Canadian Examination for Baccalaureate Nursing (CEBN)

Candidate Handbook

Contents of CEBN Candidate Handbook

General Information

Purpose of the Canadian Examination for Baccalaureate Nursing (CEBN)

CASN's mandate is to promote high-quality nursing education in Canada. To this end, graduates of Canadian baccalaureate nursing programs are invited to take this examination. Success provides official recognition of the candidate's mastery of the essential components of baccalaureate education for nursing in the Canadian context.

The CEBN is available in English and French to students who have graduated from a Canadian baccalaureate program. Success on this national, voluntary examination will demonstrate formally that the candidate has mastered the national outcome expectations for graduates of baccalaureate nursing programs in Canada. The successful candidate will also be entitled to use the CEBN designation, including the right to include it in their signature, and the CEBN pin.

Goal of the CEBN

The goal of the Canadian Association of Schools of Nursing's (CASN) Canadian Examination for Baccalaureate Nursing (CEBN) is to offer a national, bilingual voluntary examination for graduates of baccalaureate programs of nursing in Canada that demonstrates their mastery of the essential components of baccalaureate education, as specified in the *CASN National Nursing Education Framework* (2015).

Baccalaureate Nursing

The *CASN National Nursing Education Framework* (2015) was developed by expert panels with extensive input from key stakeholders from all sectors of nursing. The framework incorporates the findings of an extensive literature review and environmental scan and identifies the core expected learning outcomes for graduates at the baccalaureate, master's, and doctoral levels. It also demonstrates the expected academic progression from one nursing degree level to the other. This framework provides schools of nursing with national guidelines that incorporate professional outcome expectations for entry-level registered nurses, nurses in advanced nursing roles, and nurses prepared as researchers at the doctoral level. It also incorporates the national cross-disciplinary degree outcome expectations for graduates of baccalaureate, master's, and doctoral programs in Canada. It is important to note that the *Framework* integrates the entry-to-practice competencies as defined by the provincial and territorial regulatory bodies in Canada.

Scope of the CEBN

The *National Nursing Education Framework* is organized into six domains: knowledge, research, practice, communication and collaboration, professionalism, and leadership. The essential components within each domain and for each degree level represent the core domain-related outcomes expected of students on graduation. For the purposes of the examination, however, the knowledge and research domains have been collapsed into a single category, as has the professionalism and leadership domain. Thus, the resulting broad categories of outcome expectations for the CASN Canadian Examination for Baccalaureate Nursing are evidence-informed knowledge worker, entry-level clinician, communicator and collaborator, and health professional/change agent.

About the CEBN Examination

Eligibility Requirements to Write the CEBN Exam

The requirements for eligibility to write the CEBN are as follows:

a. The candidate must be a graduate from a Canadian baccalaureate nursing program
b. The candidate must sit the examination within 12 months of graduating
c. The candidate must pay the examination fees.

Nondiscrimination

CASN makes every effort to remove the possibility of discrimination of candidates based on age, gender, race, sexual orientation, citizenship, disability, or other factors. Each candidate's eligibility is evaluated based on the abovementioned criteria, which are independent of these identifying factors.

The online multiple-choice question format helps to mitigate the possibility of discrimination in marking.

For information regarding accommodation requests, please see the section "Special Accommodations for Candidates" below.

Examination Blueprint

Please see Appendix A for the Examination Blueprint in full.

There are approximately 200 multiple-choice questions covering four competency categories:

- Evidence-informed knowledge worker (knowledge and research domains in the framework)
- Entry-level clinician (practice domain in the framework)
- Communicator & collaborator (communicator & collaborator domain in the framework)
- Health professional change agent (leadership and professionalism domains in the framework)

Percentage of Questions by Categories

The questions on the CEBN fall into one of the aforementioned four categories. The table below indicates the approximate percentage of the questions that will make up the CEBN.

Table 1. Question Competency Categories

Categories	*Percentage of items*
Evidenced-informed Knowledge Worker ***Framework Domains 1 & 2: Knowledge & Research***	**9-19%**
Entry-level Clinician ***Framework Domain 3: Practice***	**54-64%**
Communicator and Collaborator ***Framework Domain 4: Communication & Collaboration***	**8-18%**
Health Professional/Change Agent ***Framework Domain 5 & 6: Professionalism & Leadership***	**9-19%**

The baccalaureate degree in nursing is designed to prepare a generalist nurse for entry-to-practice while simultaneously meeting educational standards for higher education that are applicable across disciplines. Therefore, the outcome expectations for new graduates address the care of clients across the life span. This encompasses the following life phases: i) newborn, ii) infant, child, adolescent, iii) adult, iv) childbearing person, v) older person, and vi) end-of-life.

For the purpose of this examination, the recipient of nursing care is referred to as a client and may be an individual, a family, a community, or a population. In addition, the blueprint is based on the assumption that settings for the delivery of nursing care are highly diverse including, but not limited to, community clinics and agencies, the workplace, primary health care centres, homes, long-term care, rehabilitative care, mental health and addiction facilities, acute care as well as care delivered at a distance from the client through the use of information and communication technologies (ICTs).

Table 2. Question Division by Phases of Life

Phase of Life	***Percentage of Total Questions***
Newborn	**3%**
Infant, child, adolescent	**15%**
Adult	**24%**
Childbearing person	**13%**
Older person	**31%**
End-of-life	**9%**

*5% of the questions target population health and there is not a fixed percentage for age groups addressed in these questions.

The Canadian Examination for Baccalaureate Nursing is computer-based with multiple choice questions including audio and visual items as well as case scenarios. It assesses knowledge, application, and clinical reasoning and judgement.

Table 3. Question Division by Type (Cognitive Taxonomy)

Type of Question	***Percentage of Total Questions***
Knowledge/Understanding	**10%**
Application	**40-50%**
Clinical reasoning & judgement	**40-50%**

All questions are scored as correct or incorrect.

Candidate Duties

The candidates will

- register for the exam;
- schedule their exam; and
- complete the examination during the scheduled test time.

Preparing for the Examination

Multiple-choice questions (MCQ) are written to assess the knowledge, skills, abilities, attitudes and judgments (i.e. the competencies) expected of an entry-level professional. Each MCQ is composed of two distinct elements that are presented to the examinees: the stem and the options. Multiple-choice questions are also classified by cognitive ability level and competency. Lastly, every question is supported by a rationale for each option and two references.

Elements of a multiple-choice question

Stem: The stem is the introductory part of the question that presents the examinee with a question or problem.

Options: The options are words, statements or numbers from which the examinee is to select the correct or best answer to the question or problem posed in the stem.

The Canadian Examination for Baccalaureate Nursing (CEBN) is computer-based with multiple choice questions including audio and visual questions and case scenarios.

Types of Questions

The first step in preparing for the CEBN is to review the definitions of the three types of questions that are tested. They are 1) Knowledge (10% of questions), 2) Application (40-50% of questions), and 3) Clinical Reasoning and Clinical Judgement (40-50% of questions).

- Knowledge questions pertain to recall and understanding of relevant content.
- Application questions demonstrate the candidate's ability to apply relevant knowledge and the nursing process to clinical situations.
- Clinical reasoning questions assess the cognitive process of observation, reflection, and analysis to interpret clinical data. Clinical judgement questions require the candidate to examine a synthesis of data to determine the optimum course of action.

Content Categories

The content tested by the CEBN fall into one of four categories: **Evidenced-informed Knowledge Worker** (Framework Domains 1 & 2: Knowledge & Research, 9-19% of questions); **Entry-level Clinician** (Framework Domain 3: Practice, 54-64% of questions); **Communicator and Collaborator** (Framework Domain 4: Communication & Collaboration, 8-18% of questions); **Health Professional/Change Agent** (Framework Domain 5 & 6: Professionalism & Leadership, 9-19% of questions).

- The **evidence-informed knowledge worker** applies evidence-informed knowledge in the provision of client-centred promotive, preventive, curative, rehabilitative, and end-of-life care across the life span and in diverse settings.
- The **entry-level clinician** collaborates with clients and health care team to assess, plan, intervene, and evaluate care of persons across the life span, families, and communities in diverse settings.

- The **communicator and collaborator** communicates and collaborates effectively with clients and members of the health care team.
- The **health professional/change agent** is a change agent whose nursing practice and conduct meets professional standards.

