



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

# Entry-to-Practice **Competencies**

for Nurse  
Practitioners

Revised 2018

# Table of Contents

Introduction	3
Background	3
Purpose	3
Profile of the Nurse Practitioner	3
Assumptions	3
Entry-Level Competencies	3
Competency Category	4
I. Client Care	4
A. Client Relationship Building and Communication	4
B. Assessment	4
C. Diagnosis	4
D. Management	5
E. Collaboration, Consultation, and Referral	6
F. Health Promotion	6
II. Quality Improvement and Research	6
III. Leadership	7
IV. Education	7
References and Bibliography	8
Appendix A: CCRNR Process for Development of Entry Level Competencies	10
Appendix B: Nurse Practitioner Practice Analysis Working Group Members	11
Appendix C: Research Advisory Committee	12
Appendix D: Subject Matter Expert Panels	12
Appendix E: Survey Pilot Testers	14

*Entry-to-Practice Competencies for Nurse Practitioners* Pub. No. 47010

ISBN 978-1-77116-114-5

Copyright © College of Nurses of Ontario, 2016. In effect January 2018 (ISBN 978-1-77116-050-6 X). Updated June 2018 for title change *Entry-to-Practice Competencies for Nurse Practitioners*

Commercial or for-profit redistribution of this document in part or in whole is prohibited except with the written consent of CNO. This document may be reproduced in part or in whole for personal or educational use without permission, provided that:

- Due diligence is exercised in ensuring the accuracy of the materials reproduced;
- CNO is identified as the source; and
- The reproduction is not represented as an official version of the materials reproduced, nor as having been made in affiliation with, or with the endorsement of, CNO.

Additional copies of this booklet may be obtained by contacting CNO's Customer Service Centre at 416 928-0900 or toll-free in Canada at 1 800 387-5526.

College of Nurses of Ontario  
101 Davenport Rd.  
Toronto ON M5R 3P1

[www.cno.org](http://www.cno.org)

## Introduction

This document outlines the entry-level competencies for Nurse Practitioner practice in Ontario. These competencies are the benchmark for the knowledge, skill and judgment an individual must demonstrate for safe, ethical and effective Nurse Practitioner practice.

## Background

Regulatory bodies regularly review and update entry-level competencies to make sure they reflect current practice. The Canadian Council of Registered Nurse Regulators (CCRNRR) conducted a Nurse Practitioner Practice Analysis study in 2014-2015.<sup>1</sup> The study helped to identify and validate the entry-level competencies for Nurse Practitioner practice in Canada (see Appendix A for more information about the development process). In 2016, the College of Nurses of Ontario (the College) engaged in additional consultation with Ontario universities about incorporating the competencies into curricula.

## Purpose

The competencies give you information about what is required practice for a new Nurse Practitioner. The College uses the competencies to:

- approve Nurse Practitioner education programs
- assess the education of individuals applying to become registered as a Nurse Practitioner
- approve entry-level exams for Nurse Practitioner registration
- assess the ongoing continuing competence of Nurse Practitioners
- inform the development of standards of practice for Nurse Practitioners

## Profile of the Nurse Practitioner

Nurse Practitioners, also known as Registered Nurses in the Extended Class, are Registered Nurses who have met additional nursing education, experience and exam requirements set by the College. They are authorized to diagnose, order and interpret diagnostic tests, and prescribe medication and other treatment for clients. Their practice includes health promotion with an aim to enhance the health of individuals, families, communities and populations. Nurse Practitioners provide health services to diverse client populations

in a variety of contexts and practice settings, including acute care, primary care, rehabilitative care, curative and supportive care, and palliative/end-of-life care. Only those registered in the Extended Class can call themselves “Nurse Practitioner” or the short-form “NP.”

## Assumptions

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

1. Nurse Practitioner practice is grounded in values, knowledge and theories of nursing practice.
2. Entry-level competencies form the foundation for all aspects of Nurse Practitioner practice, and apply across diverse practice settings and client populations.
3. 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 Nurse Practitioners’ legislated scope of practice.
4. Nurse Practitioners require graduate nursing education with a substantial clinical component.
5. 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.

## Entry-Level Competencies

The entry-level competencies are organized into four competency categories:

- client care
- quality improvement and research
- leadership
- education.

