



College of Licensed Practical Nurses of Nova Scotia

Entry Level Competencies for Licensed Practical Nurses of Nova Scotia

(2012 – 2017)

Board Approved: October 2010

CLPNNS ENTRY LEVEL COMPETENCIES

Our Vision

A dynamically regulated profession committed to excellence

Our Mission

In the interests of the public, CLPNNS regulates the practice of Licensed Practical Nurses in the province.

About the College

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS) is the regulatory body for the province's 3,500+ Licensed Practical Nurses. Members of the College play a significant and vital role in Nova Scotia's health care system. LPNs provide professional health care services in a variety of settings and contexts of practice including, but not limited to acute care, long term care, community, continuing care, clinical, mental health, obstetrics and paediatrics.

CLPNNS regulates the profession in the best interests of the public by setting entry level practice requirements and establishing, monitoring and enforcing standards of practice and standards of professional conduct. CLPNNS also ensures the enhancement of care provided by members through the Continuing Competency Program.

CLPNNS supports members in meeting their professional responsibilities through our quarterly newsletter, the College Reporter, hosting of the AGM, our website www.clpnns.ca and numerous practice consultations via phone, email and in person/on-site.

2010, College of Licensed Practical Nurses of Nova Scotia
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CLPNNS ENTRY LEVEL COMPETENCIES

Purpose of Document

This document describes the competencies expected of an **entry-level** licensed practical nurse in Nova Scotia. These competencies describe the education, knowledge, skills, judgment and attitudes required of beginning practitioners to provide safe, competent, ethical nursing care in a variety of settings to clients of all age groups. Through achievement of identified competencies, practical nurse graduates will be able to function within the role of the beginning practitioner while maintaining practical nursing practice standards.

Licensed practical nurses are responsible and accountable for their own actions and are required to function within their own level of competence and educational preparation. However, licensed practical nurses through formalized training may expand their knowledge base and/or competencies. **Note: These entry level competencies do not reflect the additional competencies gained by licensed practical nurses through experience, continual learning, post graduate education and/or advanced learning opportunities.**

Background

The demand for and complexity of competencies to reflect the capabilities of practitioners at their entry to practice as well as throughout their careers (i.e. continuing competence programs) have flourished. In addition, as LPNs exercise their full scope of practice, competencies must be adjusted and defined to reflect their responsibilities.

Practical nursing practice and educational standards have been established to facilitate the College's mandate of promoting safe, competent and ethical nursing care in Nova Scotia. In 2008 the organization in collaboration with educational institutions, employing agencies and practical nurses, conducted an in-depth review of the practice of licensed practical nurses, which resulted in changes to the education and entry level competencies of the profession. In addition the profession participated in the Canadian Practical Nurses Registration Examination (CPNRE) Competency Review Committee (2010). In Nova Scotia the practice of practical nursing is defined in the Licensed Practical Nurses Act (2006) and Regulations and reflected in the Standards of Practice and Code of Ethics (2010) which apply to both entry level and experienced LPNs.

The College of Licensed Practical Nurses of Nova Scotia reviews and updates the entry level competencies for LPNs every five (5) years, in conjunction with exam competencies for the Canadian Practical Nurse Registration Exam. The exam competencies are a smaller subset of the ELC competencies required by CLPNNS.

The College of Licensed Practical Nurses of Nova Scotia developed its first entry level competencies for LPNs in 2001-2002.

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The “new” entry level competencies described here in this document will be approved by the College in 2010 and take effect for the graduate class of 2012.

These competencies have undergone a review with a variety of informants across the province including LPNs, new graduates, educators, nurse managers and other key stakeholders.