Case Studies

On the CEBN, there are many questions that are grouped together based on a single situation, or case study. These include an informational passage at the beginning of the group of questions that provides additional information and context. The questions grouped together will involve the same topic, but will have different types of questions included (see Table 1).

Audio/visual Questions

Some questions on the CEBN include an audio or visual component. For audio questions, you will click on the embedded clip to listen. You may listen as many times as needed. For visual questions, there will be one or more images for you to consider. You may click on the images to enlarge them to see in closer detail.

Preparation

The learner outcomes for each of the four categories are listed in Appendix A (the CEBN Blueprint). As all questions on the CEBN are based on a learner outcome, these can help guide candidates in studying for the CEBN along with the weighting of the categories of questions and the weighting of questions by phases of life.

The text books used in Canadian baccalaureate nursing program courses provide the necessary information needed on the learner outcomes. For some learning outcomes that target concepts used in the Canadian health care context such as cultural safety, it is recommended that Canadian textbooks or Canadian textbook editions be used.

In addition, the following documents may be a helpful source of information: Canadian Patient Safety Institute (CPSI), the Infection Prevention Association of Canada (IPAC) competencies for health professionals, and the national interprofessional education competencies. Candidates may also refer to the comprehensive CEBN reference list posted on the CEBN website, which includes all of the resources used in the creation of the CEBN questions.

Candidates are also encouraged to review the list of abbreviations in Appendix C. This list is also available on the CEBN website.

Starting in fall 2019, Yardstick Assessment Strategies will have a practice test available for candidates.

Term of the Designation

The CEBN designation does not expire.

Applying for the examination

Eligible candidates will apply online through a dedicated registration website. It is the responsibility of the applicant to ensure all information and supporting documents are submitted, that the information provided is accurate, and that all deadlines are met. The eligibility requirements listed above must be met.

The application will be considered complete when all requested documentation has been supplied, the form is accurately completed and the application fee has been submitted.

Fees

The pilot is free for all candidates. Following the pilot of the examination, the fees will be as below.

	2020	2021 and on
Initial Testing	tbc	tbc
Retest	tbc	tbc

Verification

CASN staff will verify the information on the application to ensure the eligibility requirements have been met. All information will be kept confidential.

Special Accommodation for Candidates

If a disability prohibits you from taking the examination under standard conditions, you may request a special accommodation as part of your online application a minimum of 40 business days prior to the examination date. Please include a letter formally requesting accommodation, specifying the accommodation you require, and a letter from a professional (physician, psychologist, therapist, counsellor, nurse) who is able to provide a formal diagnosis and specific guidelines for the accommodation required. Once your application has been processed, staff from CASN will contact you to discuss special arrangements.

Please note there will be audio/visual questions.

Examination Administration

Scheduling an Examination

It will be delivered at three fixed dates, three times a year through Yardstick Assessment Strategies Inc.'s testing centres. These are located across Canada at both schools and testing centres. In addition, test centres will be set up at a number of academic institutions where the exam will be administered at a fixed date. Candidates will be provided the testing location information including addresses, map links and location details approximately 4 weeks prior to the examination sitting date.

Approximately 4-weeks prior to the examination date, candidates will receive a booking confirmation email from Yardstick Assessment Strategies providing examination details such as the date and location.

Examination Interface Tutorial Examination (Demo)

Access to the Yardstick Assessment Strategies examination platform tutorial will be included in the "booking confirmation" email. Please note – this examination is for the interface functionality only – there are no content specific questions. Candidates can take this examination as many times as they choose to gain familiarity and comfort with the functions and layout of the examination interface prior to the examination day. This will also be made available to candidates on the scheduled examination date; however, we recommend this be taken prior to the date to ensure a prompt examination start after the registration process.

Missed Appointments and Cancellations

If a candidate cancels less than 10 business days before the examination or misses the scheduled examination, there will be no refund as the examination fee covers the administrative costs involved in setting up the examination writing schedules.

To withdraw formally from the examination, contact CASN at cebn-ecsbi@casn.ca a minimum of 10 business days before the date. Staff will confirm the withdrawal and send information on how to reapply. There will be an administrative fee of $50.

Inclement Weather, Power Failure, or Emergencies

If you are unable to write the examination due to inclement weather, power failures, or emergencies, your examination writing time will be rescheduled.

Candidate Information Change

Should candidates require an update to their personal information *(such as name change, address change, email change, etc.)* the candidates must contact CASN immediately. The first and last names on their identification provided to the proctor at the testing centre must match the names used on the candidate examination application form.

Examination Cancellation by Testing Site or Yardstick Assessment Strategies

In the unlikely event of an unexpected examination site change, candidates would be able to reserve a seat at a different location. Yardstick Assessment Strategies will work with affected candidates to secure a seat in a new testing location.

If a previously scheduled testing venue needs to cancel due to an unforeseen circumstance *(such as weather, power failure or an emergency)*, all candidates affected will be contacted by email and/or phone in order to confirm the new testing location. In the unlikely event of an unexpected examination site change, candidates would be able to reserve a seat at a different location. Yardstick Assessment Strategies will work with affected candidates to secure a seat in a new testing location.

In the event an unforeseen circumstance occurs at a testing centre on the scheduled examination date, candidates will be sent an email communication from Yardstick Assessment Strategies as soon as possible notifying the candidates of the issue. Further direction will then be provided to candidates as the events develop.

An emergency number will be included in the examination confirmation e-mail so candidates are able to contact Yardstick support in case of any unforeseen circumstances.

Examination Cancellation by Candidate

Candidates needing to cancel their examination must submit their request a minimum of 10-business days prior to the scheduled examination date directly to CASN.

Taking the Examination

The CEBN examination is coordinated by Yardstick Assessment Strategies Inc. and is administered using Yardstick Assessment Strategies Inc. software at the examination test centres.

Examination Day Review

Admission to the Examination

Upon confirming the seat reservation, candidates will receive a booking confirmation email which will specify the testing venue location address, any necessary map links, parking information and details on what to bring to the assessment centre. All candidates will be required to bring a copy of their booking confirmation email as well as government issued photo identification confirmation (e.g., driver's license, passport or permanent resident card) which has an expiration date and a signature. Expired identification will not be accepted by testing centres.

The candidate identification will be used by the proctor to confirm identity on examination day and will be compared to the candidate roster to ensure accuracy of the information. Upon completion of the identification verification process, the proctor will direct candidates to the candidate personal belongings designated area (this can vary from lockers, desk areas, or secure storage area within the testing room). Candidates are not permitted to bring any electronics (e.g., mobile devices, calculators, smart watches), paperwork, books or writing materials into the testing room. These articles must remain in the candidate personal belongings designated area for the duration of the examination. Permissible items include a sweater without pockets, disposable ear plugs and, if approved by the testing centre, water/juice/coffee/drink in a spill proof, clear and label free container.

Security /Testing Restrictions

Yardstick Assessment Strategies maintains examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their knowledge, skills, and abilities. Candidates will at all times be monitored by proctors and be required to provide a piece of valid government issued photo identification to the proctor for identity confirmation (e.g., driver's license, passport or permanent resident card).

Before candidates are permitted access to the examination room, proctors will ensure the following:

- All clothing with pockets or hoods are empty and are checked to ensure there is nothing inside (candidates will be required to turn out their pockets for confirmation)
- Cell phones and other electronic devices are turned off and left with the candidates personal belongings
- Glasses are checked to ensure they are not video equipped
- Hats are left with candidates personal belongings
- High boots are removed and inspected to ensure nothing is inside them

Confidentiality

Candidates will be required to sign a confidentiality agreement and are expected to demonstrate professional integrity related to the examination, e.g., no cheating or disclosure of examination items to others. All examination questions are the property of the Canadian Association of Schools of Nursing and it is forbidden to copy, reproduce, record, distribute, or display the examination questions by any means.

Late Arrival at the Testing Centre

All candidates are instructed to arrive at their reserved testing venue 30-minutes prior to the scheduled start time of their examination. In the event a candidate arrives past the scheduled start time, the following policies will apply:

- 1-29 minutes after the scheduled start time: the candidates may write their examination, however, they will lose any late time as this will not be added to their examination.
- 30+ minutes after the scheduled start time: the candidates will not be able to test and will be considered a “no-show”. Candidates must reapply for the next administration window.