The first competency area, client care, is further divided into six sub-competency categories, which reflects the importance of the clinical dimension of the Nurse Practitioner professional role.

- I. Client Care
  - A. Client Relationship Building and Communication
  - B. Assessment
  - C. Diagnosis

<sup>1</sup> Available at [www.ccrnr.ca](http://www.ccrnr.ca)

- D. Management
- E. Collaboration, Consultation and Referral
- F. Health Promotion

## II. Quality Improvement and Research

## III. Leadership

## IV. Education

- A. Client, Community and Healthcare Team
- B. Continuing Competence

## 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 questioning, fostering partnerships) to establish therapeutic relationships
5. Provide culturally-safe care, integrating clients' 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
  - 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 priorities 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, prescription and OTC medications, and complementary therapies
  - b. Collect relevant information specific to the client's psychosocial, behavioral, cultural, ethnic, spiritual, developmental life stage, and social determinants of health
  - c. Determine the client's potential risk profile or actual risk behaviors (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 of 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 client 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<sup>2</sup>
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

#### **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, developmental 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 therapies
  - a. Select therapeutic options (including complementary and alternative approaches) as indicated by diagnosis based on determinants of health, evidence-informed practice, and client preference

---

<sup>2</sup> NPs have the authority to diagnose a client's health condition autonomously according to their jurisdictional legislation/regulations.

- 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 nurse practitioner'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

### **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.

### III. Leadership

The competent entry-level nurse practitioner demonstrates leadership by using the nurse practitioner 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

### 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

## References and Bibliography

- Association of Registered Nurses of Newfoundland and Labrador. (2013). *Standards for nurse practitioner practice in Newfoundland and Labrador*. St. John's, NL: Author.
- Association of Registered Nurses of Prince Edward Island. (2012a). *Nurse practitioner standards for practice*. Charlottetown, PEI: Author.
- Association of Registered Nurses of Prince Edward Island. (2012b). *Nurse practitioner core competencies*. Charlottetown, PEI: Author.
- Bryant-Lukosius, D., & DiCenso, A. (2004). *A framework for the introduction and evaluation of advanced practice nursing roles*. *Journal of Advanced Nursing*, 48(5), 530-540. doi:10.1111/j.1365-2648.2004.03235.x
- Canadian Council of Registered Nurse Regulators and Professional Examination Services. (2015). *Practice Analysis Study of Nurse Practitioners*. Beaverton, ON: Author.
- Canadian Nurses Association. (2010). *Canadian Nurse Practitioner Core Competency Framework*. Retrieved from [http://cna-aiic.ca/-/media/cna/files/en/competency\\_framework\\_2010\\_e.pdf](http://cna-aiic.ca/-/media/cna/files/en/competency_framework_2010_e.pdf)
- College and Association of Registered Nurses of Alberta. (2011a). *Nurse practitioner (NP) competencies*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2011b). *Scope of practice for nurse practitioners (NPs)*. Edmonton, AB: Author.
- College des Medecins du Québec et Ordre des infirmières at infirmiers du Québec. (2013). *Ligne directrices: Pratique clinique de infirmières praticienne spécialisée en soins de première ligne* (2e ed.). Montréal: Author.
- College of Registered Nurses of British Columbia. (2011). *Competencies required for nurse practitioners in British Columbia*. Vancouver, BC: Author.
- College of Registered Nurses of British Columbia. (2012a). *Professional standards for registered nurses and nurse practitioners*. Vancouver, BC: Author.
- College of Registered Nurses of British Columbia. (2012b). *Scope of practice for nurse practitioners: Standards, limits and conditions*. Vancouver, BC: Author.
- College of Registered Nurses of Manitoba. (2011). *Competencies for nurse practitioners in Manitoba*. Winnipeg, MB: Author.
- College of Registered Nurses of Manitoba. (2009). *Standards of practice for registered nurses on the extended practice register*. Winnipeg, MB: Author.
- College of Registered Nurses of Nova Scotia. (2011). *Nurse practitioner competency framework*. Halifax, NS: Author.
- College of Registered Nurses of Nova Scotia. (2012). *2012 Nurse practitioner standards of practice*. Halifax, NS: Author.
- College of Registered Nurses of Nova Scotia. (2014). *2014 Nurse practitioner standards of practice*. Halifax, NS: Author.
- College of Nurses of Ontario. (2011). *Practice standards: Nurse practitioner*. Toronto: Author.
- DiCenso, A., Martin Misener, R., Bryant-Lukosius, D., Bourgeault, I., Kilpatrick, K., Donald, F.,...Charbonneau-Smith, R. (2010). *Advanced practice nursing in Canada: Overview of a decision support synthesis*. *Nursing Leadership*, 23(Special Issue), 15-34. doi:10.12927/cjnl.2010.22267
- Donald, F., Martin Misener, R., Bryant-Lukosius, D., Kilpatrick, K., Kaasalainen, S., Carter, N.,... DiCenso, A. (2010). *The primary healthcare nurse practitioner role in Canada*. *Nursing Leadership*, 23(Special Issue), 88-113. doi:10.12927/cjnl.2013.22271

