadian Practical Nurse Examination Blueprint, 2017)

Duty to report

Nurses have a legal and ethical duty to report incompetent or impaired practice or unethical conduct of regulated health professionals. Most provinces/territories have legislation setting out the duty for nurses to report situations in which there is a good reason to believe that a health professional's practice is impaired or incompetent and may pose a significant risk to the public. The duty to report also requires nurses to report any sexual misconduct of a health professional. (British Columbia College of Nursing Professionals, 2019)

Evidence-informed practice

The ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other available resources to guide practice decisions. (Canadian Nurses Association, 2010; Canadian Council for Practical Nurse Regulators, 2013)

Fitness to practice

All the qualities and capabilities of an individual relevant to their practice as a nurse, including but not limited to freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs their ability to practise nursing. (Canadian Nurses Association, 2017)

Health Assessment

A process to obtain data on the client that includes a complete history of the client's health status as well as a comprehensive assessment. (Perry, A., Potter, P., & Ostendorf, W., 2018)

Health Care Team

Clients, families, healthcare professionals, unregulated health workers, students, volunteers, educators, spiritual leaders and others who may be involved in providing care. (Canadian Practical Nurse Examination Blueprint, 2017)

Health literacy

The ability to find, access, read, and understand reliable health information and to use that information to make informed decisions about their health. (Potter, P.A., Perry, A.G., Stockert, P., Hall, A., Astle, B.J., & Duggleby, W., 2019)

Informed consent

A legal condition whereby a person gives permission for interventions based upon a clear understanding of the facts, risks, implications, potential future consequences, and expected outcomes of an action.

(Canadian Practical Nurse Examination Blueprint, 2017)

Interprofessional collaboration

Interprofessional collaboration is the process of developing and maintaining effective working relationships with learners, practitioners, patients/clients/families and communities to enable optimal health outcomes. (Canadian Interprofessional Health Collaborative, 2010)

Leadership (formal)

Leadership defined by title, position, or organizational role. Where followers are motivated and empowered to achieve individual and common goals through a formalized relationship that is democratic and collegial. (AL-Dossary, R. N., 2017; Summerfield, M. R., 2014)

Leadership (informal)

Informal leaders are self-aware individuals who, while not holding formal leadership positions, are accessible, collaborative, and demonstrate professional competence while inspiring creativity through encouragement and influence. (Heard, C. P., Scott, J., McGinn, T., Van Der Kamp, E. & Yahia, A., 2018; Douglas Lawson, T., Tecson, K. M., Shaver, C. N., Barnes, S. A., & Kavil, S., 2019; Baghurst, T., & Stincelli, E., 2014)

Near miss

An event that reaches the patient but does not result in harm. Related to a "No-Harm Event". (Canadian Patient Safety Institute, 2015)

Nursing diagnosis

A clinical judgement concerning a human response to health conditions/life processes, or a vulnerability for that response, by an individual, family, group or community. A nursing diagnosis provides the basis for selection of nursing interventions to achieve outcomes for which the nurse has accountability. (NANDA International, 2019)

Professional boundaries

The space between the nurse's power and the patient's vulnerability and the defining lines which separate the therapeutic behaviour of nurses from behaviours which, well-intentioned or not, can reduce the benefit of care to clients. (College & Association of Registered Nurses of Alberta, 2011)

Professional misconduct

Behaviour outside the boundaries of what is considered acceptable or worthy of its membership by the governing body of a profession. (Canadian Practical Nurse Examination Blueprint, 2017)

Quality improvement

A systematic, formal approach to the analysis of practice performance and efforts to improve performance. (Canadian Patient Safety Institute, 2015; American Academy of Family Physicians, 2015)

Regulatory bodies/authorities

Canadian provincial and territorial bodies responsible for the regulation of licensed practical nurses.

