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SASKATCHEWAN



ASSOCIATION

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**Registered Nurse (Nurse Practitioner)  
RN(NP)  
Standards  
&  
Core Competencies**

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Because of the rapidly changing environment in which Registered Nurse(Nurse Practitioners) practice, competency statements in this document are broad. More detailed companion documents will be developed as the need arises.

The SRNA also wishes to thank key stakeholders and the many RN(NP)s in Saskatchewan and across Canada that have provided the valued feedback to develop this document.

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- Association of Registered Nurses of Newfoundland and Labrador (ARNNL)
- Association of Registered Nurses of Prince Edward Island (ARNPEI)
- College of Registered Nurses of Nova Scotia (CRNNS)
- Nurses Association of New Brunswick / Association des infirmières et infirmiers du Nouveau Brunswick (NANB)
- College of Nurses of Ontario (CNO)
- College of Registered Nurses of Manitoba (CRNM)
- Saskatchewan Registered Nurses' Association (SRNA)
- College and Association of Registered Nurses of Alberta (CARNA)
- College of Registered Nurses of British Columbia (CRNBC)
- Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU)
- Yukon Registered Nurses Association (YRNA)

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## INTRODUCTION

The Saskatchewan Registered Nurses' Association (SRNA) is the professional regulatory body for the registered nursing profession with the mandate to promote and ensure competent, caring nursing for the people of Saskatchewan. The SRNA fulfills its mandate in a variety of ways. The SRNA establishes a minimum or safe level of competence for Graduate Nurses (GN), Registered Nurses (RN), Registered Nurse (Graduate Nurse Practitioner) [RN(GNP)] and Registered Nurse (Nurse Practitioners) [RN(NP)] by:

- identifying competencies which all GN, RN, RN(NP), and RN(GNP) must be capable of demonstrating;
- setting educational standards for entry to the profession;
- ensuring other registration and licensure requirements are met;
- setting standards for nursing practice to all GN, RN, RN(NP), and RN(GNP) are held accountable; and
- establishing mechanisms to ensure the continuing competence of its members.

SRNA has the legislated mandate through *The Registered Nurses Act, 1988* to ensure that all of its members provide an acceptable level of nursing practice as identified in the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*. These standards represent the criteria against which all registered nurses practicing in the major domains of direct care, education, administration, and policy research will be measured by clients, employers, colleagues, and themselves.

*The Registered Nurses Act, 1988, 2(k)* has defined the practice of nursing as the performance or coordination of health care services including but not limited to:

- “(i) observing and assessing the health status of clients and planning, implementing and evaluating nursing care; and
- (ii) the counselling, teaching, supervision, administration and research that are required to implement or complement health care services...”

Amendments to *The Registered Nurses Act, 1988* have enabled the regulation of the registered nurse (nurse practitioner) [RN(NP)] role within Saskatchewan. This document identifies the core competencies that are expected of each RN(NP) within Saskatchewan. These competencies are in addition to the entry level competencies of all Registered Nurses in Saskatchewan as identified in the current SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses*.

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## STANDARDS AND COMPETENCIES FOR THE RN(NP)

**A standard is a desired and achievable level of performance against which actual performance can be compared.** Standards and core competencies for RN(NP) nursing practice reflect the philosophical values of the profession and clarify what the nursing profession expects of its RN(NP) members. These standards apply to every setting and provide a standard to measure the basic level of safe RN(NP) nursing practice across the province. The standards state minimum levels below which performance is unacceptable. Individual members may exceed these standards. These standards and competencies expand upon the current SRNA's *Standards and Foundation Competencies for the Practice of Registered Nurses*.

### Responsibilities:

1. **Individual RN(NP):** Is responsible to act professionally and be accountable for her/his own practice. This accountability is not relieved by agency policies of employers or other organizations. Each individual RN(NP) is responsible to maintain her/his own level of competence (knowledge, skills and judgement) in their practice as a RN(NP).
2. **SRNA:** Is responsible for ensuring that the registered nursing profession as a whole carries out its commitment to the public. In carrying out this commitment, the SRNA provides confidential consultation to assist RNs and RN(NPs) with practice issues, promote standards, guidelines and policies for safe nursing practice in accordance with the defined scope of nursing practice.
3. **Employers:** Have an obligation to provide essential support systems, including human and material resources, so that RN(NPs) are able to meet the minimum standards of practice as defined in the current *Standards and Foundation Competencies for the Practice of Registered Nurses in Saskatchewan* and the current *Registered Nurse (Nurse Practitioner) RN(NP) Standards and Core Competencies*. Employers are also responsible for developing and maintaining care standards and accreditation standards. RN(NPs) participate in meeting accreditation and care standards of their employing agency.