- First Nations Health Authority. (2015). *Cultural Humility*. Retrieved from <http://www.fnha.ca/wellness/cultural-humility>
- Kilpatrick, K., Harbman, P., Carter, N., Martin Misener, R., Bryant-Lukosius, D., Donald, F.,... DiCenso, A. (2010). *The acute care nurse practitioner role in Canada*. *Nursing Leadership*, 23(Special Issue), 114-139. doi:10.12927/cjnl.2010.22272
- Martin Misener, R., Crawford, T., DiCenso, A., Akhtar-Danesh, N., Donald, F., Bryant-Lukosius, D., & Kaasalainen, S. (2010). *A survey of practice patterns of nurse practitioners in primary health care in Nova Scotia*. Halifax, NS: College of Registered Nurses of Nova Scotia and Dalhousie University School of Nursing.
- Nurses Association of New Brunswick. (2010a). *Nurse practitioner core competencies*. Fredericton, NB: Author.
- Nurses Association of New Brunswick. (2010b). *Standards of practice for primary health care nurse practitioners*. Fredericton, NB: Author.
- Nursing Education Program Approval Board and College and Association of Registered Nurses of Alberta. (2011). *Standards for Alberta nursing education programs leading to initial entry to practice as a nurse practitioner*. Edmonton, AB: Author.
- Registered Nurses Association of the Northwest Territories and Nunavut. (2011). *Practice and prescriptive guidelines for nurse practitioners*. Yellowknife, NWT: Author.
- Saskatchewan Registered Nurses Association. (2010). *Registered nurse (nurse practitioner) RN(NP) standards and core competencies*. Regina, SK: Author.
- Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. Retrieved from [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls\\_to\\_Action\\_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf)
- Yukon Registered Nurses Association. (2012). *Foundations for nurse practitioner practice in the Yukon*. Whitehorse, YT: Author.

## APPENDIX A

### CCRN Process for Development of Entry Level Competencies

In 2012, CCRNR embarked on a project to analyze Nurse Practitioner practice across Canada in three streams of practice (Adult, Family/All Ages and Pediatrics). The practice analysis was undertaken to inform future decisions about entry-to-practice exams in these three streams. The neonatal stream of practice was not included because the practice analysis was not intended to inform future decisions about a neonatal exam.

The CCRNR board established a national working group with representatives from all Canadian nursing regulatory bodies to coordinate all aspects of the Nurse Practitioner Practice Analysis (Appendix B). CCRNR was awarded funding from Employment and Social Development Canada. A Request for Proposals (RFP) was disseminated and an external research firm was contracted to conduct the practice analysis. The practice analysis provided a comprehensive description of Canadian Nurse Practitioner practice in the Adult, Family/All Ages and Pediatric streams.

A research advisory committee (RAC) was established comprised of Canadian educators, researchers and an administrator with expertise in advanced nursing practice (Appendix C). The role of the RAC was to develop, revise and review competencies and behavioral indicators for entry-level Nurse Practitioners based on Canadian and international evidence.

Three subject matter expert panels (SMEs) were established to bring clinical expertise and to explore commonalities and differences across the three streams of Nurse Practitioner practice included in the study. Twenty-seven panelists were selected from 180 applicants (Appendix D). Each panel was designed to provide a balanced representation of Nurse Practitioner practice within each stream including years of experience, diverse practice settings, geographic location (urban/rural, province/territory) and other demographics. The SME panelists refined the behavioral indicators developed by the RAC through an iterative process to improve clarity and specificity of each indicator statement within four competency categories. This iterative process provided a mechanism for continual

improvement of the competency categories and behavioral indicators.

