



Registered Nurse Entry-Level Competencies

Effective: June 19, 2024

CRNS's Mandate and Purpose

The College of Registered Nurses of Saskatchewan (CRNS) is a profession-led regulatory body established in 1917 by the provincial legislature. The CRNS is accountable through *The Registered Nurses Act, 1988* for public protection by ensuring members are safe, competent and ethical practitioners. One of the ways CRNS does this is by establishing and maintaining standards for registered nurse (RN) practice. Standards are developed in collaboration with members, the public and stakeholders and when examined alongside the RN entry-level competencies outline the basic expectations for RN practice in Saskatchewan.

Throughout this document, the term registered nurse refers to graduate nurse, GN; registered nurse, RN; graduate nurse practitioner, GNP; registered nurse with Additional Authorized Practice, RN(AAP); and nurse practitioner, NP.

Entry-Level Competencies

Background

In 2017, the Canadian Council of Registered Nurse Regulators (CCRNRR) initiated the revisions of the Entry-Level Competencies of Registered Nurses in Canada (the “ELCs”). This initiative was led by a working group comprised of 11 jurisdictions representing registered nurse regulators in Canada. The ELCs are revised every five years to ensure inter-jurisdictional consistency and practice relevance. Consistency between jurisdictions supports the workforce mobility requirements of the Canadian Free Trade Agreement. Revisions are based on the results of an environmental scan, literature reviews and stakeholder consultation. The regulatory body in each jurisdiction validates and approves the ELCs and confirms they are consistent with provincial/territorial legislation.

Each ELC in this context is considered to be an observable ability of a registered nurse at entry-level that integrates the knowledge, skills, abilities and judgment required to practice nursing safely and ethically.

ELCs 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
- Input into the content and scope of entry-to-practice exams
- Practice advice/guidance to clinicians
- Public and employer awareness of the practice expectations of registered nurses

The Context of Entry-Level Registered Nursing Practice

The design and application of the listed competencies is at entry-to-practice. Entry-level RNs are at the point of initial registration or licensure, following graduation from an approved nursing education program. Their beginning practice draws on a theoretical and experiential knowledge-base that has been shaped by specific experiences during their education program. They are health care team members who are expected to accept responsibility and demonstrate accountability for their practice. They will recognize their limitations, ask questions, exercise professional judgment and determine when they require consultation. Entry-level RNs realize the importance of identifying what they know and do not know, what their learning gaps may be, and how and where to access available resources. They display initiative, a beginning confidence, and self-awareness in taking responsibility for their decisions in the care they provide.

RN practice is dynamic and evolving; the ELCs establish the foundation for nursing practice. Entry-to-practice represents the time when learners become clinicians. Further development of RN practice is facilitated through education, collaboration and mentorship. All groups involved in the provision of health care have a shared responsibility to create and maintain practice environments that support RNs in providing safe, ethical and quality health care. The practice environment influences the transition and consolidation of RN practice and the development of further competence.

Overarching Principles

These competencies are expected not only of entry-level RNs; all RNs are ultimately accountable to meet these competencies throughout their careers relative to their specific context and/or patient population. The following overarching principles apply to the education and practice of entry-level registered nurses:

1. The entry-level RN is a beginning practitioner. It is unrealistic to expect an entry-level RN to function at the level of practice of an experienced RN.
2. The entry-level RN works within the registered nursing scope of practice, and appropriately seeks guidance when they encounter situations outside of their ability.
3. The entry-level RN must have the requisite skills and abilities to attain the entry-level competencies.
4. The entry-level RN is prepared as a generalist to practice safely, competently, compassionately and ethically:
 - in situations of health and illness;
 - with all people across the lifespan;
 - with all recipients of care: individuals, families, groups, communities and populations;
 - across diverse practice settings; and,
 - using evidence-informed practice.
5. The entry-level RN has a strong foundation in nursing theory, concepts and knowledge, health and sciences, humanities, research, and ethics from education at the baccalaureate level.
6. The entry-level RN practices autonomously within legislation, practice standards, ethics and scope of practice in their jurisdiction.
7. The entry-level RN applies the critical thinking process throughout all aspects of practice.

