CCPNR Canadian Council for Practical Nurse Regulators

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Entry-Level Competencies

FOR LICENSED PRACTICAL NURSES

2026

Approved by the British Columbia College of Nurses and Midwives, in effect Sept. 1, 2027.

BCCNM British Columbia College of Nurses & Midwives

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The CCPNR Board of Directors approved these entry-level competencies for Licensed Practical Nurses in Canada on September 10, 2026. These competencies replace the previous version.

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FOREWORD

Licensed practical nurses (LPNs) are essential to the delivery of safe, competent, equitable, compassionate, ethical, and evidence-informed care in Canada.[1] LPNs complete an approved diploma nursing program and provide nursing care throughout the lifespan in diverse practice settings where Canadians access health services. They integrate clinical knowledge, professional judgment, and ethical practice in response to the needs of individuals, families, groups, communities, and populations.

An entry-level LPN is one at the point of initial registration or licensure. Entry-level LPNs are beginning practitioners. They accept responsibility and demonstrate accountability for their practice and apply professional judgment to determine when supports are required.

Background

The Canadian Council for Practical Nurse Regulators (CCPNR) is the federation of provincial and territorial regulatory bodies that regulate the practice of practical nurses in Canada. CCPNR member regulators share the same mandate: protect the public by regulating LPNs in accordance with government legislation.

The Entry-Level Competencies (ELCs) for LPNs in Canada set out the competencies expected of an LPN at the point of initial registration or licensure. Each ELC is defined as an observable ability of an LPN at entry level that integrates the knowledge, skills, judgment, attitudes, and values required to practice nursing safely, competently, ethically, and compassionately.

Although the competencies are written for entry level, they are foundational to LPNs throughout their practice. Some competencies may go beyond what is currently common practice in some jurisdictions. This is intentional as the ELCs are designed to anticipate evolving practice and support consistent expectations across jurisdictions as the practice environment changes.

The ELCs are reviewed on an ongoing basis to maintain inter-jurisdictional consistency and practice relevance. The 2026 revision was informed by environmental scanning, literature review, structured consultation with LPNs, educators, employers, regulators, Indigenous partners, equity-deserving communities, and members of the public, and a national validation survey.

The CCPNR Board of Directors approves the ELCs. Each regulatory authority then follows its own process to adopt or approve the updated ELCs and confirm consistency with provincial and territorial legislation.

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1 For the purposes of this document, the term “licensed practical nurse” also refers to “registered practical nurse.”

OVERARCHING PRINCIPLES

The following principles apply to the ELCs and practical nursing. The entry-level LPN:

1. Is a novice practitioner.
2. Practices within the practical nursing scope of practice and seeks guidance when encountering situations beyond their current skills and ability.
3. Is prepared as a generalist to practice safely, competently, compassionately, and ethically:
    a. in situations of health and illness,
    b. with all people throughout the lifespan,
    c. with all recipients of care, including individuals, families, groups, communities, and populations across all cultures,
    d. across diverse practice settings throughout Canada,
    e. using evidence-informed practice.
4. Has a strong foundation in nursing theory, concepts, and knowledge; health, social, and behavioural sciences; humanities; research; and ethics from their approved nursing education program.
5. Practices autonomously in accordance with the legislation, standards, ethics, and scope of practice in their jurisdiction.
6. Applies critical thinking, clinical reasoning, and reflective practice throughout all aspects of nursing care.
7. Holds competencies that are transferable across all areas of professional responsibility.
8. Is an active participant in health promotion, illness prevention, and harm reduction.
9. Practices in ways that uphold cultural humility, cultural safety, anti-racism, equity, diversity, and inclusion, and applies the principles of trauma- and violence-informed care across all client interactions.
10. Practices with a foundation built upon the four concepts of person, environment, health, and nursing, and is grounded within the context of the current Canadian health care system.
11. Practices in situations of varying complexity and collaboratively with the health care team to support the best possible client outcomes.