Assumptions

In developing the competencies the following assumptions were made:

1. The competencies represent the combined nursing knowledge, skills, behaviors, attitudes, critical thinking and clinical judgments required by entry-level practical nurses across Canada.
2. The foundation of practical nursing is defined by legislation, regulation, scope of practice, standards of practice, code of ethics and entry-level competencies.
3. Practical nurses are responsible and accountable for their decisions and actions.
4. Practical nurses provide, facilitate and promote safe, competent and ethical care.
5. Practical nurses demonstrate leadership in all aspects of practice.
6. Practical nurses deliver care while respecting diversity.
7. Practical nurses care for clients throughout the lifespan, independently for clients considered stable with predictable outcomes, and under the guidance or direction of a registered nurse, medical doctor or other health care professional (authorized to provide such consultation, guidance or direction), for clients considered unstable with unpredictable outcomes.
8. Practical nurses follow a systematic approach when applying the nursing process.
9. Educational programs prepare practical nurses to practice in a variety of settings where health care is promoted and delivered.
10. Practical nurses practice collaboratively, while respecting the shared and unique competencies of other members of the health care team.
11. Practical nurses advocate for and facilitate change reflecting evidence-informed practice.
12. Practical nurses are knowledgeable about trends and issues that impact the client and the health care team.
13. Practical nurses are active participants in health promotion, illness prevention, reduction of harm and risk management activities.
14. Practical nurses engage in continuous learning to maintain and enhance competence.
15. Practical nurses collaborate in the development and refinement of the client’s plan of care.

Ref: Canadian Practical Nurse Registration Examination Blueprint effective Jan 2012.

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Practice Expectations

Entry level practical nurses prepared to provide nursing services within their scope of practice, are expected to practice in accordance with the following:

- The Licensed Practical Nurses Act (2006)
- The Licensed Practical Nurses Regulations
- LPN Standards of Practice
- LPN Code of Ethics
- CLPNNS Bylaws, Policies & Guidelines
- Employer Policies and Procedures.

Practice of Practical Nursing, LPN Act, 2006 means the provision of nursing services:

- independently, for clients considered stable with predictable outcomes, and
- under the guidance or direction of a registered nurse, medical practitioner or other health care professional authorized to provide such consultation, guidance or direction, for clients considered unstable with unpredictable outcomes.

Nursing Services, LPN Act 2006 means the application of practical nursing theory in the:

- assessment of clients,
- collaboration in the development of the nursing plan of care,
- implementation of the nursing plan of care, and
- ongoing evaluation of the client,

for the purpose of

- promoting health,
- preventing illness,
- providing palliative and rehabilitative care, and
- assisting clients to achieve an optimal state of health.

Categories of Competencies

Professional, Ethical and Legal Practice

The practical nurse is responsible for providing safe, competent and ethical nursing care while developing and maintaining a therapeutic nurse-client relationship. A code of ethics provides direction for the practical nurse to uphold the highest standard of care as defined by the scope of practice. The practical nurse is legally accountable to the client, the employer and the profession.

Foundations of Practice

As a member of the health care team, the practical nurse is integral in the assessment, planning, implementation, evaluation and documentation of nursing care. The practical nurse promotes, supports and advocates for client self-determination to achieve optimum health outcomes. The practical nurse uses critical thinking to guide the formation of clinical decisions, based on evidence-informed practice.

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Collaborative Practice

The practical nurse works collaboratively with other members of the health care team while maintaining autonomy within her/his scope of practice. The practical nurse demonstrates leadership while fostering continued growth of self and others to meet the challenges of the evolving health care system.

Ref: CPNRE, Examination Blueprint, effective Jan 2012

Competency Area 1.0 - Professional, Ethical and Legal Practice

1.1 Professional - provides safe, competent and ethical nursing care

A competent licensed practical nurse entering practice will:	
1.1.1	<p>Demonstrate professional conduct by:</p> <ul style="list-style-type: none"> - Adhering to the CLPNNS' Standards of Practice - Responding professionally to unacceptable behavior (e.g.. client or staff abuse) - Identifying and responding to incidents of unsafe practice and/or professional misconduct
1.1.2	<p>Demonstrate continuing competence by:</p> <ul style="list-style-type: none"> - Recognizing own responsibility for life long learning by identifying gaps in knowledge, skills, and competence - Evaluating own practice and seeking information from other sources to augment her/his assessment and development of learning plan - Recognizing limitations of own competence and seeking guidance/assistance as necessary - Taking action to attain and maintain own competence - Actively seeking opportunities for professional growth to enhance own competence - Meeting regulatory requirements for continuing competence
1.1.3	<p>Recognize own role in influencing and facilitating change by:</p> <ul style="list-style-type: none"> - Promoting and supporting practical nursing and other health team members to practice to their full scope of practice - Promoting and participating in the continuing development of practical nursing - Acknowledging constant change in the health care system by demonstrating openness to new ideas, contributing to strategies to meet changes, and incorporating changes into own practice and client care - Identifying trends in practical nursing and health care delivery, and collaborating in the development and implementation of strategies to meet identified changes in practical nursing and health care delivery - Modeling of professional behavior(s)