Washroom Breaks

Candidates will be permitted to leave the secure testing room for washroom breaks, however, the time used will not be added to the examination and the countdown timer does not pause. It is highly recommended candidates use the washroom prior to the examination start time. All proctors are required to note each candidate’s washroom break exit and re-enter times. Candidates will not have access to their personal belongings during breaks.

At the End of the Examination

At the end of the permitted hours to write the examination, or before the end of exam if the candidate submits the examination early, the candidates will be given the opportunity to complete a post-examination feedback survey. The survey will ask questions regarding the examination process, the testing centre environment and the overall examination experience. This survey is not mandatory; however, it is highly recommended for candidates to submit their feedback.

Misconduct and Irregular Behaviour

Misconduct and irregular behaviour refer to any attempted violation(s) of the rules regarding any part of the examination process. This includes cheating, providing false information, taking the test for another person, removing or trying to remove examination materials from the testing venue and any activity that would be considered illegal such as harassment, theft or assault.

During the examination, the following actions will be considered misconduct and will result in your application being terminated:

- Using any books, papers, notes, calculators, or electronic or audio visual devices including organizers, iPods, pages, phones, or other recording devices
- Speaking or communicating in any form with another examination writer
- Purposefully exposing your responses to another examination writer
- Looking at the responses of another examination writer
- Removing or attempting to remove or copy examination material from the examination writing spot
- Failing to follow the directions of the invigilator
- Attempting to record examination questions or make notes
- Attempting to take the examination for someone else
- Attempting to tamper with the computer
- Attempting to access the internet or other reference material

Denial, Suspension, or Revocation of the CEBN Designation

Your CEBN designation will be denied, suspended, or revoked if you engage in any of the following activities:

- Falsifying any information requested in the designation process
- Misrepresenting your CEBN status
- Cheating on the CEBN exam

- Disclosing examination questions or responses, in whole or in part, in any form or by any means (oral, written, electronic, on the internet, or on any social media platforms)

Following the Examination

Scoring and Report

You will receive confirmation of your examination results. Please note that candidates will only be informed of a pass or fail, and not of a specific score. Results will be sent to the candidate electronically within two months of taking the examination.

Requests for Hand Scoring

The examination scoring is via computer-based testing (the computer instantly records the response provided by the candidate) and hand scoring is not relevant. No hand scoring will be provided.

Candidates Who Pass the Examination

Candidates who pass the examination will receive official notification and information on the appropriate use of the designation Canadian Examination for Baccalaureate Nursing™ (CEBN). They will also receive a certificate and a CEBN pin.

Candidates Who Do Not Pass the Examination

Candidates who do not pass the examination will receive official notification. Candidates who are not successful on the examination may apply to rewrite the examination at the next examination window. Examination fees will apply. Candidates are eligible to write the examination two more times, but it must be retaken within one year of graduation.

Confidentiality

Any information collected through the application and verification process will be kept confidential except in instances where the law requires disclosure of facts. Information about candidates for testing and results are considered confidential. Studies or reports on the examination process and results will contain no information identifying any candidate unless authorized in writing by the candidate.

Policies

Authorized use of CEBN™

The use of the CEBN designation is limited to individuals who have been successful on the examination and continue to meet the requirements for renewal of the designation.

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Appendix

Appendix A: Blueprint

The examination blueprint identifies the specific learner outcomes that are tested in each category. The learner outcomes provide the direction for the development of the examination questions.

Domain-related Learner Outcomes

I. Evidence-Informed Knowledge Worker.

Applies evidence-informed knowledge in the provision of client-centred promotive, preventive, curative, rehabilitative, and end-of-life care across the life span and in diverse settings.

1.1: Applies evidence-informed, foundational knowledge from nursing and from behavioural and life sciences in providing care (including anatomy, physiology, biochemistry, pathophysiology, pharmacology, psychology, microbiology, nutrition, and social sciences) regarding human development and human functioning over the life span.

1.1.1: Demonstrates an understanding of developmental transitions and their implications for nursing practice.

1.1.2: Demonstrates an understanding of situational transitions and their implications for nursing practice.

1.1.3: Applies an understanding of basic functional processes caring for clients across the life span (newborn, infant, child, adolescent, adult, childbearing person, older person, end-of-life) and alterations of these processes which include, but are not limited to, the following:

- fluid and electrolyte balance
- acid/base balance
- elimination
- skin integrity
- oxygenation
- mobility and immobility
- activity and rest
- sensorium.

1.1.4: Applies key elements of relevant psychosocial theories in caring for clients across the life span (infant, child, adolescent, adult, childbearing person, and family at each stage of the perinatal continuum, older person, and end-of-life) including the following:

- stress, coping, adaptation
- harm reduction
- crisis intervention
- recovery
- loss and grief
- trauma-informed care
- attachment and separation anxiety.

1.1.5: Demonstrates an understanding that death is a process of life, and the need and purpose for discussing advance directives with the client and family.

1.1.6: Demonstrates an understanding of the distinctions among the following concepts: palliative sedation, euthanasia, and medical assisted death.

1.1.7: Applies an understanding of the concepts of acute and chronic pain, pain management, and total pain experienced by palliative and end-of-life clients and their family (total pain being inclusive of physical, emotional, spiritual, practical, psychological, and social elements).

1.1.8: Applies an understanding of the complex interrelationships of multiple biological, psychological, social, and environmental determinants of health on acute and chronic conditions in providing care.

1.1.9: Applies an understanding of the physiology and the pathophysiology of physical conditions as they are manifested across the life span in providing care (newborn, infant, child, adolescent, adult, childbearing person, older person, end-of-life).

1.1.10: Applies an understanding of the spectrum of mental health conditions and substance use disorders as they are manifested in individuals across the lifespan in providing care (newborn, infant, child, adolescent, adult, childbearing person, older person, end-of-life).

1.1.11: Demonstrates knowledge of physiology and pathophysiology in relation to pharmacological treatment of acute and chronic conditions across the life span (infant, child, adolescent, adult, childbearing person, older person, end-of-life) and the therapeutic dose range, side effects, interactions, and adverse effects of the medications.

1.1.12: Demonstrates knowledge of psychobiology in relation to psychopharmacology and the therapeutic dose range, side effects, interactions, and adverse effects of psychotropic medications across the life span.

1.1.13: Demonstrates knowledge of the possible effects of complementary therapies on acute and chronic conditions, including mental health conditions and substance use disorders.

1.1.14: Demonstrates knowledge of medications used to treat mental health conditions, substance use disorders, opiate overdose and withdrawal, including opiate replacement medications and naloxone.

1.1.15: Calculates dosage for medication administration correctly.

1.1.16: Demonstrates an understanding of the intersection among economic, social, political, cultural, and environmental factors and the health of populations.

1.1.17: Describes the fundamental elements of patient safety, including:

- characteristics of organizations with respect to patient safety;
- use of evaluative strategies to promote safety;
- risks posed by personal and professional limitations;
- principles, practices and processes that promote patient safety; and

- system and latent failures in adverse events, etc. (Frank, Brien, & The Safety Competencies Steering Committee, 2008).

1.1.18: Applies an understanding of microbiology and infection prevention and control in nursing care including, but not limited to the following: (Infection Prevention and Control [IPAC] Canada, 2016).

- epidemiological principles of infectious diseases and distributions relative to a person, place and time; importance of travel history; and related travel restrictions;
- role of vaccines in preventing certain infections;
- Antibiotic-Resistant Organisms (e.g., MRSA, VRE, Carbapenem-Resistant Organisms, Clostridium difficile), local isolation, and patient management;
- routes of transmission of infectious organisms and characteristics of susceptible hosts;
- the need for additional infection control precautions and the type of precaution category (e.g., contact, droplet, and/or airborne);
- source control (e.g., respiratory etiquette, patient management including bed management, isolation, and visitor management);
- evidence-informed methods of hand hygiene and the need to implement this;
- safe use of appropriate personal protective equipment (PPE) (e.g., required PPE items for specific activities, clinical presentations, known diagnoses, how to safely put on and take off PPE, fit testing); and
- prevention and management of occupational exposure to sharps, blood and body fluids, and safe disposal of blood and body fluids.

