NURSE PRACTITIONERS

Applying the Competencies Required for Nurse Practitioners in British Columbia

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Revision Log

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April 2018	Published
January 2020	Revised to reflect amalgamation of Colleges
February 2021	Branding updated; references to BCCNP revised to BCCNM

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NP Competencies and Related Performance Indicators

INTRODUCTION

In December 2016, the College of Registered Nurses of British Columbia (now the British Columbia College of Nurses and Midwives or BCCNM) approved the new *Entry-Level Competencies for Nurse Practitioners in Canada*[1] for use in British Columbia. These national competencies are the result of several years' consultation by regulators of Nurse Practitioners across Canada. They replace the previous competency document.[2]

To allow time for the necessary revisions to documents and processes, the college directed that the national competencies would be implemented on the Nurse Practitioner OSCE examination beginning in June 2018 (OSCE27). Work required for implementation includes revisions to the:

- framework for assigning the competencies assessed in OSCE cases to OSCE Blueprint domains;
- document *Applying the Competencies Required for Nurse Practitioners in British Columbia;*
- OSCE case writers' guide;
- OSCE cases;
- scoring processes; and
- score profiles for candidates.

ABOUT THIS DOCUMENT

Applying the Competencies Required for Nurse Practitioners in British Columbia is intended to align the specific objective criteria for the OSCE with the new competencies, to enhance understanding of the elements of expected performance for the competencies. The document uses the national competencies as the defining framework and outlines the specific indicators that are used to assess performance.

Competencies cross boundaries of broad tasks and activities, so that a single competency can be assessed by several different tasks or activities. Similarly, a single task or activity can incorporate several competencies. As the task and activities on the OSCE are organized under *Domains of Practice,* each domain can have many competencies.

Competencies that are common to many tasks and activities (e.g., communication competencies) are assessed by the Global Assessment Scale (GAS) in the OSCE. The GAS evaluates these competencies, and their underlying knowledge, skills, and abilities, across all stations.

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[1] Canadian Council of Registered Nurse Regulators (CCRNR). *Entry-Level Competencies for Nurse Practitioners in Canada.* Accessed: Jan. 10, 2020.

[2] College of Registered Nurses of British Columbia. (2010). *Competencies Required for Nurse Practitioners in British Columbia.* Pub. no. 416. Vancouver: Author.

TERMINOLOGY

Some of the terms that are used in the competencies, and in this document, have specific meanings. For a complete glossary of these terms, please see *Entry-Level Competencies for Nurse Practitioners in Canada.*

The term 'client' is used throughout the competencies and this document. Clients are:

> *"Individuals, families, groups, populations or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant" (NANB, 2010a).*

In the OSCE, the client is an individual or family.

The term 'case' is used throughout this document to identify the content for the interactive stations and the PEP stations.

In the OSCE, a 'case' is the content of an encounter or PEP station.

In the OSCE, a 'station' is one of the encounters (e.g. 7T, 4C). A different case is assigned to the station for subsequent exams.

In the OSCE, a 'room' is the physical location of the station at the facility.

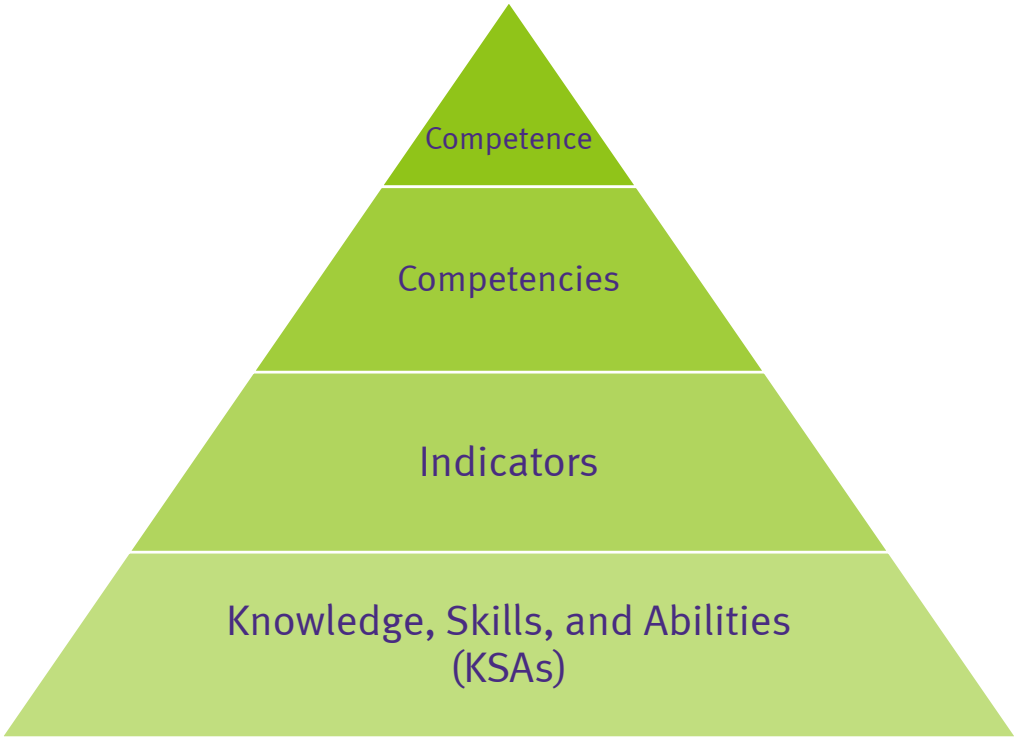
CONTEXT OF PRACTICE

While the competencies are the same for all Nurse Practitioners, each individual NP must interpret the competencies relative to the context of practice. An NP who is competent in one context of practice may not be competent in a different context.

There are three distinct streams of Nurse Practitioner practice in British Columbia (Family, Adult, and Pediatric). Each stream has a different scope of practice with regard to the age of patients and the locations where patients may be treated. Nurse Practitioners may restrict or specialize their practice within these streams to very narrow population types.

Context of practice can therefore include the stream of practice, the work setting, the clientele or population, and other factors. Each context of practice will have specific nuances that will shape the knowledge and skills used to support the achievement of a competency, and competence.

A Guiding Framework[3]



COMPETENCE

Competence is defined in the literature as:

> *"...the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served...Professional competence is developmental, impermanent, and context-dependent."*[4]

Similarly, BCCNM defines competence as:

> *"The ability to integrate and apply the knowledge, skills, abilities and judgment required to practise safely and ethically with a designated client population in a specific nurse practitioner role and practice setting (CRNNS, 2011)."*[5]

There is no known way to measure competence. Competence can, however, be broken down into a series of measureable competencies.

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[3] This framework is adapted from Cane, D. (2013). *Competencies, Indicators and Assessments*. Presentation to CNNAR, October 2013.

[4] Epstein, RM and Hundert, DM. (2002). In Cane, D. (2013). *Competencies, Indicators and Assessments.* Presentation to CNNAR, October 2013.

[5] Canadian Council of Registered Nurse Regulators (CCRNR). *Entry-Level Competencies for Nurse Practitioners in Canada.* Accessed: Jan. 10, 2020.

COMPETENCIES

Competencies can be thought of as facets of competence. They are broad statements intended to define aspects of competence.

The competencies document defines competencies as:

> *"The specific knowledge, skills, abilities, and judgment required for a nurse practitioner to practice safely and ethically with a designated client population in a specific role and practice setting (CRNNS, 2011)."*[6]

At their most basic, competencies are the ability to perform a job task with a specified level of proficiency. Job tasks can be concrete skills (e.g., auscultation) or more complex skills (e.g., synthesis, decision-making). All competencies are underpinned by their related knowledge, skills, and abilities.

BCCNM has a separate list of competencies specifically related to Controlled Drugs and Substances (CDS). These are included in the approved *Entry-Level Competencies for Nurse Practitioners in Canada* as Appendix G.[7] (For the full list of these competencies, see Appendix II.)

In the OSCE, CDS content is included in the relevant national competencies as follows:

National Competency		CDS Competency
IA-7	includes	2-Ethical Practice
IB-2a	includes elements of	3-Assessment
IB-3c	includes elements of	3-Assessment
IC-1e	includes elements of	5-Diagnosis
IC-1i	includes elements of	5-Diagnosis
IC-2b	includes	6-Knowledge Synthesis
ID-3b	includes	8-Education
ID-3c	includes	9-Decision Making in Prescribing
ID-3e	includes	4-Identification and Management of Risk Aberrant Drug Related Behaviours and Harms
ID-7c	includes elements of	3-Assessment

[6] Canadian Council of Registered Nurse Regulators (CCRNR). *Entry-Level Competencies for Nurse Practitioners in Canada.* Accessed Jan. 10, 2020.