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1.2 Ethical – upholds the highest standards of care and practice

A competent licensed practical nurse entering practice will:	
1.2.1	<p>Apply the ethical framework to the nurse-client relationship by:</p> <ul style="list-style-type: none">- Demonstrating respect, empathy, trust, and honesty in interactions with the client- Listening to, understanding and respecting the client's values, opinions, needs and ethno cultural beliefs- Seeking to broaden one's understanding of cultural concepts and issues- Maintaining the therapeutic nurse-client relationship from initiation to termination- Understanding the differences between personal and professional relationships and behaviors- Practicing within the code of ethics- Providing care that demonstrates sensitivity to client diversity (e.g. culture, race, age, gender, beliefs and values)
1.2.2	<p>Promote the client's rights and responsibilities by:</p> <ul style="list-style-type: none">- Affirming consent prior to initiating care- Including confidentiality , privacy, dignity, and self-determination as part of the plan of care- Respecting the client's rights to self-determination, informed decisions and advance directives- Providing care in a non-judgmental manner- Managing human and physical resources to provide effective and efficient care- Respecting client's right to make decisions re self care- Identifying how one's values and assumptions affect interactions among health team members- Respecting the obligation of the duty to provide care

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1.3 Legal – legally accountable to the client, the employer and the profession

A competent licensed practical nurse entering practice will:	
1.3.1	<p>Demonstrate competence in practice through understanding of:</p> <ul style="list-style-type: none">- The professional nursing standards set out by the College- Professional ethics- The legislated scope of practice of LPNs, LPN Act and regulations, College bylaws and policies,- Provincial and federal privacy legislation- Self-regulation and autonomy of the profession- The varying mandates of regulatory bodies, unions, professional associations
1.3.2	<p>Understand the concepts of self-regulation by:</p> <ul style="list-style-type: none">- Acknowledging the principle that the primary purpose of the profession and the college is to serve the public in a safe, competent and ethical manner- Understanding the significance of the fitness to practice concept within the context of individual self-regulation and public protection- Identifying and implementing strategies to maintain her/his fitness/ competence to practice
1.3.3	<p>Adhere to legal requirements regarding practice, client care, and documentation by:</p> <ul style="list-style-type: none">- Documenting in a timely manner- Maintaining clear, concise, accurate, and timely records of client care, utilizing computerized (if relevant) and other health and nursing information systems- Completing patient safety learning reports- Documenting within established policies and procedures of employer agencies- Practicing within established scope of practice and employer policies and procedures- Initiating, receiving, transcribing, and verifying orders- Disclosing relevant information to appropriate sources- Adhering to employer policies and practices, and legislation related to abuse, communicable diseases, mental health issues, and personal health information

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Competency Area 2.0 Foundations of Practice

2.1 Assessment - Perform and refine client assessments using critical thinking and clinical judgment

A competent licensed practical nurse entering practice will:	
2.1.1	Perform comprehensive and holistic health assessments across the lifespan
2.1.2	Utilize standardized and individualized assessment tools for finer detail and discrimination
2.1.3	Use various techniques for data collection including observation, interview, inspection, auscultation, and palpation
2.1.4	Refine and extend client assessment information by collecting data from a variety of sources
2.1.5	Collaborate with the client, family, and others to perform emotional, psychological, cognitive, social, spiritual, and cultural assessments
2.1.6	Seek additional information from relevant nursing literature, experts, and other health team members
2.1.7	Collaborate and interpreting data from client assessments