1.1.19: Demonstrates an understanding of the application of the following concepts to nursing care of individual, family, or community clients:

- the health status of populations
- vulnerable populations
- population health ethics
- cultural safety
- social justice
- principles of primary health care.

1.1.20: Applies knowledge of population/community-based strategies for:

- health protection
- health promotion
- communicable and non-communicable diseases
- injury prevention
- health emergency preparedness and disaster response.

1.1.21: Describes the inter-relationships between the individual, family, community, population, and system.

1.1.22: Demonstrates an understanding of research methodologies to support evidence-informed practice.

1.2: Demonstrates foundational knowledge of the health-related needs of diverse clients in rural and urban settings relevant to the provision of promotive, preventive, curative, rehabilitative, and end-of-life nursing care.

1.2.1: Applies an understanding of how comorbidities may increase severity of health challenges, levels of disability, and the need for health services.

1.2.2: Applies an understanding of how mental health comorbidities may increase severity of health challenges, levels of disability, and use of health services.

1.2.3: Applies an understanding of the role of contextual factors and the social determinants of health on health promotion and prevention of illness and/or injury among clients in diverse settings.

1.2.4: Applies an understanding of the role of contextual factors and the social determinants of health on the health needs and the health outcomes of the following clients in diverse settings:

- clients experiencing acute and/or chronic illness;
- clients receiving palliative and end-of-life care;
- childbearing persons in the preconception phase, during pregnancy, and in the postpartum phase; and
- clients experiencing mental health conditions and/or substance abuse disorders.

1.2.5: Recognizes the need to understand how social determinants of health, health trends, and challenges affect the health of individual, family, and community clients.

1.2.6: Applies an understanding of the calls to action related to the health care of the Indigenous people of Canada articulated in the Truth and Reconciliation Report (Truth and Reconciliation Commission of Canada, 2015).

II: Practice – Entry-level Generalist Clinician.

Collaborates with clients and health care team to assess, plan, intervene, and evaluate care of persons across the life span, families, and communities in diverse settings.

2.1: Holistic and comprehensive assessment of diverse clients to plan and provide competent, ethical, safe, and compassionate nursing.

2.1.1: Conducts a holistic assessment, including a comprehensive physical assessment using appropriate assessment tools and procedures to determine functional, physical, cognitive, emotional, spiritual, and social needs of the client across lifespan.

- the prenatal client;
- the infant;
- the child;

- the adolescent;
- the adult; and
- the older person.

2.1.2: Performs a targeted and more in-depth assessment when abnormal findings are identified in a given system.

2.1.3: Conducts a physical assessment of the healthy term baby and recognizes and responds to abnormal findings.

2.1.4: Conducts a mental status examination.

2.1.5: Performs a focused screening assessment (e.g., nutrition, cognitive impairment, mobility assessment, coma scale, SBAR, abuse screening).

2.1.6: Assesses pain in infants, children, adults, older persons, and at the end-of-life.

2.1.7: Assesses common non-pain symptoms at end-of-life.

2.1.8: Critically assesses clients across the lifespan (infant, child, adolescent, adult, and older person) for interactions of prescribed medication, over-the-counter medication, and herbal products that may compound acute and chronic conditions.

2.1.9: Assesses clients to determine risk of self-harm and suicide.

2.1.10: Assesses clients across the life span for the following:

- abuse or neglect
- substance use disorders
- withdrawal (Frank et al., 2008).

2.1.11: Demonstrates the knowledge and skills to assess the childbearing person and fetus/infant throughout the stages of labour, birth, and postpartum period.

2.1.12: Identifies who the family is for clients across the life span and assesses and responds to family members' unique needs.

2.1.13: Participates in group/community/population health assessments and analysis using multiple methods and information sources to identify opportunities and risks.

2.2: Uses clinical reasoning, nursing knowledge, and other evidence to inform decision-making in diverse practice settings.

2.2.1: Makes clinical decisions when caring for clients in stable and unstable contexts that are informed by, but not limited to, an analysis of the following:

- pertinent physiological and pathophysiological processes
- pertinent psychosocial processes
- potential complications.

2.2.2: Demonstrates the ability to conduct a 'point of care' risk assessment related to infection prevention and control and to identify the need for various routine practices based on the risk assessment (IPAC Canada, 2016).

2.2.3: Interprets initial and ongoing assessment data related to actual or potential life-threatening conditions obtained from physical assessment, diagnostic tests, and laboratory results, regarding the following:

- neurological functioning (e.g., vital signs, level of consciousness, Glasgow Coma Scale, cerebral spinal fluid)
- cardiovascular functioning (e.g., vital signs, pulses, skin temperature and colour, heart sounds, lung sounds, cardiac markers, complete blood count, arterial blood gases, ECG rhythm)
- respiratory functioning (e.g., respiratory pattern, rate, auscultation, palpation, inspection, arterial blood gases, hemoglobin, SpO2)
- gastro-intestinal functioning (e.g., inspection, auscultation, percussion, light palpation, glucose)
- renal functioning (e.g., edema, urine, fluid balance, weight, electrolytes, urea, creatinine, urinalysis, serum and urine osmolality)
- endocrine functioning (e.g., blood glucose, thyroid stimulating hormone (TSH), T4, T3, urine ketones)
- immunological and haematological functioning (e.g., erythrocytes, hemoglobin, hematocrit, coagulation profile, platelet count, fibrinogen, complete blood count, neutrophils, leukocytes, lymphocytes, immunoglobulins)
- integumentary system (e.g., skin integrity)
- musculoskeletal system (e.g., compartment syndrome, fat embolism).

2.2.4: Recognizes indicators of deterioration among acute/critical care clients such as airway issues, respiratory problems, circulatory issues , decreased level of consciousness, and decreased renal output and responds rapidly and appropriately (e.g., notifying the critical care response team).

2.2.5: Documents pertinent assessment and ongoing assessment data supporting clinical decision-making appropriately.

2.2.6: Titrates dosage of medication based on assessment and ordered parameters.

2.2.7: Provides nursing care to the childbearing person and family in the postpartum period that demonstrates an understanding of physiological and psychosocial processes and potential complications.

2.2.8: Uses clinical reasoning, nursing knowledge, and other evidence to plan care in partnership with clients to:

- promote mental health;
- prevent a mental health condition or a substance use disorder;
- minimize negative effects of a mental health condition on physical health;

- manage or reduce symptoms of mental health conditions; and
- foster recovery and resilience.

2.2.9: Uses clinical reasoning, nursing knowledge, and other evidence to identify clients' emotional, cognitive, and behavioural states including:

- level of anxiety;
- crisis states;
- indices of aggression and risk to others; and
- competency to care for self.

2.2.10: Uses clinical reasoning to determine the need for a palliative approach to care and end-of-life care for the client and family members.

2.2.11: Uses clinical reasoning to identify the following:

- identification of the common normal manifestations of grief; and
- identification of the manifestations that an individual is experiencing or is at high risk for experiencing a complicated and/or disenfranchised grief reaction.

2.2.12: Identifies and responds appropriately to the signs and symptoms of approaching death in the frail elderly with chronic conditions.

2.2.13: Identifies the effects of aging and poly-pharmacy on therapeutic responses to non-pharmacological and pharmacological treatments and responds appropriately.

2.2.14: Identifies potential barriers the older person may experience in accessing care and/or following a treatment regimen and plans strategies to minimize these barriers.

2.2.15: Recognizes geriatric syndromes including dementia, delirium, and depression, and uses clinical reasoning and evidence to respond therapeutically.

2.2.16: Identifies services and resources specific to the Palliative and End-of-Life Care client and family members' goals of care, and uses clinical reasoning and nursing knowledge to develop strategies to access them appropriately.

2.2.17: Identifies and incorporates the social determinants of health in the formulation of a plan of care for the client and family across the life span (infant, child, adolescent, adult, childbearing person, older person, end-of-life) who is experiencing unique needs such as cognitive impairment, language barriers, residence in a rural and remote area, marginalization.

2.2.18: Identifies the impact of the social and environmental/ecological determinants of health on groups/communities/populations.

2.2.19: Uses a population health lens to assess and analyse individual/family/group/community.