[7] College of Registered Nurses of British Columbia. *Entry-Level Competencies for Nurse Practitioners in Canada.* Accessed: January 3, 2018.

INDICATORS

There is often a need to break competencies down further for assessment purposes. Indicators are given for many competencies in order to define a level that is measurable through performance.

> *"An indicator is a task that can be performed in an assessment vehicle, demonstration of which provides an indication of proficiency in a competency."*[8]

Indicators provide specific criteria that are used to measure the actual performance of an individual. The varying number of indicators for each competency is related to the complexity of the task.

KNOWLEDGE, SKILLS AND ABILITIES (KSAS)[9]

KSAs are the foundation of NP practice. They overlap and support multiple competencies and multiple indicators. KSAs include:

- Knowledge of anatomy; physiology; developmental and life stages; determinants of health; behavioural sciences; demographics; family process; diversity; cultural safety; pathophysiology; psychopathology; epidemiology; environmental exposure; infectious diseases; clinical manifestations of normal health events, acute illness/injuries, chronic diseases; emergency health needs; comorbidities; pharmacotherapeutics; and evidence-informed practice.
- Skill in performing interviews, observations, physical assessments and procedures, including the use of equipment and assessment or treatment tools; analyzing and synthesizing information; setting priorities and planning treatment; relaying clinical information; writing treatment orders/prescriptions.
- Abilities in generic areas such as communication, problem-solving, and decision-making.

A full mapping of KSAs to the related competencies is beyond the scope of this document.

There are parts of the NP exam process (PEP stations, written exam) that specifically assess knowledge. Knowledge is also assessed in clinical stations, where candidates apply knowledge to specific clinical situations.

RELATING KSAS, INDICATORS AND COMPETENCIES

It is assumed that if a candidate demonstrates knowledge and skills and abilities (KSAs) at the required standard for an entry-level practitioner (beginning practice NP) on the indicator tasks and activities, he or she possesses the competency related to those indicators. Competencies therefore rely on KSAs, as well as on the associated indicators.

It is further assumed that if a candidate has demonstrated sufficient competencies across the spectrum of those assessed on the OSCE, the candidate is competent at that point in time.

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[8] Cane, D. (2013). *Competencies, Indicators and Assessments.* Presentation to CNNAR, October 2013.

[9] http://www.abbreviations.com/term/92019. Accessed July 3, 2017.

Some competencies are assessed in the examination process, through the written exam, the OSCE interactive checklist, the OSCE Global Assessment Scale (GAS)[10] and the OSCE PEP stations. Competencies may not be assessed in the exam process because they are better suited to another type of examination, or to on-the-job assessment. These competencies are still important to nurse practitioner practice, and they are included here for completeness.

ASSUMPTIONS RELATED TO NP ENTRY-LEVEL COMPETENCIES[11]

The Nurse Practitioner Entry-level competencies are based on the following assumptions:

- NP practice is grounded in values, knowledge, and theories of nursing practice;
- Entry-level competencies form the foundation for all aspects of NP practice, and apply across diverse practice settings and client populations;
- Entry-level competencies build and expand upon the competencies required of a registered nurse and address the knowledge, skills and abilities that are included in the NPs' legislated scope of practice;
- Nurse practitioners require graduate nursing education with a substantial clinical component; and
- Collaborative relationships with other healthcare providers involve both independent and shared decision making. All parties are accountable in the practice relationship as determined by their scopes of practice, educational backgrounds, and competencies.

(For a list of the NP competencies, see Appendix I.)

WHERE COMPETENCIES ARE ASSESSED

All competencies are assessed in the Nurse Practitioner's interactions with clients and with other health care providers throughout a career. However, there are specific competencies that are highlighted for assessment through different assessment tools, depending on the nature of the competencies involved.

The regulatory assessment vehicles identified are:

- The written exam;
- The OSCE, which includes the interactive station checklists, the Global Assessment Scale (GAS), and the post-encounter probe (PEP) questions;
- The quality assurance program; and
- Assessment of substantial equivalence of internationally educated nurse practitioner applicants.

While a specific competency is identified as being assessed using one of these assessment tools, it is understood that each competency may be assessed in multiple ways over the course of the nurse practitioner's career. The notes on assessment are primarily for the use of exam candidates, to know what might be covered on the OSCE exam.

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[10] As of this writing, the GAS categories are: Professional Conduct; Client-centred Care; Communication; Organization and Focus; Skill; and Decision Making.

[11] Canadian Council of Registered Nurse Regulators (CCRNR). *Entry-Level Competencies for Nurse Practitioners in Canada.* Accessed: Jan. 10, 2020.

Competency Category I. Client Care

A. CLIENT RELATIONSHIP BUILDING AND COMMUNICATION

The competent, entry-level nurse practitioner uses appropriate communication strategies to create a safe and therapeutic environment for client care.

Competency IA-1

Clearly articulate the role of the nurse practitioner when interacting with the client

Not included in OSCE

Competency IA-2

Use developmentally and culturally-appropriate communication techniques and tools

OSCE – GAS

Indicators:

- Adapt to the communication style of the client
- Use techniques and strategies that are appropriate to the client presentation and in consideration of client age and developmental stage

Competency IA-3

Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained

OSCE – GAS

Indicators:

- Communicate with the client in accordance with privacy and protection laws
- Encourage the client to feel at ease
- Treat the client respectfully
- Gather information respectfully and sensitively
- Maintain the client relationship through appropriate verbal communication during the examination
- Acknowledge the client's health status and concerns

Competency IA-4

Use relational strategies (e.g., open-ended question, fostering partnerships) to establish therapeutic relationships

OSCE – GAS

Indicators:

- Encourage the client to voice and address concerns
- Encourage the client to describe his/her situation, feelings, concerns and attitudes
- Encourage the client to describe the meaning of his/her health/illness experience and how his/her daily living is affected
- Provide information and make recommendations in a manner that encourages participation, understanding and learning

In the OSCE, these activities are expected to the extent possible in the time available.

Competency IA-5

Provide culturally-safe care, integrating client's cultural beliefs and values in all client interactions

OSCE – GAS

Indicators:

- Consider culture and determinants of health as appropriate
- Implement health promotion/prevention strategies to reflect the client's unique attributes with attention to cultural safety

Competency IA-6

Identify personal beliefs and values and provide unbiased care

Not included in OSCE

Competency IA-7

Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)

OSCE – GAS

Indicators:

- Practice in accordance with ethical and professional standards

Competency IA-8

Document relevant aspects of client care in client record

Not included in OSCE

B. ASSESSMENT

The competent, entry-level nurse practitioner integrates an evidence-informed knowledge base with advanced assessment skills to obtain the necessary information to identify client diagnoses, strengths and needs.

Competency IB-1

Establish the reason for the client encounter

IB-1a: Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available

OSCE - Interactive/PEP

Indicators:

- Analyze and interpret information from appropriate sources, including Clinical Information and Instructions for Candidate

IB-1b: Perform initial observational assessment of the client's condition

OSCE – Interactive

Indicators:

- Assess client's demeanor, appearance, and/or behaviour

In the OSCE, observational activities must be verbalized by the candidate so that the examiner knows what is being observed.

IB-1c: Ask pertinent questions to establish the context for client encounter and chief presenting issue

OSCE - Interactive

Indicators:

- Seek clarification when necessary to enhance understanding

IB-1d: Identify urgent, emergent, and life-threatening situations

OSCE - Interactive/PEP

Indicators:

- Ask questions to identify urgent, emergent and life threatening situations
- Recognize urgent and emergent health needs

IB-1e: Establish priories of client encounter

OSCE – Interactive/PEP

Indicators:

- Establish health care goals collaboratively responding to needs, trends, patterns or identified risks

Competency IB-2

Complete relevant health history appropriate to the client's presentation

IB-2a: Collect health history including symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescriptions and OTC medications, and complementary therapies

OSCE – Interactive

Indicators:

- Use a method of history taking that is appropriate to the client's presenting concern
- Gather information in a standard, systematic and organized manner
- Gather information respectfully and sensitively
- Seek clarification when necessary to enhance understanding

Some of the required data may be provided in the Clinical Information.

