



Entry-Level Competencies

FOR LICENSED PRACTICAL NURSES

**BC COLLEGE
OF NURSES
AND MIDWIVES**

Effective date: September 1, 2020

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Effective date: September 1, 2020

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www.bccnm.ca

Pub. No. 820

About BCCNM

The legal obligation of the British Columbia College of Nurses and Midwives (BCCNM) is to protect the public through the regulation of licensed practical nurses (LPNs), nurse practitioners (NPs), registered midwives (RMs), registered nurses (RNs), and registered psychiatric nurses (RPNs). This includes setting standards of practice, assessing nursing education programs, and addressing complaints about BCCNM registrants.

Development of the Entry-Level Competencies

In 2012, the Canadian Council for Practical Nurse Regulators (CCPNR), a federation of provincial and territorial regulatory bodies responsible for the safety of the public through the regulation of LPNs, recognized the need to describe the competencies expected of the entry-level LPN in Canada. In 2013, the CCPNR “Entry-to-Practice Competencies for LPNs” was published. In response to the changing health-care environment, these competencies were updated in 2019. Now referred to as the CCPNR “Entry-Level Competencies (ELCs) for LPNs”, these ELCs describe the knowledge, skills, judgment and attitude required of beginning practitioners to provide safe, competent and ethical nursing care.

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

These competencies were validated by the LPN community and key stakeholder groups across Canada and were approved by the Boards of the respective regulatory authorities of the CCPNR’s Board members.

In B.C. and Ontario, based on provincial consultations, three additional competencies were added to the CCPNR ELCs (identified with an * in this document). The BC College of Nursing Professionals Board approved the 79 ELCs for LPNs in June 2019 to be effective September 1, 2020.

Introduction

This document describes the ELCs expected of LPNs in B.C. Competencies are the integrated knowledge, skills, behaviours, attitudes, critical thinking and clinical judgment expected of an entry-level LPN to provide safe, competent and ethical care. Entry-level LPNs are at the point of initial registration, following graduation from a BCCNM-recognized practical nursing education program. ELCs are used by LPN regulators and other stakeholders for several purposes including:

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

BCCNM reviews nursing education programs/courses under the authority of the duties and objects of a college set out in the Health Professions Act (HPA) to establish the conditions or requirements for registration of a person as a registrant of the college.

The *Entry-Level Competencies for Licensed Practical Nurses* (2019) describes the expected competencies for entry-level LPN practice in B.C. The competencies are used in BCCNM's review of practical nurse education programs. Questions regarding the use of these competencies in education program review should be directed to educationprogramreview@bccnm.ca

Assumptions

Entry-level LPNs are beginning practitioners whose level of practice, autonomy and proficiency will be enhanced through reflective practice, evidence-informed knowledge, collaboration, mentoring and support from colleagues (e.g. managers, other health-care team members and employers). Through formal and informal ongoing education and practice experience, LPNs expand their knowledge base and competence throughout their career.

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

1. The foundation of practical nursing is defined by:
 - entry-level competencies;
 - professional nursing standards of practice of the regulatory authority;
 - nursing code(s) of ethics/ethical standards;
 - scope of nursing practice applicable in the jurisdiction; and
 - provincial/territorial and federal legislation and regulations that direct practice.
2. LPN practice is built upon the four concepts of person, environment, health and nursing and is grounded within the context of the current Canadian health-care system, primary health care and emerging health trends.
3. LPNs possess competencies that are transferable across all areas of responsibility (e.g. direct care, administration, education and research).
4. LPNs are active participants in health promotion, illness prevention and harm reduction activities.
5. LPNs practise in any setting or circumstance where health care is delivered.
6. Requisite skills and abilities are required to attain the LPN entry-level competencies.
7. LPNs practise autonomously, safely, competently and ethically along the continuum of care in situations of health and illness across a client's¹ lifespan.
8. LPNs practise in situations of varying complexity and work collaboratively with the health-care team to maximize client outcomes.
9. LPNs demonstrate leadership by fostering continued self-growth to meet the challenges of an evolving health-care system.
10. LPNs follow a systematic approach by using the nursing process to deliver safe, competent and ethical care.
11. LPNs advocate for the implementation and utilization of evidence-informed practice.

¹ An individual, family, group, population or entire community who requires nursing expertise. In some clinical settings, the client may be referred to as a patient or a resident. In research, the client may be referred to as a participant.

Entry-Level Competencies

The 79 entry-level competencies are organized into five categories: 1) professional practice, 2) legal practice, 3) ethical practice, 4) foundations of practice, and 5) collaborative practice. The order of the categories and competencies is not an indication of priority or importance. Terms in **bold text** are defined in the glossary at the end of the document.

Professional Practice

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

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

Ethical Practice

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

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

Legal Practice

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

29. Practises according to legislation, **standards of practice**, ethics and organizational policies.
30. Practises according to relevant mandatory reporting legislation.
31. Recognizes, responds and reports questionable orders, actions or decisions made by others.
32. Adheres to the **duty to report**.
33. Protects clients' rights by maintaining confidentiality and privacy in all personal and professional contexts.
34. Responds to the clients' right to health-care information in accordance with relevant privacy legislation.

² See: Truth and Reconciliation Commission of Canada: Calls to Action

35. Documents according to established legislation, standards of practice, ethics and organizational policies.
36. Obtains informed **consent** to support the client's informed decision-making.