2.2.20: Uses nursing knowledge and evidence to determine the appropriateness of a restraint or safety device in a nursing care situation, and in monitoring its application (Frank et al., 2008).

2.2.21: Uses clinical reasoning to identify situations where reporting of an incident/event/variance is appropriate (Frank et al., 2008).

2.2.22: Recognizes routine situations and settings in which safety problems may arise (Frank et al., 2008).

2.2.23: Identifies, implements, and evaluates context-specific safety solutions (Frank et al., 2008.)

2.3: Synthesizes findings to develop or modify a plan of care or a health program.

2.3.1: Synthesizes data related to pathophysiological processes and lab results in planning or evaluating care of the client across the life span. (infant, child, adolescent, adult, older person, end-of-life)

2.3.2: In collaboration with the client across the life span (child, adolescent, adult, older person) experiencing acute and/or chronic conditions, synthesizes assessment findings to identify strengths and mobilize resources to promote health and respond to health challenges.

2.3.3: In collaboration with the client across the life span (child, adolescent, adult, older person) experiencing a mental health condition, synthesizes assessment findings to identify strengths and mobilize resources to promote health and respond to health challenges.

2.3.4: Demonstrates the ability to situate immediate assessment observations of the acute/critical care client in the context of multiple comorbidities and a historical and evolving illness trajectory when developing a plan of care.

2.3.5: In collaboration with the childbearing person and family synthesizes findings to identify strengths and mobilize resources to promote health and respond to health challenges during:

- pregnancy;
- childbirth; and
- postpartum/newborn period.

2.3.6: Participates in determining the learning and supports the needs of the childbearing person and family, including those related to pregnancy, childbirth, postpartum/newborn period and coping strategies and procedures.

2.3.7: Plans and evaluates nursing care that reflects an understanding of physiological and psychological processes and common challenges that occur during childbirth.

2.3.8: Develops and implements a plan of care to manage age-related changes and risk factors in collaboration with the older person, family, and health care team.

2.3.9: Synthesizes relevant assessment findings to determine the older person's and family members' needs related to loss, grief, and bereavement.

2.3.10: Assists individual clients and their families to access, review, and evaluate information they retrieve using information and communication technologies (ICTs) and to use ICTs to manage their health.

2.3.11: Synthesizes findings of a group/community/population health assessment and analysis from information sources to identify opportunities and risks.

2.4: Recognizes and responds to rapidly changing client conditions and contexts.

2.4.1: Anticipates high risk situations for acutely ill and critically ill clients (Frank et al., 2008).

2.4.2: Recognizes and responds therapeutically to actual or potential life-threatening alterations of the following:

- neurological functioning (e.g., ineffective thermoregulation, motor and sensory dysfunction related to neuromuscular transmission, cerebral tissue perfusion, intracranial hypertension);
- cardiac functioning (e.g., cardiogenic shock, hypovolemic shock, distributive shock, acute coronary syndrome, cardiac tamponade, hypertension, dysrhythmias, heart failure);
- respiratory functioning (e.g., ineffective airway, ineffective breathing, pleural abnormalities, non-cardiac pulmonary edema, ventilation, pulmonary hypertension, inhalation injuries, chronic pulmonary infections, pulmonary infections);
- gastro-intestinal functioning (e.g., ischemic disorders, inflammatory disorders, mechanical disorders, hemorrhagic disorders, complications of enteral or parenteral feeding, malnutrition);
- renal functioning (e.g., acute kidney injury criteria);
- endocrine functioning (e.g., alterations of the antidiuretic hormone, hyperglycemia and hypoglycemia, adrenal insufficiency); and
- immunologic and hematologic functioning (e.g., risk for infection, inflammatory and infectious response, thrombocytopenia, deep vein thrombosis).

2.4.3: Reprioritizes the delivery of care to assigned acute/critical clients in response to changes in their condition.

2.4.4: Implements appropriate evidence-informed nursing interventions in response to the following:

- alterations in neurological functioning to minimize or prevent motor or sensory deficits (e.g., maintaining spinal cord integrity, intervening in spinal cord crises);
- alterations in neurological functioning related to cerebral tissue perfusion (e.g., preventing obstruction and promoting venous cerebral spinal fluid drainage, administering pharmacological agents, managing ventricular drainage devices, managing seizure activity, nursing care of person with thrombotic stroke);
- alterations in cardiovascular perfusion (e.g., administering vasopressors, vasodilators, inotropes, reperfusion therapy, anticoagulants and antiplatelet therapies); and
- alterations in cardiac output (e.g., fluid management, administration of pharmacological agents, responding to a cardiac arrest).

2.4.5: Implements evidence-informed interventions to prevent or respond to complications (e.g., air embolism, thrombosis, infection, occlusion, hemorrhage) related to intravascular access devices.

2.4.6: Implements appropriate evidence-informed nursing interventions in response to alterations in respiratory function (e.g., positioning, managing airway, administering and titrating oxygen, tracheostomy, managing secretions, administering pharmacological agents, caring for client on ventilator support).

2.4.7: Assists with the care of patients to respond to alterations in respiratory function, including tracheostomy, intubation, and chest tube insertion.

2.4.8: Implements appropriate evidence-informed nursing interventions in response to the following:

- alteration of the gastro-intestinal system related to the ingestion of a toxic substance;
- alterations in gastro-intestinal functioning to promote early and safe enteral feeding; optimize parenteral nutrition; manage ischemic disorders such as an infarcted bowel, inflammatory disorders, mechanical disorders, hemorrhagic disorders; and optimize bowel function;
- alterations in renal functioning to manage electrolyte and acid-base imbalances and optimize renal function.
- alterations in endocrine function, including, but not limited to, managing hypo- and hyperglycemia, adrenal insufficiency.

2.4.9: Implements appropriate evidence-informed nursing interventions to prevent infections (aseptic technique, infection control procedures) and manage systemic inflammatory response syndrome (SIRS) and sepsis syndrome.

2.4.10: Implements appropriate evidence-informed interventions in response to rapidly changing client situations related to the following:

- crisis states;
- client aggression;
- alterations in perception and thought processes;
- opioid overdose.

2.4.11: Identifies potential risk factors and warning signs during pregnancy.

2.4.12: Provides evidence-informed nursing care in relation to common perinatal health concerns during pregnancy.

2.5: Monitors and manages complex care of clients in stable and unstable contexts using multiple technologies.

2.5.1: Provides supportive, evidence-informed preoperative teaching and care to the client scheduled for:

- day surgery;
- planned in-patient surgery; and
- emergency surgery.

2.5.2: Monitors the client closely following transfer from the recovery room.

2.5.3: Provide effective post-operative care and teaching to clients in diverse contexts (hospital, home, and using information & communication technologies (ICTs)).

2.5.4: In caring for clients in stable or unstable contexts, implements safety practices that reduce the risk of adverse events including the following:

- infection control;
- aseptic technique;
- hand hygiene;
- surveillance;
- injury prevention (including safe client transport, handling and transfers, the removal of physical hazards (Frank et al., 2008));
- prevention of falls;
- safe use of restraints;
- safe medication practices.

2.5.5: Uses clinical reasoning to identify potential problems that may occur among assigned acute/critical clients, and develops an anticipatory plan.

2.5.6: In caring for clients in stable or unstable contexts, safely administers and monitors procedures and therapeutic interventions to address functional alteration, including, but not limited to, the following:

- preparation and administration of medication using rights of medication administration;
- performance of dosage calculations needed for medication administration;
- monitoring intravenous infusions;
- administration of controlled substances within regulatory guidelines;
- administration of blood products;
- accessing venous access devices including tunneled and implanted and central lines;
- administering parenteral nutrition;
- insertion and maintenance of a gastric tube; and
- monitoring and maintenance of arterial lines.

2.5.7: In providing nursing care in stable or unstable contexts, facilitates the client's and family's ability to cope with diverse stressors related to illness and the environment.

2.5.8: Provides responsive and culturally safe nursing care to Indigenous and other diverse clients and families managing health challenges in stable or unstable contexts.

2.5.9: In stable or unstable contexts, uses teaching strategies consistent with the acuity, complexity, readiness, ability, and needs of the client and family

2.5.10: Protects and monitors skin integrity and manages alterations manifested by clients across the life span (infant, child, adolescent, adult, older person, end-of-life) in stable or unstable contexts, including burns, postoperative wounds, post-trauma wounds, decubitus ulcers, and necrotizing fasciitis.