## REGISTERED NURSE (NURSE PRACTITIONER)

RN(NPs) are integral members of the health care team who provide and coordinate initial, continuing and comprehensive advanced nursing services in rural, remote and urban areas of the province. RN(NPs) serve the ethnoculturally diverse populations of Saskatchewan across the continuum of health-care throughout the life span. The spectrum of health services that RN(NPs) provide encompasses: health promotion and maintenance of wellness; illness and injury prevention; health condition, and health care management of common acute and chronic illnesses, including ordering diagnostic investigations and prescribing treatments including medications.

Amendments to *The Registered Nurses Act, 1988* have enabled the regulation of the RN(NP) role in Saskatchewan. According to the Amendments to Section 24, a registered nurse who meets the requirements set up by the bylaws will be licenced to practice as a RN(NP), may and have the regulatory authority to:

- a) order, perform, receive and interpret reports of screening and diagnostic tests that are designated in the bylaws;
- b) prescribe and dispense drugs in accordance with the bylaws;
- c) perform minor surgical and invasive procedures that are designated in the bylaws;
- d) diagnose and treat common medical disorders.

The above-cited legislated practices provide the legal basis by which RN(NPs) can practice those competencies that had traditionally been reserved for the practice of medicine, dentistry and/or pharmacy. These skills are only a part of the core competencies required for RN(NPs). The core RN(NP) competencies are grouped into four categories. The categories of the framework and the standards and core competencies should be viewed in a holistic manner. The four categories of standards and core competencies are:

1. Professional Role, Responsibility and Accountability
2. Health Assessment and Diagnosis
3. Therapeutic Management
4. Health Promotion and Prevention of Illness and Injury

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The standards and core competency statements are entry level which one would expect the beginning RN(NP) to exhibit after graduation from an approved RN(NP) education program or one deemed equivalent. Each RN(NP) is expected to demonstrate the RN(NP) standards and core competencies for registration as a RN(NP). These are the minimum requirements and as RN(NP)s move along the continuum from novice to expert level RN(NP)s, they will increase in depth of knowledge in how they meet the competencies required for practice. Furthermore, the current *Registered Nurse (Nurse Practitioner) RN(NP) Standards and Core Competencies*, statements are not meant to stand alone but rather be considered along with the current *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses* and the attached *Clinical Expectations*.

## GUIDING PRINCIPLES FOR THE RN(NP)

The guiding principles include key values and assumptions regarding competencies for the RN(NP).

1. The RN(NP) must meet the current *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses* and the *Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses*.
2. The competencies for the RN(NP) are built on the entry level competencies identified for new graduates beginning to practice as registered nurses in Saskatchewan in the current *SRNA Standards and Foundation Competencies for the Practice of Registered Nurses*.
3. The competencies for the RN(NP) are entry-level competencies expected of the novice RN(NP). Individual members may exceed these minimum entry-level competencies.
4. The competencies for the RN(NP) will be progressive, always evolving, encompassing a wide range of nursing knowledge, skills, experience and judgement.
5. RN(NP)s are accountable for the knowledge, skills, and judgement necessary to independently provide a full range of comprehensive health care services to clients, families, communities and the public.
6. The scope of practice of the RN(NP) encompasses the activities for which the RN(NP) is competent to perform, and is influenced by the setting in which they practice, and the needs of the clients.
7. The RN(NP) maintains accountability for competencies inherent of the RN(NP) role.
8. RN(NP)s are accountable for and will have access to education (formal and informal) to ensure acquisition and maintenance of competencies for practice.
9. The RN(NP) works in collaboration with other members of the health care team.
10. The RN(NP) competencies will be used by the SRNA to establish eligibility of RNs for assessment prior to registration as a RN(NP) in Saskatchewan, and for the approval of RN(NP) educational programs.
11. RN(NP) practice is grounded in the five World Health Organization (WHO) principles of primary health care: accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration.
12. RN(NP) core competencies require additional nursing education, usually achieved at the graduate level, with a substantial clinical component.
13. Newly graduated RN(NP)s gain proficiency in the breadth and depth of their practice over time, with support from employers, mentors and health-care team members.