2.2 Planning & Intervention – Collaborate in the development and implementation of a client-focused plan of care

A competent licensed practical nurse entering practice will:	
2.2.1	<p>Make clinical decisions based on:</p> <ul style="list-style-type: none">- Applying critical-thinking skills in practice activities- Evidenced-based knowledge from nursing, health sciences, and related disciplines to select and individualize nursing interventions
2.2.2	<p>Developing plans of care in consultation with other health team members by:</p> <ul style="list-style-type: none">- Involving the client- Participating in identifying expected outcomes and establishing priorities of care- Developing a range of possible alternatives to care- Participating in development of nursing diagnoses- Selecting appropriate technology to reflect available resources and client needs

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2.2.3	<p>Select and implement nursing interventions reflecting client needs that:</p> <ul style="list-style-type: none">- Encourage the client to assume responsibility for his/her own health- Include family in client's care delivery as appropriate- Consult with and include members of the health care team in the care plan implementation
2.2.4	<p>Provide relevant health related information and support to the client by:</p> <ul style="list-style-type: none">- Evaluating effectiveness of the client's learning strategies- Encouraging client self-care and health promotion- Planning and implement teaching strategies to enhance client learning- Evaluating the client's understanding and comprehension
2.2.5	<p>Utilize effective time management skills to carry out nursing responsibilities by organizing and prioritizing workload</p>
2.2.6	<p>Apply safety principles consistently in client situations by:</p> <ul style="list-style-type: none">- Implementing routine practices/standard precautions- Maintaining a safe work environment- Applying the principles of asepsis- Recognizing and reporting situations that are potentially unsafe for self, the client, or health team members- Providing support and protection to the client unable to protect him/herself

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2.3 Evaluation – Monitor and evaluate the effectiveness of interventions

A competent licensed practical nurse entering practice will:	
2.3.1	<p>Evaluate client progress by:</p> <ul style="list-style-type: none">- Monitoring the client’s status in relation to anticipated outcomes- Evaluating the effectiveness of nursing interventions, including teaching plans, by comparing actual outcomes to anticipated outcomes- Verifying evaluation findings with the client and other members of the health care team- Revising/modifying plan of care based on evaluation findings- Collaborate in the revision of goals, priorities, and nursing interventions with the client and health team members to achieve client health outcomes

Competency Area 3.0 Collaborative Practice

3.1 Collaboration and partnerships – works collaboratively with other members of the health care team

A competent licensed practical nurse entering practice will:	
3.1.1	Develop and maintain therapeutic relationships with the client and health care team members
3.1.2	Facilitate the client’s active involvement in all aspects of care
3.1.3	Collaborate as a member of the health care team to promote problem-solving and decision-making

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3.2 Communication - communicates effectively

A competent licensed practical nurse entering practice will:	
3.2.1	Employ a range and variety of communications skills to: <ul style="list-style-type: none">- Provide effective and respectful interpersonal interactions- Gather and provide appropriate information- Establish and maintain a caring environment to foster partnerships- Resolve conflict

3.3 Leadership – demonstrates leadership

A competent licensed practical nurse entering practice will:	
3.3.1	Collaborate in coordinating the actions of others in emergency situations
3.3.2	Provide appropriate assignment, direction, and supervision to unregulated health workers
3.3.3	Collaborate with health team members, and integrate evidence-informed research into practice
3.3.4	Provide, receive, and reflect on constructive feedback
3.3.5	Participate in quality improvement and quality management activities
3.3.6	Exercise clinical judgment within own level of competence, in accepting and/or assigning client care functions

Applications of the Entry Level Competencies Expected During Nursing Education:

Practical nursing programs must ensure that practice/clinical hours reflect both national and jurisdictional practices and standards and are adequate to allow graduates to achieve curriculum/program objectives and entry level competencies for licensed practical nursing. Approved practical nursing education programs are required to provide learning opportunities in which students can apply the entry level competencies in direct practice experiences, with clients of all ages and genders in a variety of settings. These settings should include opportunities to provide nursing care in health promotion, prevention of injury and illness, curative, supportive, rehabilitative, and palliative care, including end of life care.