2.5.11: Monitors and manages alterations in mobility manifested by clients across the lifespan (infant, child, adolescent, adult, older person) in stable or unstable contexts

2.5.12: Monitors and identifies changes in the health status and functioning in stable contexts over time of clients across the life span (infant, child, adolescent, adult, older person) and responds therapeutically

2.5.13: Collaborates with the adult or older person, family, and other care providers in planning care to promote and/or maintain function in response to changes related to acute and chronic illnesses.

2.5.14: Collaborates with the adult or older person and family to develop and implement strategies to manage self-care limitations.

2.5.15: Adapts appropriate interventions to address age-related changes in the older person.

2.5.16: Provides culturally responsive and culturally safe nursing care to Indigenous and other diverse clients families related to:

- pregnancy, childbirth, and postpartum transitions;
- health promotion and prevention;
- curative and rehabilitative care; and
- palliative and end-of-life care.

2.5.17: Facilitates and supports the child, adolescent, adult, and older person with an acute or chronic condition and family in navigating through transitions of care.

2.5.18: Facilitates and supports the client and family members transitioning to palliative and end-of-life care.

2.5.19: Assists palliative and end-of-life care family members in the performance of caregiving roles and in acquiring respite care as needed.

2.5.20: Provides care to persons experiencing a long-term mental health condition and/or substance abuse disorder that is recovery-oriented and trauma-informed.

2.5.21: Uses a trauma-informed approach in providing nursing care and recognizes the negative effects of violence, abuse, racism, discrimination, colonialization, poverty, homelessness, and early childhood maltreatment, such as neglect on mental health and substance use disorders.

2.5.22: Participates in the monitoring and evaluation of outcomes of population health programs and services.

2.5.23: Commits to client and provider safety through safe, competent, collaborative, high-quality daily practice including the following:

- recognizes personal limitations and asks for assistance when required;
- demonstrates knowledge of policies and procedures as they relate to patient safety, including disclosure;
- follows appropriate processes in the event of a medication or treatment error or omission;

- communicates with confidence and respect with other members of the health care team when concerns of adverse events and client safety arise;
- reports unsafe processes within the health care system and participates actively in event and close call reporting;
- conducts event analyses and process improvement initiatives; and
- integrates safety practices into daily activities, such as hand hygiene (Frank et al., 2008).

2.5.24: Analyzes a patient safety event and how future events can be avoided (Frank et al., 2008).

2.6: Uses information technologies to support quality client care.

2.6.1: Identifies and demonstrates appropriate use of a variety of information and communication technologies (e.g., point of care systems, HER, EMR, capillary blood glucose, hemodynamic monitoring, tele-homecare, fetal heart monitoring devices) to deliver safe nursing care to diverse populations in a variety of settings.

2.6.2: Uses technology appropriately to monitor and evaluate care processes and adjusts care accordingly.

2.6.3: Uses decision support tools (e.g., clinical alerts and reminders, critical pathways, web-based clinical practice guidelines) to assist clinical judgement and safe client care.

2.7: Provides comfort care including pain and symptom management.

2.7.1: Utilizes best practice assessment tools for baseline and ongoing assessment of pain, including word descriptors, body maps, precipitating and alleviating factors.

2.7.2: Applies principles of pain and other symptom management when caring for clients across the life span, including palliative and end-of-life care clients

2.7.3: Utilizes evidence-informed pharmacological approaches to alleviate pain, including intended effects, doses and routes of medication, and common side effects.

2.7.4: Evaluates all outcomes of pain and symptom management interventions throughout the course of illness against baseline assessment using comparative evaluations.

2.7.5: Utilizes non-pharmacological approaches to alleviate pain and observes for adverse effects.

2.7.6: Provides information and assurance to the client and family members regarding comfort measures during the last days/hours of living.

2.7.7: Provides supportive care to persons experiencing loss, bereavement, and grief.

2.7.8: Provides informational, emotional, and instrumental support to the family caregiver experiencing actual or potential caregiver stress.

2.7.9: Provides physical, emotional, and spiritual care during the dying trajectory and final moments of life.

2.7.10: Provides comfort and support to the person who is dying and family with care that is consistent with their wishes, spirituality, and culture.

2.7.11: Recognizes and provides emotional support to family members who are grieving during the progression of dementia in an older person.

2.7.12: Provides assistance and emotional support to family members who are grieving during and following the death of a client.

2.8: Counsels and educates clients to promote health, and symptom and disease management.

2.8.1: Promotes the health and well-being of the client with an acute and/or chronic condition.

2.8.2: Promotes the health and well-being of the older person within the context of the aging process.

2.8.3: Provides available relevant information and resources to the client and family members.

2.8.4: Counsels and educate clients across the lifespan on health promotion and injury and disease prevention strategies.

2.8.5: Disseminates health information in a manner that is sensitive to health literacy needs using valid, reliable community resources (e.g., social media, community resources).

2.8.6: Counsels clients and family member in managing pain and other symptoms.

2.8.7: Discusses options related to palliative and end-of-life care to assist the client and family members in meeting their goals of care.

2.8.8: Provides the childbearing person with family planning options and respects choices.

2.8.9: Promotes health during the preconception period and during pregnancy.

2.8.10: Promotes access to the resources needed for health during pregnancy (e.g., nutritious foods, appropriate housing, and folic acid supplements).

2.8.11: Promotes parental and family responsiveness and interaction with the newborn.

2.8.12: Promotes health of the childbearing family during the postpartum transition period (e.g., enhances confidence during early parenting experiences).

2.8.13: Provides evidence-informed support for infant feeding that respects family decision-making and cultural norms about breastfeeding and alternatives.

2.8.14: Facilitates the parent's learning and confidence related to caring for the baby.

2.8.15: Respects older person's perceptions of their health and their cultural expectations related to aging and provides culturally safe care.

2.8.16: Fosters healthy aging and optimal independence of the older person.

2.8.17: Fosters and supports positive relationships with others when caring for the older person.

2.8.18: Engages individuals and families in learning about a mental health condition and/or substance use disorder and its management.

2.8.19: Explain investigations, treatments, and protocols clearly and adequately to clients.

2.8.20: Provide informed discharge so that clients know when, how, and where to seek care, including referral processes, if required (CPSI, 2008).

III: Communication and Collaboration – Communicator and Collaborator.

Communicates and collaborates effectively with clients and members of the health care team.

3.1: Communicates and collaborates effectively with diverse clients and members of the health care team to improve patient safety and optimize health outcomes.

3.1.1: Meaningfully engages clients as the central participants in their health care team in determining priorities and goals of care.

3.1.2: Invites and facilitates the involvement of the individual client, family members, and other team members in discussing the plan of care.

3.1.3: Creates a safe environment to ensure all perspectives are heard, actively listens to other team members, including clients, regarding care and considers their opinion, knowledge, and skills in a shared decision-making process.

3.1.4: Builds on collaborative relationships with client, family members, and members of the interprofessional team in determining client's goals and plans of care, including palliative and end-of-life care.

3.1.5: Facilitates team processes that foster collaborative practice and participates effectively in appropriate strategies to improve team functioning and safety (e.g., provide and accept feedback to improve the performance of the team and its members) (CPSI, 2008).

3.1.6: Collaborates with and acts as a resource for practical nurses and members of the team engaged in care-giving activities to meet client needs

3.1.7: Uses strategies to manage intraprofessional and interprofessional conflict, including developing a level of consensus among those with differing views and allowing all members to feel their views are heard (Canadian Interprofessional Health Collaborative [CIHC], 2010).

3.1.8: Partners with members of the interprofessional health care team to:

- ensure persons experiencing acute and/or chronic conditions receive optimal care;
- provide care to the childbearing person and family during childbirth;
- identify and respond to potential and actual complications during childbirth;
- manage acute and chronic pain;
- provide palliative and end-of-life care;

- provide care and support to persons with a mental health condition and/or substance use disorder; and
- advocate for the health of the community client.

3.1.9: Engages with members of populations/communities facing inequities using a capacity building/mobilization approach to address public health issues.