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## PROFILE OF THE RN(NP)S

RN(NP)s, as autonomous health professionals with advanced education, provide essential health services grounded in professional, ethical and legal standards. RN(NP)s integrate in-depth knowledge of advanced nursing practice and theory, health management, health promotion, disease/injury prevention, and other relevant biomedical and psychosocial theories to provide comprehensive health services. RN(NP)s work in collaboration with their clients and other health-care providers in the provision of high-quality patient-centred care, with diverse client populations in a variety of contexts and practice settings.

RN(NP)s have the competence to provide comprehensive health assessment, to diagnose health/ illness conditions, and to treat and manage acute and chronic illness within a holistic model of care. RN(NP)s order and interpret screening and diagnostic tests, perform procedures and prescribe medications, while integrating the principles of resource allocation and cost-effectiveness, in accordance with federal, provincial and territorial legislation and policy.

RN(NP)s are accountable for their own practice and communicate with clients about health assessment findings and diagnoses, further required testing and referral to other health-care professionals; they are also responsible for client follow-up. RN(NP)s counsel clients on symptom management, health maintenance, pharmacotherapy, alternative therapies, rehabilitation strategies and other health programs.

RN(NP)s have the knowledge to assess population health trends and patterns and to design services that promote healthy living. They provide leadership in the development, implementation and evaluation of strategies to promote health and prevent illness and injury, and they work with interprofessional teams, other health-care providers and sectors and community members. RN(NP)s collaborate in the development of policy to influence health services and healthy public policy.

## RN(NP) CORE COMPETENCIES

### I. Professional Role, Responsibility and Accountability

This RN(NP) competency category encompasses the core competencies for the following four categories of advanced nursing practice: clinical practice; collaboration, consultation and referral; research; and leadership (CNA, 2008). RN(NP) practice is characterized by the simultaneous interaction and blending of competencies at a level of complexity that reflects the RN(NP)'s highly developed critical thinking skills, clinical nursing experience, and advanced education that incorporates a substantial clinical component.

The competencies listed below are fundamental to advanced nursing practice and are integrated into the practice of RN(NP)s. Therefore, the competencies listed in this category also apply to each of the three other competency categories in this framework: Health Assessment and Diagnosis, Therapeutic Management, and Health Promotion and Prevention of Illness and Injury.

#### ***Clinical Practice***

The RN(NP):

- 1.1 Practises in accordance with federal and provincial/territorial legislation, professional and ethical standards, and policy relevant to RN(NP) practice.
- 1.2 Understands the changes in scope of practice from that of a registered nurse and the ways that these changes affect responsibilities and accountabilities when assuming the reserved title and scope of practice of a RN(NP).
- 1.3 Incorporates knowledge of diversity, cultural safety and determinants of health in the assessment, diagnosis and therapeutic management of clients and in the evaluation of outcomes.
- 1.4 Incorporates knowledge of developmental and life stages, pathophysiology, psychopathology, epidemiology, environmental exposure, infectious diseases, behavioural sciences, demographics and family processes when performing health assessments, making diagnoses and providing overall therapeutic management.
- 1.5 Incorporates knowledge of the clinical manifestations of normal health events, acute illness/injuries, chronic diseases, comorbidities and emergency health needs, including the effects of multiple etiologies in the assessment, diagnosis and therapeutic management of clients and in the evaluation of outcomes.
- 1.6 Integrates the principles of resource allocation and cost-effectiveness into clinical decision-making.
- 1.7 Provides client diagnostic information and education that are relevant, theory-based and evidence-informed, using appropriate teaching/learning strategies.

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- 1.8 Promotes safe client care by mitigating harm and addressing immediate risks for clients and others affected by adverse events and near misses.
  - 1.9 Discloses the facts of adverse events to clients, and reports adverse events to appropriate authorities, in keeping with relevant legislation and organizational policies.
  - 1.10 Documents clinical data, assessment findings, diagnoses, plans of care, therapeutic interventions, client responses and clinical rationale in a timely and accurate manner.
  - 1.11 Adheres to federal and provincial/territorial legislation, policies and standards related to privacy, documentation and information management (this applies to verbal, written or electronic records).
  - 1.12 Engages in ongoing professional development and accepts personal responsibility for maintaining RN(NP) competence.