Risk management

The ability to identify potential risks, recognize implications and respond appropriately. (Canadian Practical Nurse Examination Blueprint, 2017)

Scope of practice

The roles, responsibilities, functions and abilities which LPNs are educated and authorized to perform. It is determined through provincial legislation set in individual jurisdictions. (Canadian Practical Nurse Examination Blueprint, 2017)

Social media

The use of the Internet to post or publish information and/or to participate in discussions. This includes (but is not limited to) websites, social networks, online forums, texting, chat rooms, listservs, blogs, wikis, photo, video and audio file-sharing sites and virtual worlds. (Bodell, S., & Hook, A., 2014)

Standards of practice/practice standards

The expectations for nurses that contribute to public protection. They inform nurses of their accountabilities and the public of what to expect of nurses. The standards apply to all nurses regardless of their role, job description or area of practice. (College of Nurses of Ontario, 2019)

Therapeutic nurse-client relationship

A relationship based on trust, respect and intimacy with the client that requires the appropriate use of power. A relationship a nurse establishes and maintains with a client, through the use of professional knowledge, skills and attitudes, to provide nursing care expected to contribute to the client's wellbeing. (Canadian Nurses Association, 2017a)

Unregulated health worker

A healthcare worker who is not part of a regulated health profession, and who provides care to clients under the guidance of a regulated health professional/employer. (Canadian Nurses Association, 2008)



References

- AL-Dossary, R. N. (2017). Leadership in Nursing. *Contemporary Leadership Challenges*, 251. DOI:10.5772/65308.
- American Academy of Family Physicians (2015). Basics of Quality Improvement. <https://www.aafp.org/practice-management/improvement/basics.html>
- Baghurst, T., & Stincelli, E. (2014). A grounded theory exploration of informal leadership qualities as perceived by employees and managers in small organizations. *International Journal of Business Management and Economic Research*, 5(1), 1-8.
- Bodell, S., & Hook, A. (2014). Developing online professional networks for undergraduate occupational therapy students: An evaluation of an extracurricular facilitated blended learning package. *British Journal of Occupational Therapy*, 77(6), 320-323. <https://journals.sagepub.com/doi/10.4276/030802214X14018723138156>
- British Columbia College of Nursing Professionals. (2019). Taking action on concerns about practice. Retrieved from https://www.bccnp.ca/Standards/all_nurses/resources/dutyreport/Pages/taking_action.aspx
- Brunt, B. A. (2005). Critical thinking in nursing: An integrated review. *The Journal of Continuing Education in Nursing*, 36(2), 60-67. <https://www.ncbi.nlm.nih.gov/pubmed/15835580>
- Canadian Council of Registered Nurse Regulators. (2013). Competencies in the context of entry-level registered nurse practice. https://www.ccrnr.ca/assets/jcp_rn_competencies_2012_edition.pdf
- Canadian Council for Practical Nurse Regulators. (2013). Entry-to-Practice Competencies for Licensed Practical Nurses. <https://www.ccpnr.ca/wp-content/uploads/2013/09/IJLPN-ETPC-Final.pdf>
- Canadian Interprofessional Health Collaborative. (2010). A national interprofessional competency framework. Retrieved from <https://www.cihc.ca/>
- Canadian Medical Association (n.d.). The future of technology in health and health care: A primer.
- Canadian Nurses Association. (2008). Unregulated health workers: A Canadian and Global perspective. https://cna-aiic.ca/~media/cna/page-content/pdf-en/unregulated_health_workers_04_2008_e.pdf?la=en&hash=59B29E7FAF90ABB5C558CC9DF00D40F9E15ADF6F
- Canadian Nurses Association. (2010). Position statement: Evidence-informed decision-making and nursing practice. Retrieved from <https://www.cna-aiic.ca/~media/nurseone/page-content/pdf-en/evidence-informed-decision-making-and-nursing-practice.pdf>Canadian
- Canadian Nurses Association. (2017a). Code of ethics. Retrieved from <https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive>
- Canadian Nurses Association. (2018). Position statement: Promoting cultural competence in nursing. Retrieved March 2019 from https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/position_statement_promoting_cultural_competence_in_nursing.pdf?la=en&hash=4B394DAE5C2138E7F6134D59E505DCB059754BA9