Foundations of Practice

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

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

61. Demonstrates knowledge of nursing theory, pharmacology, health sciences, humanities and ethics.
62. Applies knowledge of pharmacology and principles of safe medication practice.*

Collaborative Practice

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

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

Glossary

Term	Definition
Adverse event	An event that results in unintended harm to the patient and is related to the care and/or services provided to the patient rather than to the patient's underlying medical condition (CPSI, 2015).
Advocate	To actively support a right or cause; to support others when speaking for themselves or when speaking on behalf of those who cannot speak for themselves. It can be direct or indirect and often addresses inequity or inequality issues in health care (CNA, 2019).
Autonomously / Autonomous practice	Autonomous practice means having the authority within a profession's scope of practice to act without an order or regulatory supervision. LPNs who engage in autonomous practice are required to follow BCCNM's Standards for Acting without an Order (BCCNM, 2019b).
Competence	The quality or ability of a practical nurse to integrate and apply the professional attributes required to perform in a given role, situation or practice setting (BCCNM, 2019b).
Conflict resolution	The process of arriving at a mutually agreeable solution to a dispute or conflict between two or more parties by adequately addressing the interests of all parties (CCPNR, 2013).
Consent	Consent to health care means having the right to choose, refuse or revoke health care after being informed about the proposed plan of care. Consent is based on a legal requirement, as well as respect for clients' rights to enough information to make decisions about their health care (BCCNM, 2016).
Duty to report	<p>Nurses have a legal and ethical duty to report incompetent or impaired practice or unethical conduct of regulated health professionals.</p> <p>In B.C., the Health Professions Act establishes a legal duty for nurses to report situations in which there is a good reason to believe that a regulated health professional's practice is impaired or incompetent and may pose a danger to the public (s. 32.2). The Health Professions Act also requires nurses to report any sexual misconduct by a regulated health professional (BCCNM, 2019a).</p>

Term	Definition
Evidence-informed practice	The ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other available resources to inform decisions that nurses make about clients (CNA, 2018).
Fitness to practise	All the qualities and capabilities of an individual relevant to his or her capacity to practise as a nurse, including, but not limited to, any cognitive, physical, psychological or emotional condition or a dependence on alcohol or drugs that impairs his or her ability to practise nursing (BCCNM, 2017).
Health-care team	Several health-care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with persons, families, groups, communities or populations (CNA, 2017).
Health literacy	The ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course (CPHA, 2008).
Interprofessional team collaboration	The process of developing and maintaining effective working relationships with learners, practitioners, patients/clients/families and communities to enable optimal health outcomes (CIHC, 2010).
Leadership	The shared and independent responsibility to model the profession’s values, beliefs and attributes, and to promote and advocate for innovation and best practices. The attributes of leadership include self-awareness, commitment to individual growth, ethical values and beliefs, presence, reflection and foresight, advocacy, integrity, intellectual energy, being involved, being open to new ideas, having confidence in one’s own capabilities and being willing to make an effort to guide and motivate others. Leadership is not limited to formal leadership roles (BCCNM, 2017).
Near misses	A client’s safety incident that did not reach the client and therefore resulted in no harm (CPSI, 2015).
Nursing diagnosis	A clinical judgment of an individual’s mental or physical condition to determine whether the condition can be ameliorated or resolved by appropriate interventions of the LPN to achieve outcomes for which the LPN is accountable (BCCNM, 2019b).

Term	Definition
Professional boundaries	The spaces between the nurse’s power and the client’s vulnerability. They separate the therapeutic behaviour of the nurse from any behaviour which well-intentioned or not could lessen the benefit of care to [persons]. Boundary crossings are brief excursions across boundaries that may be inadvertent, thoughtless or even purposeful if done to meet a specific therapeutic need. A boundary violation is an act of abuse in the nurse-person relationship (CARNA, 2011).
Professional misconduct	Behaviour outside the boundaries of what is considered acceptable or worthy of its membership by the governing body of a profession (CNO, 2019).
Quality improvement	An organizational philosophy that seeks to meet clients’ needs and expectations by using a structured process that establishes indicators of quality, monitors performance against the indicators and utilizes findings to make improvements in all aspects of service (BCCNM, 2017).
Safety	The reduction and mitigation of unsafe acts within the health-care team and health-care system as well as the use of best practices shown to lead to optimal client outcomes (CNA, 2009).
Scope of practice	The activities that LPNs are educated and authorized to perform as set out in the Nurses (Licensed Practical) Regulation and complemented by BCCNM standards, limits and conditions (BCCNM, 2019b).
Social media	Software applications (web-based and mobile) allowing creation, engagement and sharing of new or existing content, through messaging or video chat, texting, blogging and other social media platforms (Bodell & Hook, 2014).
Standards of Practice	Refers to BCCNM Professional Standards for LPNs, Scope of Practice for LPNs: Standards, Limits and Conditions, and Practice Standards.
Therapeutic nurse-client relationship	A connection a nurse establishes and maintains with a client, through the use of professional knowledge, skills and attitudes, to provide nursing care expected to contribute to the client’s well-being (CNA, 2017).
Unregulated health worker	Paid providers who are neither registered nor licensed by a regulatory body. They have no legally defined scope of practice. Unregulated care providers do not have mandatory education or practice standards. Unregulated care providers include, but are not limited to, resident care attendants, home support workers, mental health workers, teaching assistants and community health representatives. (BCCNM, 2018)

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