IB-2b: Collect relevant information specific to the client's psychosocial, behavioural, cultural, ethnic, spiritual, developmental life stage, and social determinants of health

OSCE – Interactive

Indicators:

- Gather information in a standard, systematic and organized manner
- Gather information respectfully and sensitively
- Seek clarification when necessary to enhance understanding

Some of the required data may be provided in the Clinical Information.

IB-2c: Determine the client's potential risk profile or actual risk behaviours (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)

OSCE - Interactive/PEP

Indicators:

- Gather information to determine risk profile
- Seek clarification when necessary to enhance understanding

In the OSCE, findings must be verbalized by the candidate for the examiner.

IB-2d: Assess client's strengths and health promotion, illness prevention, or risk reduction needs

OSCE - Interactive/PEP

Indicators:

- Anticipate health promotion and injury prevention needs based on evidence-informed guidelines
- Gather information to elicit health promotion and injury prevention needs of client

In the OSCE, findings must *be verbalized by the candidate for the examiner*

Competency IB-3

Perform assessment

IB-3a: Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems

OSCE – Interactive/GAS

Indicators:

- Assesses related systems where indicated to obtain information

IB-3b: Select relevant assessment tools and techniques to examine the client

OSCE - Interactive/PEP

Indicators:

- Choose appropriate assessments for the client's condition
- Indicate intention to perform a specific technique

IB-3c: Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental, level, functional ability)

OSCE – Interactive

Indicators:

- Perform physical examinations to identify urgent, emergent and life threatening situations, as well as part of a routine assessment
- Perform physical examinations that are congruent with the history and assessment findings and are comprehensive and appropriate to differential diagnosis
- Perform physical examinations in keeping with standardized and accepted practice
- Perform examination in a systematic and organized manner with minimal discomfort to the client
- Provide clear instruction to the client about the examination

Candidates are expected to set priorities for physical examinations on the basis of the history and other information provided at the start of the station or during the station.

In the OSCE, focused (rather than comprehensive) physical assessments are expected.

IB-3d: Assess mental health, cognitive status, and vulnerability using relevant assessment tools

OSCE - Interactive

Indicators:

- Perform assessments in keeping with standardized and accepted practice
- Provide clear instruction to the client when necessary

Assessment tools are provided where necessary. Candidates are reminded to bring their own stethoscopes.

IB-3e: Integrate laboratory and diagnostic results with history and physical assessment findings

OSCE - Interactive/PEP

Indicators:

Analyze and interpret information from appropriate sources, including information provided in Candidate Instruction, by the Examiner, or in the PEP

C. DIAGNOSIS

The competent, entry-level nurse practitioner is engaged in the diagnostic process and develops differential diagnoses through identification, analysis, and interpretation of findings from a variety of sources.

Competency IC-1

Determine differential diagnoses for acute, chronic, and life-threatening conditions

IC-1a: Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination

OSCE – GAS

Indicators:

- Analyze and interpret information from appropriate sources
- Identify and accurately interpret both normal and abnormal findings, as appropriate to client presentation

Information can be obtained from Clinical Information, from the client, from the Examiner, or from other information provided in the interactive or PEP station.

The Examiner may be instructed to confirm normal or abnormal findings.

IC-1b: Synthesize assessment findings with scientific knowledge, determinants of health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks

OSCE – PEP/GAS

Indicators:

- Use knowledge to interpret assessment findings
- Provide rationale for assessment, diagnosis, and/or diagnostic reasoning

IC-1c: Generate differential diagnoses

OSCE - Interactive/PEP

Indicators:

- Formulate differential diagnoses that are based on critical inquiry and reflect sound clinical reasoning
- Formulate differential diagnoses that are accurate and comprehensive

IC-1d: Inform the patient of the rationale for ordering diagnostic tests

OSCE – GAS

Indicators:

- Provide clear explanations of investigations and their rationale

IC-1e: Determine most likely diagnoses12 based on clinical reasoning and available evidence

OSCE - Interactive/PEP

Indicators:

- Integrate all information provided or elicited to determine the most likely diagnosis
- Make comprehensive and accurate diagnosis(es), including diagnosis of urgent, emergent and life threatening conditions

IC-1f: Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses

OSCE - Interactive/PEP

Indicators:

- Order investigations appropriately, safely and in keeping with evidence-informed practice for screening, monitoring and diagnostic purposes

In the OSCE, investigations are stated, or written, and sometimes require the rationale for the investigation.

IC-1g: Assume responsibility for follow-up of test results

Not included in OSCE

IC-1h: Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning

OSCE - Interactive/PEP

Indicators:

- Interpret diagnostic investigations accurately and with sound clinical reasoning

Results of investigations and tests may be provided with the Clinical Data. Alternatively, results may be provided by the Examiner, either in response to a specific candidate action or statement, or at a pre-set time in the interaction, or in the PEP.

Normal reference ranges will be provided

IC-1i: Confirm most likely diagnoses[13]

Not included in OSCE

[12] NPs have the authority to diagnose a client's health conditions autonomously according to their jurisdictional legislation / regulations.
[13] NPs have the authority to diagnose a client's health conditions autonomously according to their jurisdictional legislation / regulations.

Competency IC-2

Explain assessment findings and communicate diagnosis to client

IC-2a: Explain results of clinical investigations to client

OSCE - GAS

Indicators:

- Communicate health assessment findings appropriately
- Communicate findings directly to the client

The candidate is expected to communicate with the individual(s) presenting in the station. In some cases in the OSCE, the individual present is not the client.

IC-2b: Communicate diagnosis to client, including implications for short- and long-term outcomes and prognosis

OSCE - Interactive/PEP

Indicators:

- Communicate diagnosis, outcomes and prognosis appropriately
- Communicate diagnosis, outcomes and prognosis directly to the client

The candidate is expected to communicate with the individual(s) presenting in the station. In some cases in the OSCE, the individual present is not the client.

IC-2c: Ascertain client understanding of information related to findings and diagnoses

OSCE – Interactive

Indicators:

- Communicate findings, diagnosis(es), outcomes and prognosis at a level and in a manner that maximizes client understanding
- Encourage the client to ask questions and raise concerns
- Respond to client's questions and concerns
- Confirm that client has understood information

In the OSCE, these activities are expected to the extent possible in the time available.

D. MANAGEMENT

The competent, entry-level nurse practitioner, on the basis of assessment and diagnosis, formulates the most appropriate plan of care for the client, implementing evidence-informed therapeutic interventions in partnership with the client to optimize health.

Competency ID-1

Initiate interventions for the purpose of stabilizing the client in, urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)

OSCE - Interactive/PEP

Indicators:

- Recognize and respond appropriately to urgent and emergent health needs
- Explain the purpose, benefits and risks of the interventions as appropriate

The immediate need for intervention may outweigh the need for explanation of interventions. Candidates are expected to behave as they would a real situation, within the limits of the resources available.

Competency ID-2

Formulate plan of care based on diagnosis and evidence-informed practice

ID-2a: Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, development stage)

OSCE - Interactive/PEP

Indicators:

- Negotiate decisions with the client
- Establish health care goals collaboratively, taking into account the client's individual situation
- Provide information that is current, relevant and evidence-informed
- Explain the purpose, benefits and risks of the interventions as appropriate
- Include and explain possible alternative approaches in recommendations
- Communicate and explore anticipated clinical outcomes

ID-2b: Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice and client preferences

OSCE - Interactive/PEP

Indicators:

- Reflect evidence-based practice in treatment plan

- Reflect realistic health outcomes and relevant evidence in setting priorities and making recommendations
- Recognize and respond appropriately to health needs
- Plan of care should reflect appropriate treatment for current diagnosis

ID-2c: Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)

Not included in OSCE

ID-2d: Consider resource implications of therapeutic choices (e.g., cost, availability)

Not included in OSCE

Competency ID-3

Provide pharmacological interventions, treatment, or therapy

ID-3a: Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference

OSCE - Interactive/PEP

Indicators:

- Reflect evidence-based practice in treatment plan
- Provide individualized pharmocotherapeutic treatments

ID-3b: Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up

OSCE - Interactive/PEP

Indicators:

- Provide drug information that is current, relevant and evidence-based
- Encourage the client to follow the recommended and accepted drug therapy, including frequency and duration

ID-3c: Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements

OSCE – PEP

Indicators:

- Prescribe appropriately to the needs of the client
- Prescribe based on the client's ability to understand and follow the treatment regime
- Write prescriptions that are evidence-informed, accurate and complete

- Take into account in prescriptions all contraindications, potential drug interactions, client's health history, current health status, lifestyle, gender, circumstances, and client's perspective

When a written prescription is required, there will be a prescription form available. To preserve anonymity, candidates do NOT sign the prescription form.