3.1.10: Seeks opportunities to participate in coalitions and inter-sectoral partnerships to develop and implement strategies to promote mental and physical health of community clients.

3.2: Communicates effectively using information technology to support engagement with clients and the interprofessional team.

3.2.1: Uses information and communication technologies (ICTs) in a manner that supports the nurse-client relationship.

3.2.2: Uses appropriate communication approaches to provide safe transfers, transitions of care, and consultations among providers, including between institutions and on discharge to community care.

3.2.3: Provides appropriately detailed and clear written or electronic entries to the client health record.

3.2.4: Documents assessment findings and interventions appropriately and provides sufficient documentation to facilitate team members' comprehension of the client's history and plan of care (CPSI, 2008).

3.3: Uses a relational approach when collaborating with diverse clients in diverse settings.

3.3.1 Demonstrates foundational knowledge of relational practice (focusing attention on intrapersonal, interpersonal, and contextual variables) to impact health outcomes of individuals, families, and communities.

3.3.2: Engages in relational practice and uses client-centred approaches when interacting with and providing care to individual and family clients across the life span (newborn, infant, child, adolescent, childbearing person, adult, older adult, end-of-life).

3.3.3: Uses a range of relational and therapeutic skills, including listening, respect, empathy, reaffirmation, mutuality, and sensitivity, in assessments and care planning for persons across the life span experiencing mental and physical health conditions and challenges.

3.3.4: Recognizes and responds to the unique needs or backgrounds of clients of varying ethnicities, nationalities, cultures, genders, ages, and abilities that may affect their experience of and response to care.

3.3.5: Seeks to understand the client's social and cultural constructions regarding the impact of developmental phases across the life span on health, including fertility/infertility of the childbearing person.

3.3.6: Demonstrates openness and sensitivity to social, spiritual, and cultural values and practices that may influence health care preferences of clients and families across the life span (newborn, infant, child, adolescent, childbearing person, adult, older adult, end-of-life).

3.3.7: Engages clients experiencing mental and/or physical health conditions and challenges in strengths-based care that promotes resilience.

3.3.8 Provides culturally competent and culturally safe care to Indigenous clients (individual, family, community) in accordance with the Calls to Action of the Truth and Reconciliation Commission (Truth and Reconciliation Commission of Canada, 2015).

3.3.9: Identifies the client's and family members' values, beliefs, and preferences regarding the various components of care including end-of-life care.

3.3.10: Reviews and clarifies the client's and family members' understanding of care information provided by other care providers.

3.3.11: Adapts communication, assessment, and information-sharing to the unique needs of the client and family members to facilitate informed decision-making.

3.3.12: Uses adaptive communication strategies to address age-related changes.

3.3.13: Recognizes the detrimental effects of the following and responds therapeutically:

- age-related changes in the psychosocial context of the older person including loss, isolation, and social determinants of health;
- ageism and discriminating attitudes directed at members of a given social group and at persons with disabilities; and
- stigmatizing and discriminating attitudes towards health challenges, such as mental health conditions and/or substance use disorders.

3.3.14: Communicates therapeutically with the client and family approaching the end-of-life.

IV: Professionalism—Health Professional/Change Agent.

A change agent whose nursing practice and conduct meets professional standards.

4.1: Practices within the context of professional standards of practice and ethical, regulatory, and legal codes.

4.1.1: Identifies ethical issues when providing care and responds using ethical principles.

4.1.2: Provides the client and family members with accurate and complete information and assists them in making informed decisions about their health care, treatment choices, and symptom management.

4.1.3: Engages client or substitute decision makers in a discussion of risks and benefits of investigations and treatments through the process of informed consent.

4.1.4: Complies with legal and regulatory requirements and ethical standards when using information communication technologies (ICTs) in relation to client care.

4.1.5: Protects clients, self, and others from harm in situations where a client poses a safety risk while maintaining the client's dignity and human rights.

4.1.6: Provides a consistently safe and respectful environment to clients when delivering care.

4.1.7: Provides a safe and respectful environment to voluntary and involuntary clients seeking or receiving treatment for a mental health condition and/or substance use disorder.

4.1.8: Understands and applies mental health-related legislation and upholds the rights and autonomy of persons with a mental health condition and/or substance use disorder.

4.1.9: Applies policies related to principles of health promotion and prevention of injury, such as least restraint in caring for persons with a mental health condition and/or substance use disorder.

4.1.10: Demonstrates knowledge related to the process of voluntary and involuntary care of persons with a mental health condition and/or substance use disorder.

4.1.11: Recognizes and addresses indicators of moral distress in self and seeks appropriate support.

4.1.12: Maintains professional boundaries with clients and other members of the health care team.

4.2: Ensures client confidentiality and privacy, including in the context of social media.

4.2.1: Ensures confidentiality of all client documentation and information (CPSI, 2008).

4.2.2: Avoids breeches of confidentiality when using personal electronic devices and social media.

4.2.3: Maintains the client's privacy and autonomy in all situations, including when providing care in a technological care environment.

4.3: Advocates for individual, family, groups and community.

4.3.1: Identifies, verifies, and advocates for perceived and real needs of the client and family, including access to relevant resources.

4.3.2 Advocates for change to address issues of social justice, health equity, and other disparities affecting the health of clients.

4.3.3: Advocates for clients who experience or who are at risk of experiencing stigma and discrimination as a result of a health challenge such as a mental health condition and/or substance use disorder.

4.3.4: Identifies population health approaches to influence decision makers to promote public health.

4.3.5: Advocates for individuals and families to promote sexual health and enhance health and health care.

4.3.6: Advocates for person's right to dignity and self-determination of care including decision-making related to treatment, advance directives, and end-of-life care and medical assistance in dying (MAID).

4.3.7: Identifies existing procedures or policies that may be unsafe or are inconsistent with best practices and takes action to address those concerns.

4.4: Demonstrates the ability to coordinate nursing care, delegate care-giving activities, and refer clients appropriately.

4.4.1: Demonstrates the ability to delegate tasks and follow up appropriately to facilitate continuity of care.

4.4.3: Identifies existing procedures or policies that may be unsafe or are inconsistent with best practices and takes action to address those concerns.

4.4.4: Appropriately shares authority, leadership, and decision-making when coordinating nursing care.

4.4.5: Initiates referral of clients to appropriate health care team member based on:

- an assessment and identification of the client's need for referral; and
- an understanding of the roles/responsibilities of the team member that are appropriate for the referral.

Appendix B: Glossary of Terms

The definitions for the following concepts used in the detailed test plan above guide the development of examination questions.

Advocacy: Actions and activities to influence decisions within organizations and institutions, and/or social, economic, and political systems on behalf of, and in the interests of, a client.

Application: Refers to the ability to apply relevant knowledge and the nursing process to clinical situations

Capacity building: The process of actively involving individuals, groups, and communities in all phases of planned change for the purpose of increasing their skills to take action on their own (Stanhope & Lancaster, 2017).

Childbearing family: A unit of interacting individuals whom the childbearing person recognizes as significant and perceives as important.

Client: Refers to the recipient of nursing care and may be an individual, a family, a community, or population.

Clients across the life span: Refers to individual clients at three or more of the following phases of life: newborn, infant, child, adolescent, adult, childbearing person, older person, and end-of-life (the specific 3 to 6 phases to be included are identified in parentheses whenever the term "across the life span" is used in an outcome).

Clinical judgement: The synthesis of clinical observations and data to determine an optimum course of action.

Clinical reasoning: A cognitive process of observation, reflection, analysis, and interpretation of observable or available clinical data.

Collaboration: A recognized relationship among different sectors or groups, which have been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by the public health sector acting alone (PHAC, 2010).

Community: An organized group of people bound together by social, cultural, job, or geographic ties. It may be as simple as a number of families and others who organize themselves to survive, or as complex as the world community with its highly organized institutions (CPHA, 2010).

Complementary therapies: Complementary therapies are used to complement conventional health care practices. They include a wide range of treatment modalities, such as herbal therapies and manual healing, such as reflexology and acupuncture (College of Nurses of Ontario [CNO], 2014).

Cultural competence: Cultural competence is defined as a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross–cultural situations.

Cultural safety: Goes beyond cultural awareness and the acknowledgement of difference and surpasses cultural sensitivity (which recognizes the importance of respecting difference). It is an understanding of the power differentials inherent in health service delivery and redressing these inequalities through educational processes (Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing, & the Canadian Nurses Association, 2009).