The client is the central focus of RN practice and leads the process of decision-making related to care. In the context of this document, “client” refers to a person who benefits from registered nursing care and, where the context requires, includes a substitute decision-maker for the recipient of nursing services. A client may be an individual, a family, group, community or population. Client-centred care reflects that people are at the centre of decisions about their health and are seen as experts, working alongside RNs to achieve optimal health outcomes.

Structure

The document is organized thematically using a roles-based format. There are a total of 101 competencies grouped thematically under nine headings:

1. Clinician
2. Professional
3. Communicator
4. Collaborator
5. Coordinator
6. Leader
7. Advocate
8. Educator
9. Scholar



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Integration of all nine roles enables the entry-level RN to provide safe, competent, ethical, compassionate and evidence-informed nursing care in any practice setting. Some concepts are relevant to multiple roles. For the sake of clarity and to avoid unnecessary repetition, certain key concepts (e.g. client-centred) are mentioned once and assumed to apply to all competencies.

Competencies

1. Clinician

Registered nurses are clinicians who provide safe, competent, ethical, compassionate and evidence-informed care across the lifespan in response to client needs. Registered nurses integrate knowledge, skills, judgment and professional values from nursing and other diverse sources into their practice.

1.1 Provides safe, ethical, competent, compassionate, client-centred and evidence-informed nursing care across the lifespan in response to client needs.

1.2 Conducts a holistic nursing assessment to collect comprehensive information on client health status.

1.3 Uses principles of trauma-informed care which places priority on trauma survivors' safety, choice and control.

Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. (Hopper, Bassuk & Olivet, 2009, p. 133)

1.4 Analyses and interprets data obtained in client assessment to inform ongoing decision-making about client health status.

1.5 Develops plans of care using critical inquiry to support professional judgment and reasoned decision-making.

Critical inquiry is a . . . process of purposeful thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice. In addition, this process is associated with a spirit of inquiry, discrimination, logical reasoning and application of standards . . . (Brunt, 2005, p. 61)

1.6 Evaluates effectiveness of plan of care and modifies accordingly.

1.7 Anticipates actual and potential health risks and possible unintended outcomes.

1.8 Recognizes and responds immediately when client safety is affected.

1.9 Recognizes and responds immediately when client's condition is deteriorating.

1.10 Prepares clients for and performs procedures, treatments and follow-up care.

1.11 Applies knowledge of pharmacology and principles of safe medication practice.

1.12 Implements evidence-informed practices of pain prevention, manages client's pain and provides comfort through pharmacological and non-pharmacological interventions.

1.13 Implements therapeutic nursing interventions that contribute to the care and needs of the client.

1.14 Provides nursing care to meet palliative and end-of-life care needs.

1.15 Incorporates knowledge about ethical, legal, and regulatory implications of medical assistance in dying (MAiD) when providing nursing care.

- 1.16 Incorporates principles of harm reduction with respect to substance use and misuse into plans of care.
Harm reduction is considered to be “policies, programmes and practices that aim to primarily reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption” (CNA, 2017a, p. 15).
- 1.17 Incorporates knowledge of epidemiological principles into plans of care.
- 1.18 Provides recovery-oriented nursing care in partnership with clients who experience a mental health condition and/or addiction.
Recovery-oriented practice includes six dimensions: 1. Creating a Culture and Language of Hope; 2. Recovery is Personal; 3. Recovery Occurs in the Context of One’s Life; 4. Responding to the Diverse Needs of Everyone Living in Canada; 5. Working with First Nations, Inuit and Métis; and 6. Recover is about Transforming Services and Systems. (Mental Health Commission of Canada, 2015, pp. 15-17)
- 1.19 Incorporates mental health promotion when providing nursing care.
- 1.20 Incorporates suicide prevention approaches when providing nursing care.
- 1.21 Incorporates knowledge from the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology and nutrition.
- 1.22 Incorporates knowledge from nursing science, social sciences, humanities and health-related research into plans of care.
- 1.23 Uses knowledge of the impact of evidence-informed registered nursing practice on client health outcomes.
- 1.24 Uses effective strategies to prevent, de-escalate and manage disruptive, aggressive or violent behaviour.
- 1.25 Uses strategies to promote wellness, to prevent illness, and to minimize disease and injury in clients, self and others.
- 1.26 Adapts practice in response to the spiritual beliefs and cultural practices of clients.
- 1.27 Implements evidence-informed practices for infection prevention and control.