The competency categories and behavioral indicators formed the practice analysis survey. The survey was designed to determine the frequency with which Nurse Practitioners performed each indicator in the previous 12 months and the seriousness of the consequences if the indicator was not performed competently.

After pilot testing and refining the survey, it was disseminated to all family/all ages, adult and pediatric Nurse Practitioners in Canada. The survey was sent to 3, 870 Nurse Practitioners; 909 responded for a 24.6% response rate, with representation from every jurisdiction in Canada. Results indicated that 54% of Nurse Practitioner respondents agreed that the framework provided a complete listing of entry-level competencies, and another 42% indicated that they mostly described entry-level competencies.

To determine the representativeness of the participating Nurse Practitioners, a non-respondent survey was conducted with all Nurse Practitioners from the original sample who had not completed the primary survey. The non-respondent survey was sent to 2,798 nurse practitioners and 554 responded for a 19.8% response rate.

A survey was sent to all Canadian Nurse Practitioner education programs to ascertain if there were any gaps between what is currently taught in Nurse Practitioner programs and what the practice analysis was describing as entry-level Nurse Practitioner practice. The majority of respondents indicated that their programs prepare Nurse Practitioner graduates to perform the competencies.

The working group analyzed the data from the Nurse Practitioner Practice Analysis and developed a document containing the draft Nurse Practitioner entry-level competencies. Most jurisdictions then engaged in further Nurse Practitioner and stakeholder consultation, including consulting with Neonatal Nurse Practitioners where applicable. Feedback from this consultation process was incorporated into the final draft.

For further information about the Nurse Practitioner Practice Analysis study, visit [www.ccrnr.ca](http://www.ccrnr.ca)

## **APPENDIX B**

### **Nurse Practitioner Practice Analysis Working Group Members**

Paul Boudreau, MN, RN  
Association of Registered Nurses of Prince Edward  
Island

Odette Comeau Lavoie, RN, BScN, MAdEd  
Nurses Association of New Brunswick

Donna Cooke, RN, MN  
Saskatchewan Registered Nurses Association

Teri Crawford, MN, RN, Chair  
College of Registered Nurses of Nova Scotia

Suzanne Durand, inf., M.Sc., DESS bioéthique  
Ordre des infirmières et infirmiers du Québec

Debra Elias, RN, MN, FRE  
College of Registered Nurses of Manitoba

Lynda Finley, RN, MScN  
Nurses Association of New Brunswick

Donna Harpell Hogg, RN, BScN, MS  
College and Association of Registered Nurses of  
Alberta

Carrie Huffman, RN, BScN  
Yukon Registered Nurses Association

Rosanne Jabbour, RN, MHSc  
College of Nurses of Ontario

Judith Leprohon, RN, Ph.D  
Ordre des infirmières et infirmiers du Québec

Beverley McIsaac, RN, NP, MN (ANP)  
Association of Registered Nurses of Newfoundland  
and Labrador

Dr. Lynn Miller, DNP, NP  
College of Registered Nurses of Nova Scotia

Michelle Osmond, MScN, RN  
Association of Registered Nurses of Newfoundland  
and Labrador

Dr. Christine Penney, RN, MPA, PhD  
College of Registered Nurses of British Columbia

Donna Stanley-Young, RN, BScN, MN  
Registered Nurses Association of Northwest  
Territories/Nunavut

Carolyn Trumper, BScN, MACT, RN  
College and Association of Registered Nurses of  
Alberta

Suzanne Wowchuk, RN, MN, FRE  
College of Registered Nurses of Manitoba

## APPENDIX C

### Research Advisory Committee

A research advisory committee (RAC) was established comprised of Canadian educators, researchers and an administrator with expertise in advanced nursing practice; four of whom were Nurse Practitioners. The role of the RAC was to develop, revise and review competencies and behavioral indicators for entry-level Nurse Practitioners based on Canadian and international evidence.