A reference may be available for prescription writing.

ID-3d: Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response.

OSCE - Interactive/PEP

Indicators:

- Negotiate follow-up as needed or as requested
- Encourage the client to report signs, symptoms, side-effects or potential adverse reactions

ID-3e: Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion

OSCE - Interactive/PEP

Indicators:

- Identify and manage potential or actual problematic substance use and/or misuse of drugs, including OTC and herbal preparations
- Take appropriate action to mitigate harm and address immediate risks

Competency ID-4

Provide non-pharmacological interventions, treatments, or therapy

ID-4a: Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference

OSCE - Interactive/PEP

Indicators:

- Reflect evidence-based practice in treatment plan

ID-4b: Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up

OSCE - Interactive/PEP

Indicators:

- Provide information that is current, relevant and evidence-informed

- Encourage the client to identify and take action to address his/her own health care needs and decisions, including those related to living with chronic disease
- Encourage the client to identify health promotion/prevention strategies and take appropriate action
- Encourage the client to follow all recommended treatments and therapeutic interventions
- Encourage the client to identify trends and patterns affecting his/her health and well-being
- Encourage the client to manage his/her own plan of care, to report difficulties in implementing the plan of care, and to work with the provider to resolve situations of conflict or to address barriers to implementation
- Advise the client about health products, medical devices, medications, alternative therapies and health programs

ID-4c: Order required treatments (e.g., wound care, phlebotomy)

OSCE - Interactive/PEP

Indicators:

- Order appropriately to the needs of the client (could include, but is not limited to, orders for IV fluids, frequency of vital signs, activity level, diet)
- Write orders that are evidence-informed, accurate and complete
- Take into account in orders all contraindications, client's health history, current health status, lifestyle, gender, circumstances, and client's perspective

In the OSCE, ordering is usually is limited to making recommendations about a type of treatment; a name and contact information are not required.

When a written order is required, there will be an order form available. To preserve anonymity, candidates do NOT sign the order form.

ID-4d: Discuss and arrange follow-up

OSCE - Interactive/PEP

Indicators:

- Negotiate follow-up as needed or as requested by the client
- Encourage the client to report signs, symptoms, side-effects or potential adverse reactions

Competency ID-5

Perform invasive and non-invasive procedures

ID-5a: Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up

Not included in OSCE

ID-5b: Obtain and document informed consent from the client

Not included in OSCE

ID-5c: Perform procedures using evidence-informed techniques

Not included in OSCE

ID-5d: Review clinical findings, aftercare, and follow-up

Not included in OSCE

Competency ID-6

Provide oversight of care across the continuum for clients with complex and/or chronic conditions

Not included in OSCE

Competency ID-7

Follow up and provide ongoing management

ID-7a: Develop a systematic and timely process for monitoring client progress

Not included in OSCE

ID-7b: Evaluate response to plan of care in collaboration with the client

OSCE - Interactive/PEP

Indicators:

- Provide ongoing monitoring and evaluation of plan of care using established outcome criteria, appropriate practice guidelines and relevant evidence
- Identify changes in health status and health concerns

ID-7c: Revise plan of care based on client's response and preferences

OSCE - Interactive/PEP

Indicators:

- Modify plan of care to reflect changes, circumstances, goals and preferences of the client
- Modify plan of care based on client response to treatment

E. COLLABORATION, CONSULTATION, AND REFERRAL

The competent, entry-level nurse practitioner identifies when collaboration, consultation, and referral are necessary for safe, competent, and comprehensive client care.

Competency IE-1

Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)

Not included in OSCE

Competency IE-2

Provide recommendations or relevant treatment in response to consultation requests or incoming referrals

Not included in OSCE

Competency IE-3

Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)

OSCE - Interactive/PEP

Indicators:

- Use consultation and collaboration as appropriate to confirm a diagnosis, identify a health need, or establish/confirm treatment recommendations
- Communicate need for consultations with, or referrals to, other health care professionals effectively
- Make timely, effective and appropriate consultations and referrals relative to the needs of the client
- Communicate clearly the timeline or priority of consultation or referral
- Refer appropriately for management outside of scope of practice or practice setting

In the OSCE, referral or consultation is limited to making recommendations about a type of provider; a name and contact information are not required, and NPs are not expected to actually initiate contact with the provider; however, they may be asked to describe what they would communicate to that provider.

Competency IE-4

Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations

OSCE – PEP

Indicators:

- Make referrals to other health professionals that are concise, succinct, accurate, timely, and appropriate to the needs of the client in an effective manner

In the OSCE, the candidate is expected to identify the essential information to be communicated to the consultant.

Competency IE-5

Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate

Not included in OSCE

F. HEALTH PROMOTION

The competent, entry-level nurse practitioner uses evidence and collaborates with community partners and other healthcare providers to optimize the health of individuals, families, communities, and populations.

Competency IF-1

Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues

OSCE - Interactive/PEP

Indicators:

- Identify needs for health promotion or prevention based on demographics, developmental stages, and individual needs and risks
- Adapt practice to meet the needs of ethnic and cultural diversity

In the OSCE, the candidate is expected to identify individual, and sometimes family, strengths and health needs. Community and population strengths and health needs are not assessed.

In the OSCE, findings must be verbalized by the candidate so that the examiner knows what is being noted.

Competency IF-2

Analyze information from a variety of sources to determine population trends that have health implications

Not included in OSCE

Competency IF-3

Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention

OSCE - Interactive/PEP

Indicators:

- Take opportunities for health promotion and disease and injury prevention
- Use evidence-informed health promotion/prevention strategies
- Provide information which is current and evidence based
- Recommend screening when appropriate
- Recommend disease prevention activities, including immunizations and healthy activity

In the OSCE, opportunities for health promotion and disease and injury prevention are limited by the available time; the expectation is that candidates will address aspects of health promotion or disease and injury prevention that pertain to the presenting concern.

Competency IF-4

Evaluate outcomes of selected health promotion strategies and revise the plan accordingly

Not included in OSCE

Competency Category II. Quality Improvement and Research

The competent, entry-level nurse practitioner uses evidence-informed practice, seeks to optimize client care and health service delivery, and participates in research.

Competency II-1

Identify, appraise, and apply research, practice guidelines, and current best practice

Not included in OSCE

Competency II-2

Identify the need for improvements in health service delivery

Not included in OSCE

Competency II-3

Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice

Not included in OSCE

Competency II-4

Implement planned improvements in healthcare and delivery structures and processes

Not included in OSCE

Competency II-5

Participate in quality improvement and evaluation of client care outcomes and health service delivery

Not included in OSCE

Competency II-6

Identify and manage risks to individual, families, populations, and the healthcare system to support quality improvement

Not included in OSCE

Competency II-7

Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies

Not included in OSCE

Competency II-8

Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks

Not included in OSCE

Competency II-9

Participate in research

Not included in OSCE

Competency II-10

Contribute to the evaluation of the impact of nurse practitioner practice on client outcomes and healthcare delivery.

Not included in OSCE

Competency Category III. Leadership

The competent, entry-level nurse practitioner demonstrates leadership by using the NP role to improve client care and facilitate system change.

Competency III-1

Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)

Not included in OSCE

Competency III-2

Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care

Not included in OSCE

Competency III-3

Coordinate interprofessional teams in the provision of client care

Not included in OSCE

Competency III-4

Create opportunities to learn with, from, and about other healthcare providers to optimize client care

Not included in OSCE

Competency III-5

Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)

Not included in OSCE

Competency III-6

Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)

Not included in OSCE

Competency III-7

Utilize theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management

Not included in OSCE

Competency III-8

Identify the need and advocate for policy development to enhance client care

Not included in OSCE

Competency III-9

Participate in program planning and development to optimize client care

Not included in OSCE

Competency Category IV. Education

The competent, entry-level nurse practitioner integrates formal and informal education into practice. This includes but is not limited to educating self, clients, the community, and members of the healthcare team.

CLIENT, COMMUNITY, AND HEALTHCARE TEAM EDUCATION

Competency IV-1

Assess and prioritize learning needs of intended recipients

OSCE – GAS

Indicators:

- Identify the learning needs of individuals and families
- Set priorities with the client for learning needs

Competency IV-2

Apply relevant, theory-based, and evidence-informed content when providing education

OSCE – GAS

Indicators:

- Identify, interpret and apply current research to improve practice

In the OSCE, this is limited to the application of current research.