2. Professional

Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession.

Registered nurses demonstrate accountability, accepts responsibility and seeks assistance as necessary for decisions and actions within the legislated scope of practice.

- 2.1 Demonstrates accountability, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated scope of practice.
- 2.2 Demonstrates a professional presence, and confidence, honesty, integrity and respect in all interactions.

Professional presence is the demonstration of respect, confidence, integrity, optimism, passion and empathy in accordance with professional standards, guidelines and codes of ethics. It includes a nurse's verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of full name and title. The demonstration of professional presence leads to trusting relationships with clients, families, communities and other health care team members. (College of Nurses of Nova Scotia, 2018, p. 2)
- 2.3 Exercises professional judgment when using agency policies and procedures, or when practicing in their absence.
- 2.4 Maintains client privacy, confidentiality and security by complying with legislation, practice standards, ethics and organizational policies.
- 2.5 Identifies the influence of personal values, beliefs and positional power on clients and the health care team and acts to reduce bias and influences.
- 2.6 Establishes and maintains professional boundaries with clients and the health care team.
- 2.7 Identifies and addresses ethical (moral) issues using ethical reasoning, seeking support when necessary.
- 2.8 Demonstrates professional judgment to ensure social media and information and communication technologies (ICTs) are used in a way that maintains public trust in the profession.

Information and communication technologies "Encompasses all those digital and analogue technologies that facilitate the capturing, processing, storage, and exchange of information via electronic communication" (Canadian Association of Schools of Nursing, Canada Health Infoway, 2012, p. 13).
- 2.9 Adheres to the self-regulatory requirements of jurisdictional legislation to protect the public by:
 - assessing own practice and individual competence to identify learning needs;
 - developing a learning plan using a variety of sources;
 - seeking and using new knowledge that may enhance, support or influence competence in practice; and,
 - implementing and evaluating the effectiveness of the learning plan and developing future learning plans to maintain and enhance competence as a registered nurse.
- 2.10 Demonstrates fitness to practice.

Fitness to practice are "all the qualities and capabilities of an individual relevant to their practice as a nurse, including but not limited to the freedom from any cognitive, physical, psychological or emotional condition and dependence from alcohol or drugs that impairs their ability to practice nursing" (CNA, 2017b, p.22).

- 2.11 Adheres to the duty to report.
- 2.12 Distinguishes between the mandates of regulatory bodies, professional associations and unions.
- 2.13 Recognizes, acts on and reports harmful incidences, near misses and no harm incidences.

Patient safety incident is considered to be: An event or circumstance which could have resulted, or did result, in unnecessary harm to a patient. There are three types of patient safety incidents:

 - harmful incident: a patient safety incident that resulted in harm to the patient. Replaces “preventable adverse event”;
 - near miss: a patient safety incident that did not reach the patient and therefore no harm resulted; and,
 - no-harm incident: a patient safety incident that reached the patient but no discernable harm resulted. (Canadian Patient Safety Institute, 2015, Glossary)
- 2.14 Recognizes, acts on and reports actual and potential workplace and occupational safety risks.

3. Communicator

Registered nurses are communicators who use a variety of strategies and relevant technologies to create and maintain professional relationships, share information and foster therapeutic environments.