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Implications

To fulfill the requirements of the entry level competencies, practical nursing education programs and health care settings must work in partnership to ensure that students have access to quality practice learning experiences. It is acknowledged that more and more practical nursing education programs are challenged to provide sufficient and appropriate learning experiences especially in the areas of perinatal nursing, nursing care of children in acute care settings and in the area of mental health.

Students benefit from multiple learning opportunities in laboratory settings, where they can apply the entry level competencies. Such laboratory experiences often include, but are not limited to simulators and simulated clients, video tape replay of various technical nursing skills and relationship, assessment and interviewing skills. It has been shown that while laboratory experiences such as providing care to simulated clients may increase student confidence, it does not take the place of providing care to an actual client. (Harder, 2008) Innovative arrangements developed by practical nursing education programs are encouraged.

Context of Practical Environment

Entry level licensed practical nurses are prepared to provide nursing services to people of all ages and genders across the lifespan. Entry level licensed practical nurses are generalists and are employed in diverse practice environments, such as hospitals, long term care and community settings to name a few. An identified responsibility of employers is to create and maintain practice environments that support licensed practical nurses in providing safe, competent and ethical care. (CRNNS, 2007)

It is unrealistic to expect entry level licensed practical nurses to function at the level of an experienced licensed practical nurse. Supportive practice environments that encourage new LPNs to feel welcome, safe, valued and mentored, ease their transition into practice.

Creating quality practice environments is the shared responsibility of governments, employers, nurses, nursing organizations and educational institutions.

Ref: CRNNS, (2009) Entry Level Competencies

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4.0	Focused areas of specific knowledge, skills, and judgment
4.1	Psychomotor Competencies for Licensed Practical Nurses

NOTE: the psychomotor competencies listed here are for guidance only; it is not an exhaustive list.

Psychomotor Competencies

In addition to basic nursing competencies, the following psychomotor competencies can be expected of an entry-level licensed practical nurse in Nova Scotia entering the profession in 2012:

Ambulatory Care

- Assisting clients in and out of bed, stretcher, wheelchair, chair
- Assisting clients to walk, stand, sit, turn and use ambulatory devices
- Transferring and lifting e.g., mechanical chairs, bed slides, transfer belts
- Assisting clients with prosthetic devices
- Assisting clients with crutch walking, walkers and canes
- Operating mechanical chairs and other transfer devices

Assessment

- Admitting, discharging and transferring clients
- Assessment of all body systems
- Assessing clients in all stages of growth and development
- Monitoring vital signs, including:
 - Pulse: carotid, brachial, radial, apical, femoral and pedal
 - Respiration: rate and quality
 - Blood pressure
 - Temperature (e.g., oral, rectal, axillary & tympanic)
- Auscultating bowel sounds
- Auscultating breath sounds
- Auscultating fetal heart sounds
- Assesses intake and output
- Assesses client appearance and changes in condition, activity and behaviour
- Assesses client bowel & bladder distention, wound drainage, chest tubing drainage
- Assesses client infusion pumps and IV site
- Assesses coordination of movement
- Assessing hearing (e.g., normal versus symmetric)
- Assessing level of consciousness
- Assessing height and weight
- Assessing limb movement (e.g., strength and equality)
- Measuring girth
- Observing appearance
- Palpating: (e.g., pulse, fundus, bladder)
- Assessing vision: (e.g., basic - normal versus abnormal)
- Assessing pupils: (e.g., reaction, size)
- Assessing olfaction: (e.g., acetone breath)
- Assessing pre & post-op clients

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Medical Asepsis

- Hand hygiene
- Gloving (sterile & non sterile)
- Gowning
- Masking
- Taking routine precautions/standard precautions/transmission based precautions
- Understanding the principles of WHMIS