Competency IV-3

Utilize applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)

OSCE – GAS

Indicators:

- Select appropriate delivery methods for educational content

Competency IV-4

Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)

Not included in OSCE

Competency IV-5

Recognize the need for and plan outcome measurements (e.g., obtaining client feedback, conduct pre- and post surveys)

Not included in OSCE

CONTINUING COMPETENCE

Competency IV-6

Engage in self-reflection to determine continuing education competence needs

Not included in OSCE

Competency IV-7

Engage in ongoing professional development

Not included in OSCE

Competency IV-8

Seek mentorship opportunities to support one's professional development

Not included in OSCE

Appendices

APPENDIX I: ENTRY-LEVEL COMPETENCIES FOR NURSE PRACTITIONERS IN CANADA[14]

Competency Category I. Client Care

A Client Relationship Building and Communication	
The competent, entry-level nurse practitioner uses appropriate communication strategies to create a safe and therapeutic environment for client care.	
1	Clearly articulate the role of the nurse practitioner when interacting with the client
2	Use developmentally and culturally-appropriate communication techniques and tools
3	Create a safe environment for effective and trusting client interaction where privacy and confidentiality are maintained
4	Use relational strategies (e.g., open-ended question, fostering partnerships) to establish therapeutic relationships
5	Provide culturally-safe care, integrating client's cultural beliefs and values in all client interactions
6	Identify personal beliefs and values and provide unbiased care
7	Recognize moral or ethical dilemmas, and take appropriate action if necessary (e.g., consult with others, involve legal system)
8	Document relevant aspects of client care in client record

B Assessment		
The competent, entry-level nurse practitioner integrates an evidence-informed knowledge base with advanced assessment skills to obtain the necessary information to identify client diagnoses, strengths and needs.		
1	Establish the reason for the client encounter	
	a	Review information relevant to the client encounter (e.g., referral information, information from other healthcare providers, triage notes) if available
	b	Perform initial observational assessment of the client's condition

[14] Canadian Council of Registered Nurse Regulators (CCRNR). *Entry-Level Competencies for Nurse Practitioners in Canada.* Accessed: June 2, 2017.

B Assessment		
	c	Ask pertinent questions to establish the context for client encounter and chief presenting issue
	d	Identify urgent, emergent, and life-threatening situations
	e	Establish priories of client encounter
2	Complete relevant health history appropriate to the client's presentation	
	a	Collect health history such as symptoms, history of presenting issue, past medical and mental health history, family health history, pre-natal history, growth and development history, sexual history, allergies, prescriptions and OTC medications, and complementary therapies
	b	Collect relevant information specific to the client's psychosocial, behavioural, cultural, ethnic, spiritual, developmental life stage, and social determinants of health
	c	Determine the client's potential risk profile or actual risk behaviours (e.g., alcohol, illicit drugs and/or controlled substances, suicide or self-harm, abuse or neglect, falls, infections)
	d	Assess client's strengths and health promotion, illness prevention, or risk reduction needs
3	Perform assessment	
	a	Based on the client's presenting condition and health history, identify level of assessment (focused or comprehensive) required, and perform review of relevant systems
	b	Select relevant assessment tools and techniques to examine the client
	c	Perform a relevant physical examination based on assessment findings and specific client characteristics (e.g., age, culture, developmental, level, functional ability)
	d	Assess mental health, cognitive status, and vulnerability using relevant assessment tools
	e	Integrate laboratory and diagnostic results with history and physical assessment findings

C Diagnosis		
The competent, entry-level nurse practitioner is engaged in the diagnostic process and develops differential diagnoses through identification, analysis, and interpretation of findings from a variety of sources.		
1	Determine differential diagnoses for acute, chronic, and life-threatening conditions	
	a	Analyze and interpret multiple sources of data, including results of diagnostic and screening tests, health history, and physical examination
	b	Synthesize assessment findings with scientific knowledge, determinants or health, knowledge of normal and abnormal states of health/illness, patient and population-level characteristics, epidemiology, health risks
	c	Generate differential diagnoses
	d	Inform the patient of the rationale for ordering diagnostic tests
	e	Determine most likely diagnoses based on clinical reasoning and available evidence
	f	Order and/or perform screening and diagnostic investigations using best available evidence to support or rule out differential diagnoses
	g	Assume responsibility for follow-up of test results
	h	Interpret the results of screening and diagnostic investigations using evidence-informed clinical reasoning
	i	Confirm most likely diagnoses[15]
2	Explain assessment findings and communicate diagnosis to client	
	a	Explain results of clinical investigations to client
	b	Communicate diagnosis to client, including implications for short- and long-term outcomes and prognosis
	c	Ascertain client understanding of information related to findings and diagnoses

[15] NPs have the authority to diagnose a client's health conditions autonomously according to their jurisdictional legislation / regulations.

D Management		
The competent, entry-level nurse practitioner, on the basis of assessment and diagnosis, formulates the most appropriate plan of care for the client, implementing evidence-informed therapeutic interventions in partnership with the client to optimize health.		
1	Initiate interventions for the purpose of stabilizing the client in, urgent, emergent, and life-threatening situations (e.g., establish and maintain airway, breathing and circulation; suicidal ideation)	
2	Formulate plan of care based on diagnosis and evidence-informed practice	
	a	Determine and discuss options for managing the client's diagnosis, incorporating client considerations (e.g., socioeconomic factors, geography, development stage)
	b	Select appropriate interventions, synthesizing information including determinants of health, evidence-informed practice and client preferences
	c	Initiate appropriate plan of care (e.g., non-pharmacological, pharmacological, diagnostic tests, referral)
	d	Consider resource implications of therapeutic choices (e.g., cost, availability)
3	Provide pharmacological interventions, treatment, or therapy	
	a	Select pharmacotherapeutic options as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference
	b	Counsel client on pharmacotherapeutics, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as reasons to adhere to the prescribed regimen and required monitoring and follow up
	c	Complete accurate prescription(s) in accordance with applicable jurisdictional and institutional requirements
	d	Establish a plan to monitor client's responses to medication therapy and continue, adjust or discontinue a medication based on assessment of the client's response.
	e	Apply strategies to reduce risk of harm involving controlled substances, including medication abuse, addiction, and diversion
4	Provide non-pharmacological interventions, treatments, or therapy	
	a	Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference

D Management		
	b	Counsel client on therapeutic option(s), including rationale, potential risks and benefits, adverse effects, required after care, and follow-up
	c	Order required treatments (e.g., wound care, phlebotomy)
	d	Discuss and arrange follow-up
5	Perform invasive and non-invasive procedures	
	a	Inform client about the procedure, including rationale, potential risks and benefits, adverse effects, and anticipated aftercare and follow-up
	b	Obtain and document informed consent from the client
	c	Perform procedures using evidence-informed techniques
	d	Review clinical findings, aftercare, and follow-up
6	Provide oversight of care across the continuum for clients with complex and/or chronic conditions	
7	Follow up and provide ongoing management	
	a	Develop a systematic and timely process for monitoring client progress
	b	Evaluate response to plan of care in collaboration with the client
	c	Revise plan of care based on client's response and preferences

E Collaboration, Consultation, and Referral	
The competent, entry-level nurse practitioner identifies when collaboration, consultation, and referral are necessary for safe, competent, and comprehensive client care.	
1	Establish collaborative relationships with healthcare providers and community-based services (e.g., school, police, child protection services, rehabilitation, home care)
2	Provide recommendations or relevant treatment in response to consultation requests or incoming referrals
3	Identify need for consultation and/or referral (e.g., to confirm a diagnosis, to augment a plan of care, to assume care when a client's health condition is beyond the NP's individual competence or legal scope of practice)
4	Initiate a consultation and/or referral, specifying relevant information (e.g., client history, assessment findings, diagnosis) and expectations
5	Review consultation and/or referral recommendations with the client and integrate into plan of care as appropriate

F Health Promotion	
The competent, entry-level nurse practitioner uses evidence and collaborates with community partners and other healthcare providers to optimize the health of individuals, families, communities, and populations.	
1	Identify individual, family, community and/or population strengths and health needs to collaboratively develop strategies to address issues
2	Analyze information from a variety of sources to determine population trends that have health implications
3	Select and implement evidence-informed strategies for health promotion and primary, secondary, and tertiary prevention
4	Evaluate outcomes of selected health promotion strategies and revise the plan accordingly

Competency Category II. Quality Improvement and Research

The competent, entry-level nurse practitioner uses evidence-informed practice, seeks to optimize client care and health service delivery, and participates in research.	
1	Identify, appraise, and apply research, practice guidelines, and current best practice
2	Identify the need for improvements in health service delivery
3	Analyze the implications (e.g., opportunity costs, unintended consequences) for the client and/or the system of implementing changes in practice
4	Implement planned improvements in healthcare and delivery structures and processes
5	Participate in quality improvement and evaluation of client care outcomes and health service delivery
6	Identify and manage risks to individual, families, populations, and the healthcare system to support quality improvement
7	Report adverse events to clients and/or appropriate authorities, in keeping with relevant legislation and organizational policies
8	Analyze factors that contribute to the occurrence of adverse events and near misses and develop strategies to mitigate risks
9	Participate in research
10	Contribute to the evaluation of the impact of nurse practitioner practice on client outcomes and healthcare delivery.