### ***Collaboration, Consultation and Referral***

The RN(NP):

- 1.13 Consults with and/or refers clients to other health-care providers at any point in the care continuum when the client's condition is not within the RN(NP) scope of practice or the individual RN(NP)'s competence.
- 1.14 Acts as a consultant to and/or refers and accepts referrals from health-care providers, community agencies and allied non-health-care professionals.
- 1.15 Advocates for clients in relation to therapeutic intervention, health-care access, the health-care system and policy decisions that affect health and quality of life.
- 1.16 Collaborates with members of the health-care team to provide and promote interprofessional client-centred care at the individual, organizational and systems levels.
- 1.17 Collaborates with members of the health-care team to promote and guide continuous quality improvement initiatives at the individual, organizational and systems levels.
- 1.18 Applies advanced knowledge and skills in communication, negotiation, coalition building, change management and conflict-resolution, including the ability to analyze, manage and negotiate conflict.

### ***Research***

The RN(NP):

- 1.19 Engages in evidence-informed practice by critically appraising and applying relevant research, best practice guidelines and theory when providing health-care services.
- 1.20 Develops, utilizes and evaluates processes within the practice setting to ensure that clients receive coordinated health services that identify client outcomes and contribute to knowledge development.
- 1.21 Identifies and implements research-based innovations for improving client care at the individual, organizational and systems levels.
- 1.22 Identifies, collects data on, and evaluates the outcomes of, RN(NP) practice for clients and the health-care system.
- 1.23 Collaborates with other members of the health-care team or the community to identify research opportunities and to conduct and/or support research.
- 1.24 Acts as a change agent through knowledge translation and dissemination of new knowledge that may include formal presentations, publication, informal discussions and the development of best practice guidelines and policies.

### ***Leadership***

The RN(NP):

- 1.25 Provides leadership in the management of clinical care and is a resource person, educator and role model.
- 1.26 Acts as a preceptor, mentor and coach to nursing colleagues, other members of the health-care team and students.
- 1.27 Articulates and promotes the role of the RN(NP) to clients, other health-care providers, social and public service sectors, the public, legislators and policy-makers.

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- 1.28 Provides leadership in the development and integration of the RN(NP) role within the health-care system.
  - 1.29 Advocates for and participates in creating an organizational environment that supports safe client care, collaborative practice and professional growth.
  - 1.30 Guides, initiates and provides leadership in the development and implementation of standards, practice guidelines, quality assurance, and education and research initiatives.
  - 1.31 Guides, initiates and provides leadership in policy-related activities to influence practice, health services and public policy.

## 2. Health Assessment and Diagnosis

The RN(NP) integrates a broad knowledge base with critical appraisal to obtain the required information for determining diagnoses and client needs. Throughout the process, the RN(NP) works collaboratively with clients to identify and mitigate health risks, promote understanding of health issues and support healthy behaviours.

The RN(NP):

- 2.1 Performs a focused health assessment and/or an advanced comprehensive health assessment, using and adapting assessment tools and techniques based on client needs and relevance to client stage of life.
- 2.2 Performs a complete or focused health history appropriate to the client's situation, including physical, psychosocial, emotional, ethnic, cultural and spiritual dimensions of health.
- 2.3 Performs a complete or focused physical examination, and identifies and interprets normal and abnormal findings as appropriate to client presentation.
- 2.4 Synthesizes health assessment information using critical inquiry and clinical reasoning to diagnose health risks and states of health/illness.
- 2.5 Formulates differential diagnoses through the integration of client information and evidence-informed practice.
- 2.6 Anticipates and diagnoses emergent, urgent and life-threatening situations.
- 2.7 Orders and/or performs screening and diagnostic investigations, interprets results using evidence-informed clinical reasoning and critical inquiry, and assumes responsibility for follow-up.
- 2.8 Diagnoses diseases, disorders, injuries and conditions, and identifies health needs, while considering the client's response to the health/illness experience.
- 2.9 Communicates with clients about health assessment findings and/or diagnosis, including outcomes and prognosis.