Circulation

- Assisting with deep-breathing, coughing and positioning
- Applying & administering hot & cold applications
- Using accessories and equipment that minimize adverse effects of immobility, including:
 - Bed cradle
 - Fracture board
 - Sandbags
 - Trochanter roll
 - Special mattresses – i.e. pressure redistribution surfaces
- Assisting clients with chest physio and postural drainage
- Assisting clients with active & passive range of motion exercises
- Performing basic neurological checks
- Caring for clients in traction, following orthopaedic surgery, cast care and circulation, sensations and motion (csm)

Death

- Providing comfort measures for the dying client and her/his family
- Facilitating the grieving process for the client and /or her/his family
- Care of body (institution/home)

Documentation

- Recording comprehensive health teaching
- Recording pertinent information in a timely manner
- Recording information in a clear, concise and legible manner
- Recording assessment findings
- Collaborating in the development of plans of care
- Modifying/revising plans of care
- Evaluating plans of care
- Transcribing physician orders
- Charting

Medication Administration

- Receiving written and verbal orders, including telephone orders
- Verifying medication orders
- Transcribing orders
- Researching medication prior to administration
- Administering medication
 - Oral
 - Subcutaneous
 - Intramuscular
 - Intradermal
 - Intravenous – *administration of IV meds, especially IV push should be considered in the context of LPN scope of practice (See College Guidelines re “LPNs and Administration of IV Medications(s)”)
 - Topical
 - Rectal
 - Vaginal
 - Aural

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- Nasal
- Sublingual
- Ophthalmic
- Inhalation
- Nasogastric tube
- Monitoring, documenting and recording medication administration and therapeutic and/or adverse effects

Oxygenation

- Establishing, positioning and maintaining oxygen and humidity
 - Cannula
 - Mask
 - Bipap and CPAP Humidifier
- Performing oral, nasal and tracheal suctioning
- Caring for established tracheotomy
- Initiating and performing cardio-pulmonary resuscitation
- Monitoring
 - Temperature
 - Pulse
 - Respiration
 - Blood pressure
 - Oxygen saturation
 - Skin colour
- Capillary refill
- Peak flow
 - Incentive spirometers

Safety

- Practicing principles of mechanical, electrical, thermal and chemical safety and accident prevention (e.g., Workplace Hazardous Materials Information System, (WHMIS))
- Practicing principles of microbial safety
- Using principles of good body mechanics
- Applying and monitoring least restrictive measures
- Verifying client identification
- Ensuring client accessibility to call system
- Performing basic emergency measures
- Recognizing and reporting indications of child, adult, spousal, workplace, chemical abuse and/or neglect
- Providing non-violent crisis intervention
- Intervening to meet the needs of the emotionally, mentally, and/or psychologically impaired clients
- Becoming competent with equipment operation
- Maintaining a safe work environment

Specimen

- Assisting with performing diagnostic tests
- Collecting and labelling
 - Sputum
 - Stool
 - Urine
 - Swabs
- Testing body fluids
 - PH gastric contents
 - Blood sugar/glucose in blood including glucometer checks
 - Urine and stool

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Draining/Emptying/Measuring

- Biliary
- Bladder
- Nasogastric
- Hemovac/J. Pratt
- Applying external urinary draining devices
- Applying condom drainage

Dressings

- Applying bandages, binders, slings, tensors, teds
- Changing sterile dressings: dry, moist, negative pressure closure(s)
- Cleaning and irrigating wounds
- Inserting and removing superficial packing (less than 2.5 cm or less)
- Removing sutures, staples
- Removing drains
- Monitoring wound healing

Elimination

- Implementing nursing measures to maintain regular elimination (e.g., exercise, fluid increases, fibre increases)
- Administering enemas, suppositories, and rectal tubes
- Caring for colostomy, ileostomy, ureterostomy
- Caring for urinary drainage system (e.g., indwelling catheter care, urostomy, urinary drainage bags suprapubic catheters)
- Administering urinary catheterization: indwelling and straight (male, female)
- Applying condom drainage
- Irrigating urinary catheters
- Removing indwelling catheters
- Irrigating nasogastric suction tubes
- Removal of nasogastric tubes
- Implementing bladder and bowel training and retraining programs