Euthanasia: A deliberate act undertaken by one person with the intention of ending the life of another people to relieve that person's suffering (Dickens et al., 2008, as cited in Canadian Nurses Association [CNA], 2015).

Evidence-informed decision-making: A continuous interactive process involving the explicit, conscientious, and judicious consideration of the best available evidence to provide care in nursing practice.

Family: Family is a group of two or more individuals with membership being defined by the family (Stanhope & Lancaster, 2017).

Health promotion: The process of enabling people to increase control and to improve their health. This not only refers to the skills and actions of individuals, but to changing the environmental, social, political, and economic conditions that impact population health (PHAC, 2010).

Information & communication technologies (ICTs): Technologies that facilitate communication and the management, processing, and transmission of information by electronic means.

Intraprofessional collaboration: The provision of comprehensive health care services to clients by multiple members of the same profession who work collaboratively to deliver quality care within and across settings.

Interprofessional collaboration: A partnership between a team of health providers and a client in a participatory, collaborative, and coordinated approach to shared decision-making around health and social issues (CIHC, 2010).

Intersectoral collaboration: exists along two dimensions, the horizontal and the vertical. The horizontal links the health sector with different sectors such as other government sectors (i.e., finance, justice, environment, and education) as well as with non-governmental representatives from the voluntary, non-profit, and private sectors. The vertical links different levels within a given sector.

Medical assistance in dying: In accordance with federal legislation, medical assistance in dying includes circumstances where a medical practitioner or nurse practitioner, at an individual's request a) administers a substance that causes an individual's death; or b) prescribes a substance for an individual to self-administer to cause their own death (College of Physicians and Surgeons of Ontario, 2017).

Palliative approach: Takes the principles of palliative care (such as dignity, hope, comfort, quality of life, and relief of suffering) and applies them to the care of people with chronic, life-limiting conditions by meeting their full range of physical, psychosocial, and spiritual needs at all stages of life, not just the end. It does not link the provision of care too closely with prognosis but more broadly focuses on conversations with people about their needs and wishes. This approach "reinforces the person's autonomy and right to be actively involved in his or her own care — and strives to give individuals and families a greater sense of control" (CNA, Canadian Hospice Palliative Care Association [CHPCA], & Canadian Hospice Palliative Care Nurses Group [CHPC-NG], 2015).

Palliative care: Care given to improve quality of life for people facing challenges associated with chronic, life-threatening illnesses. Through the prevention and relief of suffering, palliative care promotes early identification and comprehensive assessment and treatment of pain and other challenges, including physical, psychosocial, and spiritual issues. Palliative care is provided in all care settings, including homes, communities, institutions (e.g., hospitals, hospices, long-term care facilities). It is care that starts at diagnosis of a chronic, life-threatening condition, carries through until death, and continues into bereavement and care of the body (CNA, CHPCA & CHPC-NG, 2015).

Population: A collection of individuals who have one or more personal or environmental characteristics in common.

Population health assessment: Understanding the health of populations, including underlying factors and risks. This is frequently manifested in community health profiles or health status reports. Assessment includes consideration of physical, biological, behavioural, social, cultural, economic, and other factors that affect health (PHAC, 2010).

Population health ethics: Population health ethics can be distinguished from bioethics by its primary focus on (1) populations rather than individuals; (2) a wide range of interventions that often occur outside of the health care setting; and (3) prevention of illness and disease. Population health ethics brings equity to the forefront, addresses deeply embedded (upstream) social determinants of health, and considers health issues as part of interconnected global systems (CIHR, 2012).

Relational practice: An inquiry that is guided by conscious participation with clients using a number of relational skills, including listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection, and a sensitivity to emotional contexts. Relational practice encompasses therapeutic nurse-client relationships and relationships among health providers (Doane & Varcoe, 2007; Stansfield & Browne, 2013, as cited by College of Registered Nurses of British Columbia [CRNBC], 2014).

Relational approach: This incorporates an inquiry that is guided by conscious participation with clients using a number of relational skills, including listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection, and sensitivity to emotional contexts, and encompasses therapeutic nurse-client relationships (Doane & Varcoe, 2007).

Resilience: Resilience is the capacity of individuals, families, groups, communities, and societies to cope successfully in the face of significant adversity or risk (Alberta Health Services, 2011).

Social determinants of health: The social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries (World Health Organization, 2013).

Social justice: Ideas and actions towards creating a society or institution that is based on the principles of equality and solidarity. Proponents of social justice understand and value individual and collective human rights, recognize the dignity of every individual and group, and identify the root causes of disparities and what can be done to eliminate them (Adapted from Alberta Health Services, 2011 as cited in CRNBC, 2014).

Strength-based care: Focusing services on individuals' strengths in terms of resources, abilities, skills, and capacities, maintains a positive perspective that encourages further positive developments, identifies individuals' resilience in the face of adversity, and builds resources that will increase this resilience (Manitoba Trauma Information and Education Centre, 2018).

Task delegation: A process by which a health care professional who has legal authority to perform a controlled act transfers that authority to an unauthorized person (CNO, 2016).

Trauma-informed care: Care that involves a broad understanding of traumatic stress, reactions, and common responses to trauma (Canadian Centre on Substance Abuse, 2014).

Vulnerable populations: Vulnerable populations refer to groups that have increased susceptibility to adverse health outcomes as a result of inequitable access to the resources needed to address risks to health (Alberta Health Services, 2011).

Appendix C: List of Abbreviations

Abbreviation	Definition
ABG	arterial blood gas
AHCD	advance health care directive
ALS	amyotrophic lateral sclerosis
AVF	atrioventricular fibrillation
bid	twice a day
BiPAP	bilevel positive airway pressure
BMI	body mass index
BP	blood pressure
BPD	borderline personality disorder
bpm	beats per minute
breaths/min	breaths per minutes
C	Celsius
HF	heart failure
cm	centimetres
CNS	Canadian Neurological Scale
COPD	chronic obstructive pulmonary disease
CPOT	Critical Care Pain Observation Tool
CPSI	Canadian Patient Safety Institute
CVAD	central venous access device
CVP	central venous pressure
DKA	diabetic ketoacidosis
ECG	electrocardiogram
eGFR	estimated glomerular filtration rate
FiO2	fraction of inspired oxygen
g	grams
g/L	grams per litre
GBS	group B Streptococcus
GCS	Glasgow Coma Scale

GTPAL	Gravidity, Term deliveries, Preterm deliveries, Abortuses, Living children
HbA1c	hemoglobin A1c test
HCO3	bicarbonate
HPV	Human papillomavirus
HR	heart rate
hr	hour
ICD	implantable cardioverter-defibrillator
ICP	intracranial pressure
INR	international normalization ratio
IV	Intravenous therapy
kg	kilograms
L	litre
L/min	litres per minute
LPN	licensed practical nurse
LVEF	left ventricular ejection fraction
LVH	left ventricular hypertrophy
MADD	Mothers Against Drunk Driving
MAID	medical assistance in dying
MAOI	monoamine oxidase inhibitor
mcmol	micromoles
mg	milligrams
min	minute
ml	millilitres
ml/hr	millilitres per hour
mm Hg	millimetre of mercury
mmol/L	millimoles per litre
MMSE	Mini-Mental State Examination
MRI	magnetic resonance imaging
MRS	Modified Rankin Scale
PaCO2 or PCO2	partial pressure of carbon dioxide
PAF	paroxysmal atrial fibrillation
PaO2	partial pressure of oxygen

pH	potential of hydrogen
PHN	public health nurse
PN	practical nurse
PO	by mouth, orally
prn	as needed
q	"every", e.g., q6h means every 6 hours
RAI	radioactive iodine therapy
RPN	registered psychiatric nurse
RR	respiratory rate
SBAR	situation, background, assessment, recommendations
SDM	substitute decision maker
SIADH	syndrome of inappropriate antidiuretic hormone
SpO2	peripheral capillary oxygen saturation
stat	statum, meaning "immediately"
SvO2	venous oxygen saturation
T	temperature
tid	three times per day
TPN	total parenteral nutrition
U/L	units per litre
UCP	unregulated care provider