- 3.1 Introduces self to clients and health care team members by first and last name and professional designation (protected title).
- 3.2 Engages in active listening to understand and respond to the client's experience, preferences and health goals.
- 3.3 Uses evidence-informed communication skills to build trusting, compassionate and therapeutic relationships with clients.
- 3.4 Uses conflict transformation strategies to promote healthy relationships and optimal client outcomes.
- 3.5 Incorporates the process of relational practice to adapt communication skills.

Relational practice is considered to be “a respectful and reflexive approach to inquire into patients’ lived experiences and health care needs” (Zou, 2016, p. 1).
- 3.6 Uses ICTs to support communication.
- 3.7 Communicates effectively in complex and rapidly-changing situations.
- 3.8 Documents and reports clearly, concisely, accurately and in a timely manner.

4. Collaborator

Registered nurses are collaborators who play an integral role in the health care team partnership.

- 4.1 Demonstrates collaborative professional relationships.
- 4.2 Initiates collaboration to support care planning and safe, continuous transitions from one health care facility to another, or to residential, community or home and self-care.
- 4.3 Determines their own professional and interprofessional role within the team by considering the roles, responsibilities and the scope of practice of others.
- 4.4 Applies knowledge about the scopes of practice of each regulated nursing designation to strengthen intraprofessional collaboration that enhances contributions to client health and well-being.
- 4.5 Contributes to health care team functioning by applying group communication theory principles and group process skills.

5. Coordinator

Registered nurses coordinate point-of-care health service delivery with clients, the health care team, and other sectors to ensure continuous, safe care.

- 5.1 Consults with clients and health care team members to make ongoing adjustments required by changes in the availability of services or client health status.
- 5.2 Monitors client care to help ensure needed services happen at the right time and in the correct sequence.
- 5.3 Organizes own workload, assigns nursing care, sets priorities and demonstrates effective time management skills.
- 5.4 Demonstrates knowledge of the delegation process.
- 5.5 Participates in decision-making to manage client transfers within health care facilities.
- 5.6 Supports clients to navigate health care systems and other service sectors to optimize health and well-being.
- 5.7 Prepares clients for transitions in care.
- 5.8 Prepares clients for discharge.
- 5.9 Participates in emergency preparedness and disaster management.

6. Leader

Registered nurses are leaders who influence and inspire others to achieve optimal health outcomes for all.

- 6.1 Acquires knowledge and responds to the Calls to Action of the Truth and Reconciliation Commission of Canada.
- 6.2 Integrates continuous quality improvement principles and activities into nursing practice.
- 6.3 Participates in innovative client-centred care models.
- 6.4 Participates in creating and maintaining a healthy, respectful and psychologically safe workplace.
- 6.5 Recognizes the impact of organizational culture and acts to enhance the quality of a professional and safe practice environment.
- 6.6 Demonstrates self-awareness through reflective practice and solicitation of feedback.
- 6.7 Takes action to support culturally-safe practice environments.
- 6.8 Uses and allocates resources wisely.
- 6.9 Provides constructive feedback to promote professional growth of other members of the health care team.
- 6.10 Demonstrates knowledge of the health care system and its impact on client care and professional practice.
- 6.11 Adapts practice to meet client care needs within a continually changing health care system.

7. Advocate

Registered nurses are advocates who support clients to voice their needs to achieve optimal health outcomes. Registered nurses also support clients who cannot advocate for themselves.

- 7.1 Recognizes and takes action in situations where client safety is actually or potentially compromised.
- 7.2 Resolves questions about unclear orders, decisions actions or treatment.
- 7.3 Advocates for the use of Indigenous health knowledge and healing practices in collaboration with Indigenous healers and Elders consistent with the *Calls to Action of the Truth and Reconciliation Commission of Canada*.
- 7.4 Advocates for health equity for all, particularly for vulnerable and/or diverse clients and populations.
- 7.5 Supports environmentally-responsible practice, which includes,
“. . . environmental preservation and restoration while advocating for initiatives that reduce environmentally harmful practices in order to promote health and well- being” (CNA, 2017b, p. 19).
- 7.6 Advocates for safe, competent, compassionate and ethical care for clients.
- 7.7 Supports and empowers clients in making informed decisions about their health care, and respects their decisions.