Foot Care

- Performing basic foot care

Health Teaching

- Identifying functional/dysfunctional health behaviours
- Encouraging the clients to assume responsibility for their own health
- Implementing and reinforcing teaching regarding:
 - Nursing interventions
 - Physician instructions
 - Diagnosed health problems
 - Signs and symptoms
 - Procedures and treatments
 - Medications
 - Self care
 - The prevention of illness
- Family centered antepartum, post partum and newborn care
- Safety, including:
 - Holistic health

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- The promotion of health
- Diagnostic testing
- Administering skin care
- Preventive measures for skin care
- Administering skin preparation (clean and sterile)
- Checking placement of nasogastric tubing
- Measuring ulcers

Isolation

- Using isolation techniques
- Nutrition
- Assessing hydration
- Providing for appropriate nutrition and fluid intake
- Assisting clients to eat if assistance is required
- Maintaining dietary restrictions and supplements
- Administering feedings and medications via nasogastric and gastrostomy tubes
- Monitoring intake and output (e.g., 24-hour fluid balance, calorie count)
- Obtaining and monitoring blood glucose levels with diagnostic devices

Infusion Therapy

- Verifying infusion orders
- Initiating, assessing, monitoring and managing peripheral infusion therapy
- Monitoring and regulating rate of flow
- Assessing site and flow
- Assessing adverse reaction
- Monitoring infusion pumps
- Initiating, assessing, monitoring and managing blood/blood products transfusion therapy
- Initiating, assessing, monitoring and managing hypodermoclysis
- Obtaining blood products from blood bank
- Changing IV tubing and solutions
- Discontinuing IV infusions
- Assisting with client identification
- Co-signing for blood administration
- Assessing and monitoring client with a central venous catheter (CVC)

Maternal Care: Mother and Child

- Assessing the mother in the postpartum period
- Fundus
- Lochia
- Episiotomy
- Breasts
- Bladder
- Bowels
- Assisting with breast feeding
- Assisting with postpartum exercise
- Assisting with expression of milk
- Assisting with episiotomy care
- Assisting with bottle feeding
- Assisting with infant cord care
- Assisting with circumcision care

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Below are the terms and definitions as they are used in this document.

Accountability:	The obligation to answer for the professional, ethical and legal responsibilities of one's activities and actions.
Advocate:	To speak or act on behalf of self or others by respecting decisions and enhancing autonomy.
Autonomy:	The freedom to act in accordance with self-chosen and informed goals. It includes independent decisions about client care within one's role and scope of practice.
Client:	Refers to individuals (or designated representatives), families and groups.
Clinical data:	All assessment and diagnostic results that apply to a client's health status. Includes data collected in a variety of ways to provide client information.
Clinical decisions:	Decisions derived from reasoning processes based on clinical judgment.
Clinical judgment:	Processes that rely on critical thinking to reflect the complex, intuitive and conscious thinking strategies that guide nursing decisions.
Collaborate:	To work in partnership with members of the interdisciplinary health care team while maintaining autonomy, within one's own scope of practice.
Competent:	In relation to an LPN, the ability to integrate and apply the knowledge, skills and judgment required to Practice safely and ethically in a designated role and setting (LPNs Regulations, 2006).
Competencies:	The integrated knowledge, skills, behaviors, attitudes, critical thinking and clinical judgment expected of an entry level licensed practical nurse.
Continuing competence:	The ongoing ability of an LPN "in Nova Scotia" to integrate and apply the knowledge, skills and judgment required to practice safely and ethically in a designated role and setting (Licensed Practical Nurses Regulations, 2006).
Diversity:	Understanding that each client is unique and respecting individual differences along the dimensions of race, ethnicity, gender, sexual orientation, social economic status, age, physical abilities, religious beliefs, political beliefs or other ideologies.
Determinants of health:	Health is determined by complex interactions among social and economic factors, physical environment and individual behaviors, which do not exist in isolation from each other.
Entry-level competencies:	Expected of LPNs upon graduation from an approved practical nursing program in order to provide the public with safe, effective and ethical nursing care.
Entry-level practitioner:	an entry level LPN at the point of registration or licensure following graduation from an approved practical nurse education program and successful completion of the Canadian Practical Nurses Registration Exams (CPNRE). The entry-level practitioner is educationally prepared to provide nursing care in a variety of settings to individuals, groups and families. A new graduate is considered to be entry-level until they have one year of practice experience.