## 3. Therapeutic Management

RN(NP)s collaborate with clients to set priorities for the provision and overall coordination of care along the health/illness continuum. The RN(NP) selects appropriate interventions from a range of non-pharmacological and pharmacological interventions to assist clients in restoring or maintaining functional, physiological and mental stability to achieve optimal health.

The RN(NP):

- 3.1 Creates an environment in which effective communication of diagnostic and therapeutic intervention can take place.
- 3.2 Explores therapeutic options, considering implications for clients through the integration of client information and evidence-informed practice.
- 3.3 Determines care options and initiates therapeutic interventions in collaboration with clients, while considering client perspectives, feasibility and best outcomes.
- 3.4 Initiates interventions for the purpose of stabilizing clients in emergent, urgent and life-threatening situations.

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- 3.5 Supports, educates, coaches and counsels clients regarding diagnoses, prognoses and self-management, including their personal responses to diseases, disorders, conditions, injuries, risk factors, lifestyle changes and therapeutic interventions.
  - 3.6 Promotes client self-efficacy in navigating the health-care system and in identifying and accessing the necessary resources.
  - 3.7 Coordinates and facilitates client care with other health-care providers, agencies and community resources.
  - 3.8 Performs invasive/non-invasive procedures for the clinical management and/or prevention of disease, injuries, disorders or conditions.
  - 3.9 Prescribes pharmacotherapy based on the client's health history, disease, disorder, condition and stage of life, and individual circumstances.
  - 3.10 Applies knowledge of pharmacotherapy and evidence-informed practice in prescribing, monitoring and dispensing drugs.
  - 3.11 Counsels clients on medication therapy, benefits, potential side effects, interactions, importance of compliance and recommended follow-up.
  - 3.12 Demonstrates awareness of, and is mindful of, marketing strategies used to promote health products, medical devices, medications, alternative therapies and health programs.
  - 3.13 Intervenes, as appropriate, when potential or actual problematic substance use and/or misuse of drugs, including complementary and alternative therapies, is identified.
  - 3.14 Prescribes and/or dispenses drugs in accordance with provincial, territorial and/or federal standards and legislative requirements.
  - 3.15 Uses an evidence-informed approach in the selection or consideration of complementary and alternative therapies, and considers the benefits and risks to clients' health and safety.
  - 3.16 Collaborates with clients in monitoring their response to therapeutic interventions and in adjusting interventions, as needed.
  - 3.17 Monitors, evaluates and revises the plan of care and therapeutic intervention based on current evidence-informed practice and on client goals, preferences, health status and outcomes.

#### **4. Health Promotion and Prevention of Illness and Injury**

RN(NP)s in all practice settings focus on improving and restoring health. The RN(NP) leads or collaborates with other health-care team members, other sectors and/or the community in initiatives that promote health and reduce the risk of complications, illness and injury for their individual clients, client groups and/or the population as a whole.

The RN(NP):

- 4.1 Assesses, identifies and critically analyzes information from a variety of sources to determine client and/or population trends and patterns that have health implications.
- 4.2 Initiates or participates in the development of strategies to address identified client and/or population health implications.
- 4.3 Initiates or participates in the design of services/interventions for health promotion, health protection, and the prevention of injury, illness, disease and complications.
- 4.4 Initiates or participates in the development and implementation of evaluation processes, including identification of indicators for ongoing monitoring of strategies, services and interventions.