- 7.8 Supports healthy public policy and principles of social justice. Social justice is considered to be:
The fair distribution of society’s benefits and responsibilities and their consequences. It focuses on the relative position of one social group in relation to others in society as well as on the root causes of disparities and what can be done to eliminate them. (Canadian Nurses Association, 2017b, p. 26)
- 7.9 Assesses that clients have an understanding and ability to be an active participant in their own care, and facilitates appropriate strategies for clients who are unable to be fully involved.
- 7.10 Advocates for client’s rights and ensures informed consent, guided by legislation, practice standards, and ethics.
- 7.11 Uses knowledge of population health, determinants of health, primary health care and health promotion to achieve health equity.
Determinants of health are the “broad range of personal, social, economic and environmental factors that determine individual and population health” (Government of Canada, 2018, para 2).
Primary health care (PHC) is a philosophy and approach that is integral to improving the health of all Canadians and the effectiveness of health service delivery in all care settings. PHC focuses on the way services are delivered and puts the people who receive those services at the centre of care. The essential principles of PHC, as set out in the World Health Organization’s *Declaration of Alma-Ata*, are: accessibility; active public participation; health promotion and chronic disease prevention and management; the use of appropriate technology and innovation; intersectoral cooperation and collaboration. (Canadian Nurses Association, 2015, p. 1)
- 7.12 Assesses client’s understanding of informed consent and implements actions when client is unable to provide informed consent.
- 7.13 Demonstrates knowledge of a substitute decision maker’s role in providing informed consent and decision-making for client care.
- 7.14 Uses knowledge of health disparities and inequities to optimize health outcomes for all clients.
Health equity is the “absence of unjust, avoidable differences in health care access, quality or outcomes” (Canadian Institute for Health Information, 2018, p. 5).

8. Educator

Registered nurses are educators who identify learning needs with clients and apply a broad range of educational strategies towards achieving optimal health outcomes.

- 8.1 Develops an education plan with the client and team to address learning needs.
- 8.2 Applies strategies to optimize client health literacy.
- 8.3 Selects, develops and uses relevant teaching and learning theories and strategies to address diverse clients and contexts, including lifespan, family and cultural considerations.
- 8.4 Evaluates effectiveness of health teaching and revises education plan if necessary.
- 8.5 Assists clients to access, review and evaluate information they retrieve using ICTs.

9.Scholar

Registered nurses are scholars who demonstrate a lifelong commitment to excellence in practice through critical inquiry, continuous learning, application of evidence to practice and support of research activities.

- 9.1 Uses best evidence to make informed decisions.
- 9.2 Translates knowledge from all sources into professional practice.
- 9.3 Engages in self-reflection to interact from a place of cultural humility and create culturally-safe environments where clients perceive respect for their unique health care practices, preferences and decisions.

Cultural humility is a “lifelong process” of developing attributes such as “openness, self-awareness, egoless, supportive interactions and self-reflection and critique” when interacting with diverse individuals (Foronda, Baptiste, Reinholdt, & Ousman, 2016, p. 211).
- 9.4 Engages in activities to strengthen competence in nursing informatics.

Nursing informatics is considered to be, “A science and practice [which] integrates nursing, its information and knowledge, and their management, with information and communication technologies to promote the health of people, families and communities worldwide” (Canadian Association of Schools of Nursing, Canada Health Infoway, 2012, p. 13).
- 9.5 Identifies and analyzes emerging evidence and technologies that may change, enhance or support health care.
- 9.6 Uses knowledge about current and emerging community and global health care issues and trends to optimize client health outcomes.
- 9.7 Supports research activities and develops own research skills.
- 9.8 Engages in practices that contribute to lifelong learning.

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