Canadian Nurses Association. (2019). Policy and advocacy. Retrieved from <https://www.cna-aicc.ca/en/policy-advocacy>

Canadian Patient Safety Institute. (2015). Patient safety and incident management toolkit. Retrieved from <https://www.patientsafetyinstitute.ca/en/toolsResources/PatientSafetyIncidentManagementToolkit/Pages/default.aspx>

Canadian Patient Safety Institute. (2017). General patient safety. Retrieved from <https://www.patientsafetyinstitute.ca/en/Topic/Pages/General-Patient-Safety.aspx>

Canadian Patient Safety Institute. (2019). Patient safety and incident management toolkit. Retrieved from <https://www.patientsafetyinstitute.ca/en/toolsResources/PatientSafetyIncidentManagementToolkit/IncidentManagement/Pages/default.aspx>

Canadian Practical Nurse registration Examination (2018). Examination Blueprint. <http://cpnre.ca/wp-content/uploads/2019/02/YAS-CPNRE-Blueprint-Eng.pdf>

College & Association of Registered Nurses of Alberta. (2011). Professional Boundaries for Registered Nurses. Available at https://www.nurses.ab.ca/docs/default-source/document-library/guidelines/rn_professional-boundaries.pdf?sfvrsn=cc43bb24_12

College of Licensed Practical Nurses of Nova Scotia and College of Registered Nurses of Nova Scotia. (2018). Fact Sheet: Modifications of scope related to Naloxone. <https://crnns.ca/publication/modifications-of-scope-related-to-naloxone-fact-sheet/>

College of Nurses. (2017). Practice guideline: Consent. Retrieved from http://www.cno.org/globalassets/docs/policy/41020_consent.pdf

College of Nurses of Ontario. (2006). Practice standard: Therapeutic nurse-client relationship, revised 2006. Retrieved from https://www.cno.org/globalassets/docs/prac/41033_therapeutic.pdf

College of Nurses of Ontario. (2013). Practice guideline: Working with unregulated care providers. Retrieved from https://www.cno.org/globalassets/docs/prac/41014_workingucp.pdf

College of Nurses of Ontario. (2018). Legislation and regulation: An introduction to the Nursing Act, 1991. Retrieved from https://www.cno.org/globalassets/docs/prac/41064_fsnursingact.pdf

College of Nurses of Ontario. (2019). Practice standard: Code of conduct. Retrieved from https://www.cno.org/globalassets/docs/prac/49040_code-of-conduct.pdf

College of Nurses of Ontario. (2019). Reference Document: Professional misconduct. Retrieved from https://www.cno.org/globalassets/docs/ih/42007_misconduct.pdf

Davis, C. (2017). The importance of professional accountability. *Nursing Made Incredibly Easy*, 15(6), 4. <https://insights.ovid.com/crossref?an=00152258-201711000-00001>

Douglas Lawson, T., Tecson, K. M., Shaver, C. N., Barnes, S. A., & Kavli, S. (2019). The impact of informal leader nurses on patient satisfaction. *Journal of nursing management*, 27(1), 103-108. <https://doi.org/10.1111/jonm.12653>

Frank, J. R., Snell, L., Sherbino, J., editors (2015). CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada. Available at http://canmeds.royalcollege.ca/uploads/en/framework/CanMEDS%202015%20Framework_EN_Reduced.pdf

Heard, C. P., Scott, J., McGinn, T., Van Der Kamp, E., & Yahia, A. (2018). Informal Leadership in the Clinical Setting: Occupational Therapist Perspectives. *The Open Journal of Occupational Therapy*, 6(2). <https://doi.org/10.15453/2168-6408.1427>

Loiselle, C. G., Profetto-McGrath, J., Polit, D. F., & Beck, C. T. (2011). *Canadian essentials of nursing research* (3rd ed.). Philadelphia, PA: Wolters Kluwer Health – Lippincott Williams & Wilkins.