Dr. Faith Donald, PhD, NP-PHC  
Associate Professor, Ryerson University

Dr. Kathleen F. Hunter, PhD, RN, NP, GNC(C), NCA  
Associate Professor, University of Alberta  
Nurse Practitioner Specialized Geriatric Services,  
Glenrose Hospital  
Assistant Adjunct Professor Faculty of Medicine/  
Division of Geriatric Medicine

Dr. Kelley Kilpatrick, PhD, RN  
Assistant Professor, Université de Montréal

Dr. Mary McAllister, PhD, RN  
Associate Chief, Nursing Practice - The Hospital  
for Sick Children

Dr. Ruth Martin-Misener, PhD, NP  
Associate Professor, Dalhousie University

Dr. Esther Sangster-Gormley, PhD, RN  
Associate Professor, University of Victoria

## APPENDIX D

### Subject Matter Expert Panels

Three subject matter expert panels (SMEs) were established to bring clinical expertise and to explore commonalities and differences across the three streams of Nurse Practitioner practice included in the practice analysis. Twenty-seven panelists were selected from 180 applicants. Each panel was designed to provide a balanced representation of Nurse Practitioner practice including years of experience, diverse practice settings, geographic location (urban/rural, province/territory) and other demographics within each stream. The SME panelists refined the behavioral indicators developed by the RAC through an iterative process to improve clarity and specificity of each indicator statement within four competency areas. This iterative process provided a mechanism for continual improvement of the competency areas and behavioral indicators.

### Adult Subject Matter Expert Panel

Michelle Bech, BSN, MN, ACNP, NP(A)  
Vancouver, BC,  
Hospital Inpatient-Geriatric

Cynthia Kettle, RN, BN, MN  
St. John's, NF  
Inpatient - Travelling Vascular Clinics (First  
Nations Communities/Vascular Surgery)

Marilyn Oishi, NP, BScN, MN  
Edson, AB

Hospital-Inpatient / Home Care / LTC / Family  
Practice Office

Shannon McNamara, RN, MScN, SNP, CCNC (c)  
Montreal, QC  
Inpatient Cardiology and Cardiac Surgery

Teresa Ruston,  
Edmonton, AB  
Hospital -Ambulatory Clinic

Barbara K. Currie, MN, RN-NP  
Halifax, NS  
Inflammatory Bowel Disease Ambulatory Clinic

Mary Dimeo, RN(EC), BScN, MN, ENC(C),  
NP-Adult  
Toronto, ON  
Hospital- Emergency Department

Veronique Belec,  
St. Jerome, QC  
Hospital – Inpatient Nephrology  
Pediatric Subject Matter Expert Panel

Sara Breitbart, RN(EC), MN, NP-Pediatrics  
Toronto, ON  
Hospital Inpatient / Ambulatory Clinic -  
Neurosurgery

Alissa Collingridge, MN, NP(P)  
Vancouver, BC  
NP Child & Youth Primary Care Clinic /  
Ambulatory Care

Susie McRae NP(P), MN-NP, RN,  
Vancouver, BC  
Ambulatory Clinic

Lisette Lockyer, RN, NP, ACNP (Child)  
Calgary, AB  
Hospital Inpatient / Ambulatory clinic / NP-Led  
Clinic – Child Trauma

Laura Jurasek, NP, MN  
Edmonton, AB  
Hospital Inpatient / Ambulatory clinic – Pediatric  
Neurology

Kristina Chapman, MN, NP, CPHON  
Halifax, NS  
Hospital Inpatient / Ambulatory clinic –  
Hematology/Oncology

Melissa Manning, RN, BScN, MN, NP  
St. John's, NL  
Pediatric - Hospital

Dr. Vera Nenadovic, RN(EC), PhD  
Toronto, ON  
Hospital Inpatient – Epilepsy and Epilepsy Surgery  
Program

### **Family/All Ages Subject Matter Expert Panel**

Karen Irving, FNP, MScN, BScN  
Kamloops, BC  
Primary Health Care - Aboriginal/Marginalized  
Populations

Jennifer Farrell, NP, BScN, MN:ANP, COHN  
Edmonton, AB  
Family Practice/Urgent Care, Addictions, Recovery  
Centre, Student Health Services

Jana Garinger, RN(NP), MN  
Moose Jaw, SK  
Primary Care - Immigrant Health

Susan T. McCowan, BSc, BN, MS(NP)  
Selkirk, MB  
Quick Care Clinic

Erin Kennedy, RN(EC), BScN, MScN, NP-PHC  
Kitchener, ON  
Emergency Department

Sophie Charland, BSc, MSc, IPSPL  
Laval, QC  
Family Practice Clinic

Dawn LeBlanc, MN, NP  
Oromocto, NB  
Canadian Armed Forces / Government of Canada  
Military Clinic – Primary Health Clinic