Competency Category III. Leadership

The competent, entry-level nurse practitioner demonstrates leadership by using the NP role to improve client care and facilitate system change.	
1	Promote the benefits of the nurse practitioner role in client care to other healthcare providers and stakeholders (e.g., employers, social and public service sectors, the public, legislators, policy-makers)
2	Implement strategies to integrate and optimize the nurse practitioner role within healthcare teams and systems to improve client care
3	Coordinate interprofessional teams in the provision of client care
4	Create opportunities to learn with, from, and about other healthcare providers to optimize client care
5	Contribute to team members' and other healthcare providers' knowledge, clinical skills, and client care (e.g., by responding to clinical questions, sharing evidence)
6	Identify gaps and/or opportunities to improve processes and practices, and provide evidence-informed recommendations for change
7	Utilize theories of and skill in communication, negotiation, conflict resolution, coalition building, and change management
8	Identify the need and advocate for policy development to enhance client care
9	Participate in program planning and development to optimize client care

Competency Category IV. Education

The competent, entry-level nurse practitioner integrates formal and informal education into practice. This includes but is not limited to educating self, clients, the community, and members of the healthcare team.	
Client, Community, and Healthcare Team Education	
1	Assess and prioritize learning needs of intended recipients
2	Apply relevant, theory-based, and evidence-informed content when providing education
3	Utilize applicable learning theories, develop education plans and select appropriate delivery methods, considering available resources (e.g., human, material, financial)
4	Disseminate knowledge using appropriate delivery methods (e.g., pamphlets, visual aids, presentations, publications)
5	Recognize the need for and plan outcome measurements (e.g., obtaining client feedback, conduct pre- and post surveys)
Continuing Competence	
6	Engage in self-reflection to determine continuing education competence needs
7	Engage in ongoing professional development
8	Seek mentorship opportunities to support one's professional development

APPENDIX II: NP CONTROLLED DRUGS AND SUBSTANCES (CDS) PRESCRIBING COMPETENCIES[16]

1. Knowledge of Legislation
The nurse practitioner establishes and maintains knowledge in federal and provincial legislation related to Controlled Drugs and Substances.
2. Ethical Practice
The nurse practitioner demonstrates ethical practice in prescribing Controlled Drugs and Substances.
3. Assessment
The nurse practitioner performs and documents relevant and thorough baseline and ongoing assessments when initiating, modifying, continuing or discontinuing Controlled Drugs and Substances.
4. Identification and management of risk of aberrant drug-related behaviours and harms
The nurse practitioner identifies and manages the risk of aberrant drug related behaviours and harms associated with prescribing Controlled Drugs and Substances.
5. Diagnosis
The nurse practitioner demonstrates competence in diagnosis prior to prescribing Controlled Drugs and Substances.
6. Knowledge synthesis in therapeutic management
In making treatment decisions, the nurse practitioner synthesizes knowledge of a wide range of appropriate controlled, non-controlled and non-pharmacologic therapeutic options.
7. Advanced communication, negotiation and facilitation skills in relation to Controlled Drugs and Substances prescribing
The nurse practitioner demonstrates advanced skill in communication, negotiation, and facilitation of shared decision-making related to the initiation, utilization or discontinuation of Controlled Drugs and Substances.
8. Education
The nurse practitioner educates clients, and as appropriate families, regarding safe and appropriate use of Controlled Drugs and Substances.

[16] British Columbia College of Nursing Professionals. *Competencies for NPs prescribing of Controlled Drugs and Substances*. Accessed: Jan. 10, 2020.

9. Decision-making in prescribing
The nurse practitioner demonstrates competence in dosing, conversion, adjustment, titrating, tapering, continuation and discontinuation when prescribing Controlled Drugs and Substances.
10. Documentation
The nurse practitioner documents all elements required for legal, safe and appropriate Controlled Drugs and Substances provision in a timely and professional manner.

APPENDIX III

Diseases, Disorders and Conditions Commonly Diagnosed and Managed by an Entry-Level Family Nurse Practitioner

Code:

D The nurse practitioner diagnoses and manages independently or refers as appropriate. Will refer to physician at any point as deemed necessary or at some stage as per accepted guidelines. Referrals are in accordance with BCCNM's standards for nurse practitioner- physician consultation.

C The nurse practitioner establishes or strongly suspects the diagnosis and consults with a physician for the management plan or consults with a physician to confirm the diagnosis, and as a result of the consultation:

i) the nurse practitioner receives an opinion and recommendation, and assumes ongoing primary responsibility and authority for the plan of care;

ii) the physician assumes concurrent responsibility for some aspects of the plan of care; or

iii) the care is transferred to the physician or emergency medicine as appropriate.

1. Infectious and Parasitic Diseases

D Chickenpox
D Coxsackie viral infection
D German measles (Rubella)
D Measles (Rubeola)
D Infectious mononucleosis
D Mumps
D Pertussis
D Strep throat
D Syphilis
D Hepatitis A
C Hepatitis B
C Hepatitis C
C HIV
C Tuberculosis
D Fifth disease
D Roseola

2. Endocrine, Nutritional and Metabolic Diseases

C Diabetes type I in adults
D Diabetes type II
D Hypothyroidism in adults

D Obesity
C Cushing's syndrome in adults
D Gout
C Hyperthyroidism

3. Mental and Behavioural Disorders

D Anxiety disorders in adults
D Depression in adults
C Attention deficit disorder
D Obsessive compulsive disorder in adults
D Substance abuse
D Substance dependence
C Post traumatic stress disorder
C Autistic spectrum disorder
C Fetal alcohol spectrum disorder

4. Diseases of the Nervous System

D Headaches-primary headaches without structural or systemic pathology
D Bell's palsy-with any eye symptoms refer immediately to ophthalmologist
D Simple febrile seizure disorder in children
C Chronic seizure disorders in adults
C Meningitis
D Benign essential tremors
D Delirium
D Herpes zoster-immediate referral if ophthalmic involvement
D Restless leg syndrome in adults
C Trigeminal neuralgia
C Parkinson's disease
C Multiple sclerosis
C Cerebral vascular disorder/transient ischemic attacks
D Peripheral neuropathies
C Alzheimer's disease and related dementias

5. Diseases of the Eyes, Ears, Nose and Throat

Eyes

D Blepharitis
D Chalazion
D Conjunctivitis
D Simple corneal abrasion
D Nasolacrimal duct obstruction
D Simple foreign body
D Hordeolum

C Cataracts
C Glaucoma
C Periorbital cellulitis
C Uveitis

Ears

D Otitis media
D Otitis externa
D Cerumen impaction
D Benign positional paroxysmal vertigo
D Foreign body
D Labyrinthitis
C Ménière's disease in adults

Nose and Throat

D Rhinitis
D Cervical adenitis
D Anterior epistaxis
D Gingivitis
D Sinusitis
D Tonsillitis
D Pharyngitis
D Stomatitis
D Temporomandibular joint dysfunction

6. Diseases of the Circulatory System

D Hypertension in adults
D Peripheral vascular disease
D Stasis ulcers
D Superficial thrombophlebitis
D Varicose veins
C Heart failure
C Arrhythmias
D Stable coronary artery disease
D Chronic stable angina pectoris
D Dyslipidemia

7. Diseases of the Respiratory System

D Asthma
D Bronchitis
D Bronchiolitis
D Influenza
D Nicotine dependence

C Tuberculosis
C Epiglotittis
D Chronic obstructive pulmonary disease, mild to moderate
C Interstitial lung disease
D Croup
D Upper respiratory infection
D Community acquired pneumonia
D Pertussis