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## GLOSSARY OF TERMS

<b>Accountability</b>	The obligation to answer for the professional, ethical and legal responsibilities of one's activities and duties.
<b>Advanced nursing practice</b>	An umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation; in-depth nursing knowledge; and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole.
<b>Adverse event</b>	An event that results in unintended harm to the patient and is related to the care and/or service provided to the patient rather than the patient's underlying condition.
<b>Advocate</b>	Actively supporting a right and good cause; supporting others in speaking for themselves; or speaking on behalf of those who cannot speak for themselves.
<b>Attributes</b>	Characteristic qualities that include, but are not limited to, attitudes, values and beliefs.
<b>Client</b>	The beneficiary of care; may be an individual, family, group, population or entire community.
<b>Collaboration</b>	Client care involving joint communication and decision-making processes among the client, RN(NP) and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centred care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team.
<b>Collaborate</b>	Building consensus and working together on common goals, processes and outcomes.
<b>Competence</b>	The integrated knowledge, skills, judgment and attributes required of a registered nurse to practise safely and ethically in a designated role and setting.
<b>Competencies</b>	The specific knowledge, skills and personal attributes required for a RN(NP) to practise safely and ethically in a designated role and setting.
<b>Complementary and alternative therapies</b>	Those modalities or interventions that complement mainstream medicine, that are used to address clients' health needs across the continuum of health care, and that are not met by conventional approaches. Complementary therapies tend to be those that are used alongside traditional health care, while alternative therapies tend to be those used in place of traditional health care.
<b>Critical appraisal</b>	The process of systematically examining research evidence to assess its validity, reliability, results and relevance before using it to make an informed decision. It is an essential part of evidence-informed practice.
<b>Cultural safety</b>	Addresses power relationships between the service provider and the people who use the service. A manner that affirms, responds to and fosters the cultural expression of clients. This usually requires nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practise in a way that affirms the culture of clients and nurses. Unsafe cultural practice is any action that demeans, diminishes or disempowers the cultural identity and well-being of people.
<b>Determinants of health</b>	Definable entities that are associated with or induce health outcomes. These entities include health behaviours, lifestyles, coping abilities, biology, gender and genetics, income and social status, culture, education, employment and working conditions, access to appropriate health services, and the physical environment.
<b>Disease and injury prevention</b>	Measures taken both to prevent the occurrence of disease and injury, such as risk-factor reduction, and to arrest the progress and reduce the consequences of disease or injury once established.

<b>Diversity</b>	The variation between people with respect to such factors as ethnicity, national origin, race, gender, ability, age, physical characteristics, religion, values, beliefs, sexual orientation, socio-economic class or life experiences.
<b>Evidence-informed practice</b>	An approach to decision-making in which the clinician conscientiously integrates critically appraised evidence, clinical practice experience, and knowledge of contextual factors in consultation with the patient, in order to decide upon the option that best suits the patient's needs. Evidence may include, but is not limited to, published research, grey literature research, clinical practice guidelines, consensus statements, clinical experts, quality assurance and patient safety data.
<b>Health</b>	A state of complete physical, mental [spiritual] and social well-being, and not merely the absence of disease.
<b>Health promotion</b>	The process of enabling people to increase control over and improve their health. It embraces actions directed not only at strengthening the skills and capabilities of individuals, but also at changing social, environmental, political and economic conditions to alleviate their impact on public and individual health.
<b>Health protection</b>	Activities in food hygiene, water purification, environmental sanitation, drug safety and other areas that, as far as possible, eliminate the risk of adverse consequences to health that are attributable to environmental hazards.
<b>Interprofessional care</b>	The provision of comprehensive health service to patients by multiple health caregivers who work collaboratively to deliver quality care within and across settings.
<b>Near miss</b>	An event with the potential for harm that did not result in harm because it did not reach the client due to timely intervention or good fortune (sometimes called a close call).
<b>Pharmacotherapy</b>	Treatment and prevention of diseases, disorders and/or symptoms by means of drug therapy. This includes consideration of the characteristic interactions of a drug with the body in terms of absorption, distribution, metabolism and excretion, and the interactions that may occur between drugs.
<b>Population health</b>	Entails understanding the health of populations and the factors that influence health and health risks.
<b>Problematic substance use</b>	The use of a substance that negatively affects a person's work or personal life (e.g., relationships, financial situation, problems with the law). In some individuals, it can develop into chemical dependency and/or addiction.
<b>Referral</b>	The practice of requesting a consultation or service from another health-care provider on behalf of a client.
<b>Safe client care</b>	Reduction or mitigation of unsafe acts within the health-care system, as well as through the use of best practices, shown to lead to optimal patient outcomes.
<b>Scope of practice</b>	The activities that nurses are educated and authorized to perform, as established through legislated definitions of nursing practice, complemented by standards, guidelines and policy positions issued by professional nursing bodies.
<b>Therapeutic management</b>	The pharmaceuticals, non-pharmaceuticals, therapies and interventions that RN(NP)s prescribe to provide health promotion and protection; disease prevention; and treatment of diseases, injuries, illnesses and conditions.

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