MacKinnon, K., Butcher, D. L., & Bruce, A. (2018). Working to full scope: The reorganization of nursing work in two Canadian community hospitals. *Global Qualitative Nursing Research*, 5, 1-14. DOI: 10.1177/2333393617753905.

Nanda International. (2019). Glossary of terms. Retrieved from <https://www.nanda.org/nanda-i-resources/glossary-of-terms/>

Nova Scotia Nurses Union. (2015). Broken homes: Nurses speak out on the state of long-term care in Nova Scotia and chart a course for a sustainable future. Retrieved March 2019 from [http://www.nsnu.ca/site/media/nsnu/Broken%20Homes%20Web%20Version\(2\).pdf](http://www.nsnu.ca/site/media/nsnu/Broken%20Homes%20Web%20Version(2).pdf)

Perry, A., Potter, P., & Ostendorf, W., (2018). *Clinical nursing skills and techniques* (9th ed.). St. Louis: Mosby.

Phillips, L., & Neumeier, M. (2018). Building capacity for evidence-based practice: Understanding how LPNs source knowledge. *Worldviews on Evidence-Based Nursing*, 15 (4), 290-295. DOI: 10.1111/wvn.12284.

Phillips, L., & Weiss, J. (2018). Education program standards of Canadian practical nurse programs. *Journal of Nursing Regulation*, 9(1), 38-45. DOI: 10.1016/S2155-8256(18)30053-X.

Potter, P.A., Perry, A.G., Stockert, P., Hall, A., Astle, B.J., & Duggeby, W. (2019). *Canadian Fundamentals of Nursing* (6th ed.). Toronto: Mosby.

Province of Nova Scotia. (2016). Nova Scotia's nursing strategy: Progress update. Retrieved March 2019 from <https://novascotia.ca/dhw/nurses/documents/Nursing-Strategy-Update-2016.pdf>

Registered Nurses Association of Ontario. (2006). Client centered care. Retrieved from https://rnao.ca/sites/rnao-ca/files/Client_Centred_Care.pdf

Rootman, I., & Gordon-El-Bihbrey, D. (2008). A vision for a health literate Canada. Canadian Public Health Agency. Retrieved from <https://www.cpha.ca/vision-health-literate-canada-report-expert-panel-health-literacy>

Skår, R. (2010). The meaning of autonomy in nursing practice. *Journal of Clinical Nursing*, 19(15-16), 2226-2234. <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2702.2009.02804.x>

Summerfield, M. R. (2014). Leadership: A simple definition. *American Journal of Health-System Pharmacy*, 71(3) 251-253. <https://doi.org/10.2146/ajhp130435>

Tarnowski, G. J, Bateman, T., Stanger L., & Phillips, L. A. (2017). Update of licensed practical nurse competencies in Alberta. *Journal of Nursing Regulation*, 8(2), 17-22. DOI: 10.1016/S2155-8256(17)30094-7.

Van Graan, A. C., Williams, M. J. S., & Koen, M. P. (2016). Professional nurses' understanding of clinical judgement: A contextual inquiry. *Health SA Gesondheid*, 21, 280-293.
<https://www.sciencedirect.com/science/article/pii/S1025984816300047>

Wadson, K., & Phillips, L. A. (2018). Information literacy skills and training of licensed practical nurses in Alberta, Canada: results of a survey. *Health Information and Libraries Journal*, 35, 141-159. DOI: 10.1111/hir.12217.







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

www.clpnnl.ca

209 Blackmarsh Road, St. John's, NL A1E 1T1
709.579.3843 • Toll Free 1.888.579.2576 • info@clpnnl.ca