8. Diseases of the Digestive System

D Anal fissures
D Constipation
D Gastroesophogeal reflux disease
D Irritable bowel syndrome
D Parasitic infections-roundworm, pinworm
D Peptic ulcer in adults
D Dysphagia in adults
C Hernia-inguinal, hiatal, umbilical
D Diverticular disease in adults
D Hemorrhoids in adults
C Cholecystitis in adults
C Chronic inflammatory bowel disease in adults
C Pancreatitis
D Gastroenteritis
D Encopresis
D Hyperbilirubinemia
D Colic

9. Diseases of the Skin and Subcutaneous Tissue

D Parasitic-scabies, pediculosis
D Fungal-candidiasis, dermatophytoses tinea, onychomycosis
D Bacterial-impetigo, folliculitis, furuncles, carbuncles, cellulitis
D Viral-warts and herpes simplex
D Psoriasis in adults
D Pityriasis rosea
D Non-malignant skin lesions
C Malignant skin lesions
D Acne vulgaris
D Dermatitis-atopic (eczema), contact and seborrheic
D Sunburn
D Lyme disease
D Bacterial-cellulitis

10. Diseases of the Musculoskeletal System and Connective Tissue

D Bursitis
D Cervicalgia
D Costochondritis
D Plantar fasciitis
D Tendinitis/tenosynovitis
C Meniscus and ligament tears
D Carpal tunnel syndrome
D Fibromyalgia
D Impingement syndromes
D Osteoarthritis
D Osteoporosis
D Herniated disc
D Subluxation of the radial head
D Repetitive motion syndrome

11. Diseases of the Genitourinary System

D Lower urinary tract infections
D Pyelonephritis
D Primary nocturnal enuresis
D Urinary incontinence
D Nephrolithiasis
D Chronic kidney disease
C Acute renal failure

12. Pregnancy

C Gestational hypertension
D Post partum depression
D Hyperemesis gravidarum
C Gestational diabetes

13. Injury, Poisoning, and other Consequences of External Causes
(All within the nurse practitioner's scope and competence depending on the severity. Referral would be indicated when beyond scope and competence.)

D Wounds and lacerations
D Burns
D Animal and human bites
D Arthropod bites and stings
D Poisoning
D Mild traumatic brain injury/concussion
D Fractures-not requiring reduction or casting
D Foreign body obstructions

14. Diseases and Conditions of the Reproductive System

Male

D Balanitis
D Epididymitis in adults
D Epididymitis in children after puberty
D Sexually transmitted infections
D Benign prostatic hyperplasia
D impotence/erectile dysfunction
D Prostatitis in adults
D Hydrocele in adults
C Varicocele
D Phimosis

Female

C Primary amenorrhea
D Dysmenorrhea
D Pelvic inflammatory disease
D Vulovaginal infections
D Family planning and contraception
D Premenstrual syndrome
D Simple ovarian cyst
D Mastitis
D Menopause
C Polycystic ovary syndrome
C Endometriosis

15. Hematological and Immune Diseases

Hematologic

D Anemia
C Sickle cell anemia

Immune

D Allergic reactions
D Chronic fatigue syndrome
C Rheumatoid arthritis
C Sjögren's syndrome
C Systemic lupus erythematosus

Diseases, Disorders and Conditions Commonly Diagnosed and Managed by an Entry-Level Adult Nurse Practitioner

Code:

D The nurse practitioner diagnoses and manages independently or refers as appropriate. Will refer to physician at any point as deemed necessary or at some stage as per accepted guidelines. Referrals are in accordance with BCCNM's standards for nurse practitioner-physician consultation.

C The nurse practitioner establishes or strongly suspects the diagnosis and consults with a physician for the management plan or consults with a physician to confirm the diagnosis, and as a result of the consultation:

i) the nurse practitioner receives an opinion and recommendation, and assumes ongoing primary responsibility and authority for the plan of care;

ii) the physician assumes concurrent responsibility for some aspects of the plan of care; or

iii) the care is transferred to the physician or emergency medicine as appropriate.

1. Infectious and Parasitic Diseases

D Chickenpox
D Coxsackie viral infection
D German measles (Rubella)
D Measles (Rubeola)
D Infectious mononucleosis
D Mumps
D Pertussis
D Strep throat
D Syphilis
D Hepatitis A
C Hepatitis B
C Hepatitis C
C HIV
C Tuberculosis
D Giardiasis

2. Endocrine, Nutritional and Metabolic Diseases

C Diabetes type I
D Diabetes type II
C Diabetes insipidus
D Primary hypothyroidism
D Obesity
C Cushing's syndrome

D Gout
C Hyperthyroidism

3. Mental and Behavioural Disorders

D Anxiety disorders-panic attacks, generalized anxiety disorders, adjustment disorders
D Depression
C Attention deficit disorder
D Obsessive compulsive disorder
D Substance abuse
D Substance dependence
D Post traumatic stress disorder
D Hypochondriasis
D Alcohol abuse
D Alcohol dependence
C Eating disorders
C Personality disorders

4. Diseases of the Nervous System

D Headaches-primary headaches without structural or systemic pathology
D Bell's palsy
C Chronic Seizure disorder
C Meningitis
D Benign essential tremors
D Delirium
D Herpes Zoster-immediate referral if ophthalmic involvement
D Restless leg syndrome
D Trigeminal neuralgia-immediate referral if ophthalmic involvement
C Parkinson's disease
C Multiple sclerosis
C Cerebral vascular disease/transient ischemic attacks
C Alzheimer's and related dementias

5. Diseases of the Eyes, Ears, Nose and Throat

Eyes

D Blepharitis
D Chalazion
D Conjunctivitis
D Simple corneal abrasion
D Nasolacrimal duct obstruction
D Simple foreign body
C Cataracts
C Glaucoma

C Periorbital cellulitis
C Uveitis

Ears

D Otitis media
D Otitis externa
D Cerumen impaction
D Benign positional paroxysmal vertigo
D Labyrinthitis
C Meniere's syndrome
D Mastoiditis
D Perforated eardrum

Nose/Throat

D Rhinitis
D Cervical adenitis
D Anterior epistaxis
D Gingivitis
D Sinusitis
D Tonsillitis
D Pharyngitis
D Stomatitis
D Temporomandibular joint dysfunction

6. Diseases of the Circulatory System

D Hypertension
D Peripheral vascular disease
D Stasis ulcers
D Superficial thrombophlebitis
D Varicose veins
C Heart Failure
C Arrhythmias
D Stable coronary artery disease
D Raynaud's disease
C Beurger's disease

7. Diseases of the Respiratory System

D Asthma
D Bronchitis
D Bronchiolitis
D Influenza
D Nicotine dependence
C Tuberculosis

C Epiglottitis
D Chronic obstructive lung disease, mild to moderate
C Interstitial lung disease
C Sleep apnea
C Bronchiectasis

8. Diseases of the Digestive System

D Anal fissures
D Constipation
D Gastroesophageal reflux disease
D Irritable bowel syndrome
D Parasitic infections-roundworm, pinworm
D Peptic ulcer disease
C Dysphagia
D Hernia-hiatal, inguinal, umbilical
D Diverticular disease
D Hemorrhoids
C Cholecystitis
C Chronic inflammatory bowel disease-ulcerative colitis, Crohn's disease
C Pancreatitis
C Celiac disease

9. Diseases of the Skin and Subcutaneous Tissue

D Parasitic-scabies, pediculosis
D Fungal-candidiasis, dermaphytoses tinea, oncyhomycosis
D Bacterial-impetigo, folliculitis, furuncles, carbuncles, cellulitis
D Viral-warts, molluscum cantagiosum, herpes simplex
D Psoriasis
D Pityriasis rosea
D Non malignant skin lesions
C Malignant skin lesions
D Lichen planus

10. Diseases of the Musculoskeletal System and Connective Tissue

D Bursitis
D Cervicalgia
D Costochondritis
D Plantar fasciitis
D Tendonitis/tendosynovitis
C Meniscus and ligament tears
D Carpal tunnel syndrome
D Fibromyalgia

D Impingement syndromes
D Osteoarthritis
D Osteoporosis
D Herniated disk
D Low back pain

11. Diseases of the Genitourinary Systems

D Lower urinary tract infections
D Pyelonephritis
D Urinary incontinence
D Nephrolithiasis
D Chronic kidney disease
C Acute renal failure
D Interstitial cystitis

12. Pregnancy – not in scope of practice for NP (Adult)

13. Injury, Poisoning and other Consequences of External Causes

D Wounds and lacerations
D Burns
D Animal and human bites
D Arthropod stings and bites
D Poisoning
D Mild traumatic brain injury/concussion
D Fractures-not requiring reduction or casting