Dr. Cheryl A. Smith, RN, NP, DNP  
Amherst, NS  
Long Term Care -C-Manager SOME  
Polypharmacy

Kelsey MacPhee, BScN, RN, MN, NP  
O'Leary, PEI  
Community Health Centre

Glenda Stagg Sturge, BN, RN, NP, MN  
St. John's, NL

Community Health Centre, Family Practice,  
Public Health

Jo-Anne Hubert, MN, NP  
Yellowknife, NT  
Director Primary Health Care - Yellowknife  
Health and Social Services Authority

## Appendix E

### Survey Pilot Testers

Coralie Buhler, MN, RN, NP  
Winnipeg, MB  
Adult

Kate Burkholder, NP- PHC  
Blacks Harbour, NB  
Family/All Ages

Jessica Caceres, MN, NP-PHC  
Guelph, Ontario  
Primary Care and Emergency

Elizabeth Cook, MN, NP, CDE  
Yellowknife, NWT  
Family/All Ages

Manon Couture, Inf. M. Sc., IPSPL  
Varenes, Québec  
Infirmière praticienne spécialisée en soins de  
première ligne (NP-Family All Ages)

Brenda Dawyduk, RN, NP, BN, MSc  
Thompson, Manitoba  
Family (specializing in Pediatrics)

Maria DeAngelis, MScN, NP  
Toronto, Ontario  
Pediatrics - GI transplant

Charlene Downey, RN, MN, CON(C), NP  
St. John's, Newfoundland  
Adult - Hematology and Stem Cell Transplants

Liane Dumais, IPS  
Quebec, QC  
Infirmière praticienne spécialisée en néphrologie  
(NP-Nephrology)

Beryl Dziedzic, MN, RN, NP  
Lundar, MB  
Family/All Ages

Kathryn Eager, NP-Paediatrics  
London, ON  
Pediatric

Celia Evanson, MN, NP  
Rock Creek, BC  
Family/All Ages

Wendy Gillespie, MN, NP  
Edmonton, AB  
Pediatric

Lynn Haslam, RN(EC), NP-Adult, MN, PANC(C),  
Certificate in Anesthesia Care  
Toronto, ON  
Adult

Laura Johnson, DNP, RN(NP)  
Winnipeg, Manitoba  
Adult

Karen T. Legg, RN, MN-NP  
Halifax, NS  
Adult - Neurology; Epilepsy

Stewart Maclennan, MN, NP  
Edmonton, AB  
University of Alberta - Lecturer  
Correctional Health (Adult)

Kimberly Newton, RN-NP, MN:ANP, BScN,  
BACS  
Middle Musquodoboit, NS  
Family/All Ages

Alison Ross, MN, NP  
Slave Lake, AB  
Family/All Ages

Leland Sommer, RN(NP)  
Balgonie, SK  
Family/All Ages

Emily Tai, NP(P)  
Vancouver, BC  
Pediatric

Gregg Trueman, PhD, MN, NP  
Calgary, Alberta  
Adult Hospice Palliative Care/Chronic Pain and  
Adult Primary Care

Krista Van Roestel, BScN, MN, NP-Paediatrics  
Toronto, ON  
Pediatrics

Audrée Verville, IPS  
Montréal, QC  
Infirmière praticienne spécialisée en cardiologie  
(NP-Cardiology)

Heather Whittle, RN(EC), MScN, GDipNPAC  
London, Ontario  
Adult, Department of Anesthesia and Perioperative  
Medicine, Comprehensive Pain Program

Celina Woo, MN, NP(P)  
Vancouver, BC  
Division of Hematology/Oncology/BMT, Pediatric  
Inherited Bleeding Disorders Clinic

Linda Yearwood, RN, MSN, NP (A)  
Hope, BC  
Primary Care & Residential Care



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

101 Davenport Rd.  
Toronto, ON  
M5R 3P1  
[www.cno.org](http://www.cno.org)  
Tel.: 416 928-0900  
Toll-free in Canada: 1 800 387-5526  
Fax: 416 928-6507  
E-mail: [cno@cnoemail.org](mailto:cno@cnoemail.org)