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Evidence-based practice/knowledge:	the identification, evaluation and application of current research findings to guide practice decisions.
Family:	Two or more individuals who may or may not be related by blood, marriage or adoption. Members are bound by strong emotional ties, a sense of belonging and a commitment to live with or care for one another over time.
Harm:	An occurrence that negatively affects a person's health and/or quality of life, which may impact any dimension of health.
Health:	A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It includes physical, mental, spiritual, emotional, psychological and social health.
Health assessment:	A process by which the practical nurse obtains data on the client that includes a complete history of the client's health status as well as a complete physical assessment. The practical nurse is prepared to complete health assessments on neonates, children and adults.
Health care team:	Clients, families, health care professionals, unregulated health workers, students and others who may be involved in providing care.
Health promotion:	The process of enabling people to increase control over and improve their health based on an understanding of the determinants of health. Health promotion is particularly concerned with values and vision of a preferred future.
Hypodermoclysis (HDC):	The infusion of fluids into subcutaneous tissue.
Illness prevention:	The collection of practices that are designed to circumvent illness and/or disease.
Immunizing agent:	An active or passive substance or organism that provokes an immune response (produces immunity) by the body.
Implied consent:	An inferred agreement for care based on a client's presence, actions and the context of the situation.
Infection control:	The collection of practices that are designed to minimize the risk of spread of infections
Informed consent:	A legal condition whereby a person gives permission for interventions based upon a clear understanding of the facts, implications and future consequences of an action.
Interdisciplinary health care team:	The client, regulated health care professionals, unregulated health care providers and all others who are involved in the provision of care.
Leadership:	Being involved, being open to new ideas, and having confidence in your own capabilities and a willingness to make an effort to guide and motivate others.
Level of autonomy:	The level of independence an LPN may assume when performing nursing care. Within their scope of practice, LPNs can practice independently and work collaboratively, in consultation, and with direction. The LPN may function:

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- *independently*: performs all aspects of a nursing procedure/activity/intervention independently. The LPN decides on the nursing procedure/activity/intervention required and is able to predict and manage the outcomes of such a procedure/activity/intervention.
- *in consultation*: performs a nursing procedure/activity/intervention following the advice/guidance/direction of an individual competent in the performance of the competency in a designated role and setting. The LPN performing the activity knows when and from whom to seek consultation.
- *with guidance /direction*: the LPN may be given guidance/direction verbally or in writing; however, this guidance/direction still allows for independence of function. The direction may include, but not be limited to, a procedural guideline or a prescribed course of action and is dependent on the policies of the employing agency. **The LPN will be accountable for her/his own actions and decisions.**

Nursing diagnosis:	A statement about the client's actual or potential health concerns that can be managed through independent nursing interventions.
Risk/Quality \ management:	The ability to utilize a system of identifying potential risks, recognizing legal implications and responding appropriately.
Scope of practice:	The roles and responsibilities of the licensed practical nurse to perform safe, competent and ethical care as defined by their education, legislation and the regulatory authority.
Stable client/predictable outcomes:	One whose health status can be anticipated; the plan of care is established and is managed with interventions that have predictable outcomes.
Standards:	Authoritative statements by which the nursing profession describes the responsibility for which its practitioners are accountable (American Nurses Association, 2009).
Therapeutic environment:	A setting where the therapeutic nurse-client relationship can be developed and maintained.
Therapeutic nurse-client relationship:	A relationship based on trust, respect and intimacy with the client that requires the appropriate use of power.
Unregulated health worker:	A health care worker, who is not part of a regulated health profession, who provides care to clients under the guidance of a regulated health professional.
Unstable client /unpredictable outcomes:	One whose health status is fluctuating, with atypical responses; the plan of care is complex, requiring frequent assessment and modification and is managed with interventions that may have unpredictable outcomes and/or risks.
Work environment:	Any setting where health care is delivered.

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