14. Diseases of the Reproductive System

Male
D Balantitis
D Epididymitis
D Sexually transmitted infections
D Benign prostatic hypertrophy
D Impotence/erectile dysfunction
D Prostatitis
D Hydrocele
C Varicocele

Female
D Primary Amenorrhea
D Dysmenorrhea
D Pelvic inflammatory disease
D Vulvovaginal infections
D Family planning and contraception

D Premenstrual symptoms
D Simple ovarian cyst
D Mastitis
D Menopause
C Polycystic ovary syndrome
D Abnormal uterine bleeding
D Atrophic vaginitis
C Post menopausal bleeding

15. Hematological and Immune Diseases

Hematologic

D Anaemia
C Sickle cell anaemia
C Chronic lymphocytic leukemia
C Disseminated intravascular coagulation
C Non-Hodgkin's lymphoma
C Polycythemia vera

Immunological

D Allergic reactions
D Chronic fatigue syndrome
C Rheumatoid arthritis
C Sjogren's syndrome
C Systemic lupus erythematosus

Diseases, Disorders and Conditions Commonly Diagnosed and Managed by an Entry-Level Pediatric Nurse Practitioner

Code:

D The nurse practitioner diagnoses and manages independently or refers as appropriate. Will refer to physician at any point as deemed necessary or at some stage as per accepted guidelines. Referrals are in accordance with BCCNM's standards for nurse practitioner- physician consultation.

C The nurse practitioner establishes or strongly suspects the diagnosis and consults with a physician for the management plan or consults with a physician to confirm the diagnosis, and as a result of the consultation:

i) the nurse practitioner receives an opinion and recommendation, and assumes ongoing primary responsibility and authority for the plan of care;

ii) the physician assumes concurrent responsibility for some aspects of the plan of care; or

iii) the care is transferred to the physician or emergency medicine as appropriate.

1. Infectious and Parasitic Diseases in Children

D Chickenpox
D Coxsackie viral infection
D German measles (Rubella)
D Measles (Rubeola)
D Infectious mononucleosis
D Mumps
D Pertussis
D Strep throat
D Fifth disease
D Roseola

2. Endocrine, Nutritional and Metabolic Diseases

C Diabetes type I
C Diabetes type II
C Juvenile hypothyroidism
D Obesity
C Phenylketonuria

3. Mental and Behavioural Disorders

D Anxiety Disorders-separation, generalized, panic disorders and school phobias
D Dysthymia
C Depression
C Attention deficit hyperactivity disorder

C Anorexia/bulimia
C Autistic spectrum disorders
C Fetal alcohol spectrum disorders

4. Diseases of the Nervous System

D Headaches-primary headaches without structural or systemic pathology
D Bell's Palsy-with any eye symptoms refer immediately to ophthalmologist
D Simple febrile seizures
C Seizure disorder
C Meningitis

5. Diseases of the Eyes, Ears, Nose and Throat

Eyes
D Blepharitis
D Chalazion
D Conjunctivitis
C Simple corneal abrasion
D Nasolacrimal duct obstruction
D Simple foreign body
D Hordeolum
C Periorbital cellulitus
C Strabismus

Ears
D Otitis media
D Otitis externa
D Cerumen impaction
D Foreign body
D Perforated tympanic membrane

Nose/Throat
D Rhinitis
C Cervical adenitis
D Anterior epistaxis
D Gingivitis
D Sinusitis
D Tonsillitis
D Pharyngitis
D Stomatitis
D Nasal foreign body
C Peritonsillar abscess

6. Diseases of the Circulatory System

C Hypertension
D Innocent heart murmur
D Presyncope/syncope
C Rheumatic fever
C Congenital heart disease
C Dyslipidemia

7. Diseases of the Respiratory System

D Asthma
D Bronchitis
D Bronchiolitis
D Influenza
D Nicotine dependence
C Tuberculosis
C Epiglottis
D Croup
D Upper respiratory infection
D Pneumonia

8. Diseases of the Digestive System

D Anal fissures
D Constipation
D Gastroesophageal reflux disease
D Hepatitis A viral
D Irritable bowel syndrome
D Parasitic infections-roundworm, pinworm
D Peptic ulcer disease
C Dysphagia
D Hernia-inguinal, hiatal, umbilical
D Gastroenteritis
D Encoporesis
D Hyperbilirubinemia
D Colic
C Celiac disease
D Failure to thrive (inorganic)
D Feeding disorders
D Lactose intolerance
D Malabsorption syndrome
D Obesity

9. Diseases of the Skin and Subcutaneous Tissue

D Parasitic-scabies and pediculosis
D Fungal-candidiasis; dermatophytosese tinea, onychomycosis
D Bacterial-impetigo, follculitis, furuncles, carbuncles, paronychia, cellulitis
D Viral-warts, molluscum contagiosum, herpes simplex and herpes zoster
D Psoriasis
D Pityriasis rosea
D Non-malignant skin lesions
C Malignant skin lesion
D Acne vulgaris
D Dermatitis-atopic (eczema), contact, seborrheic and diaper
D Sunburn
D Drug eruptions, urticaria and erythema multiforme (minor)

10. Diseases of the Musculoskeletal System and Connective Tissue

D Bursitis
D Cervicalgia
D Costochondritis
D Plantar fasciitis
D Tendonitis/tendosynovitis
C Meniscus and ligament tears
D Subluxation of the radial head
D Lumbar lordosis
D Osgood-Schlatter disease
D Scoliosis
C Brachial plexus injury
C Clavicle fracture
C Septic arthritis
C Osteomyelitis
C Transient synovitis

11. Diseases of the Genitourinary System

D Lower urinary tract infection (female)
C Lower urinary tract infection (male)
D Pyelonephritis
D Primary nocturnal enuresis
C Vesicoureteral reflux

12. Pregnancy – not in scope of practice for NP (Pediatric)

13. Injury, Poisoning and other Consequences of External Causes

D Wounds and lacerations

D Burns
D Animal and human bites
D Arthropod bites and stings
D Poisoning
D Mild traumatic brain injury/concussion
D Foreign bodies
D Contusions and hematomas

14. Diseases of the Reproductive System

Male

D Balanitis
D Epididymitis in children after puberty
D Sexually transmitted infections
D Phimosis and Paraphimosis
D Gynecomastia
D Undescended testes
C Hypospadias

Female

C Primary amenorrhea
D Dysmennorrhea
D Pelvic inflammatory disease
D Vulvovaginal infections
D Contraception
D Premenstrual syndrome
D Simple ovarian cyst
C Dysfunction uterine bleeding
D Precocious puberty

15. Hematological and Immune Diseases

Hematologic

D Anemia
C Sickle cell anemia
C Thalassemia minor (trait)
C Idiopathic thrombocytopenia purpura
C Hemophilia
C G6PD deficiency

Immune

D Allergic reactions
C Chronic fatigue syndrome
C Juvenile rheumatoid arthritis

Resources

BCCNM RESOURCES

Practice Support: practice@bccnm.ca | Tel: 604.742.6200 x8803 (Metro Vancouver) |Toll-free 1.866.880.7101 x8803 (within Canada only) (see BCCNM website for more information www.bccnm.ca

- Quality Assurance and Continuing Competence for Nurse Practitioners
- *Competencies Required for Nurse Practitioners in British Columbia*
- *Legislation Relevant to Nurses' Practice*

BCCNM Standards of Practice

See the complete list on the BCCNM website: www.bccnm.ca. Nurse practitioners are expected to review all BCCNM Practice Standards to determine relevance to their practice. Standards referenced in this publication are:

- Scope of Practice for Nurse Practitioners: Standards, Limits and Conditions
- Professional Standards for Registered Nurses and Nurse Practitioners
- Communicable Diseases: Preventing Nurse-to-Client Transmission (includes information related to treating members of a nurse practitioner's family or friends)
- Conflict of Interest Practice Standard (includes information related to communicating with pharmaceutical companies)
- Consent Practice Standard
- Medications Practice Standard
- Documentation Practice Standard

OTHER RESOURCES

- Canadian Patient Safety Institute (www.patientsafetyinstitute.ca)
- Canadian Adverse Drug Reporting Program (available on the Health Canada web site, see Drugs and Health Products "medeffect adverse reporting" www.hc-sc.gc.ca)
- Public Health Agency of Canada (available on web site: www.publichealth.gc.ca)

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