ELCs are used for multiple purposes, including:

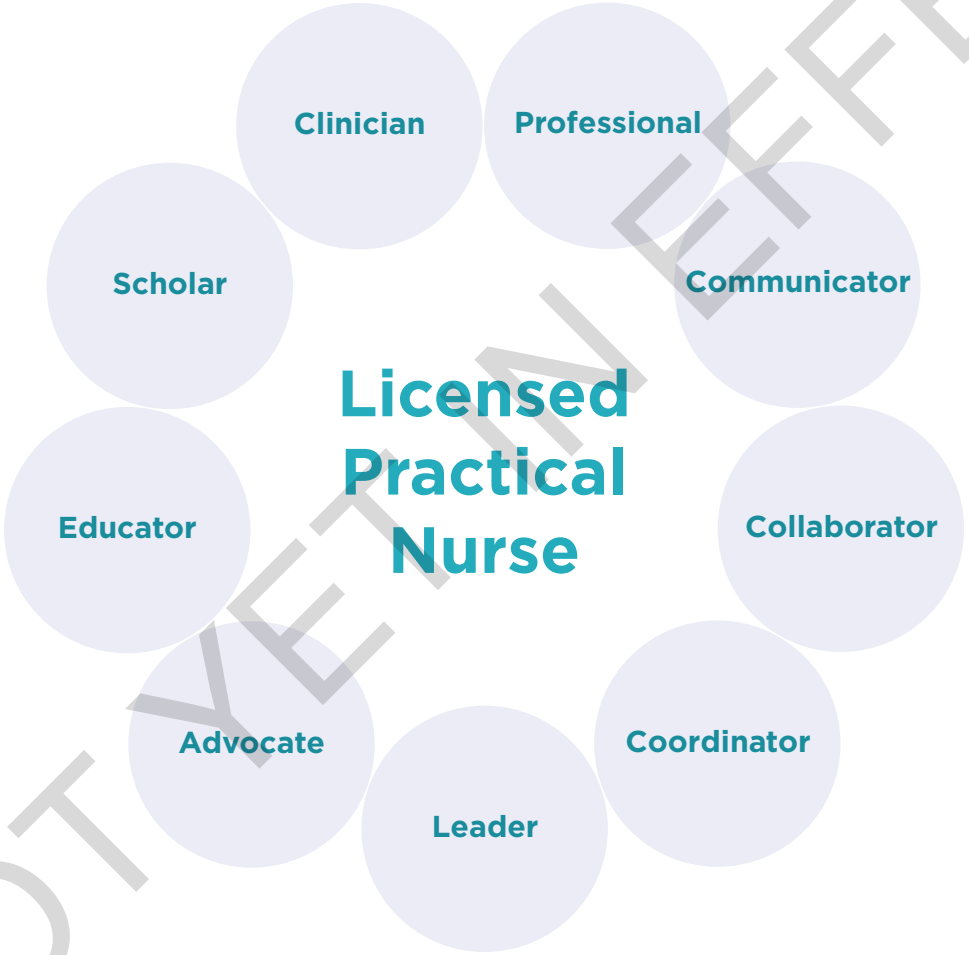
- Approval and recognition of practical nursing education programs
- Assessment of internationally educated applicants
- Assessment of applicants seeking re-entry to practice
- Development of entry-to-practice examination items
- Practice advice and guidance to LPNs and employers
- Regulatory reference
- Public awareness of the practice expectations of LPNs at entry level.

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ROLE-BASED FRAMEWORK

For the first time, CCPNR's ELCs are organized into nine roles using a role-based framework that represents the multiple roles LPNs assume when providing care in any practice setting. Adopted from the Canadian Council of Registered Nurse Regulators' (CCRNR) 2019 ELCs, this framework replaces the five-category structure of the CCPNR's 2019 edition.

The ELCs are organized into the following roles:[2]



Integration of all nine roles enables the entry-level LPN to provide safe, competent, ethical, compassionate, and evidence-informed nursing care in any practice setting.

The order of the roles is not an indication of priority or importance. Certain concepts are relevant to multiple roles. For clarity and to avoid repetition, such concepts are stated where they are most relevant and are understood to carry through to other roles.

2 Copyright © 2015 The Royal College of Physicians and Surgeons of Canada. https://canmeds.royalcollege.ca/en/framework. Adapted with permission.

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ENTRY-LEVEL COMPETENCIES FOR LPNs

1. Clinician

LPNs are clinicians who provide safe, competent, ethical, compassionate, and **evidence-informed** care across the lifespan in response to **client** needs. They apply clinical judgment to assess, plan, implement, and evaluate care and respond to changes in **client** status.

1.1 Conducts a holistic nursing assessment to collect comprehensive information on **clients'** health status and preferences.

1.2 Integrates **clinical data** and assessments to inform evidence-based decisions that address **client** health needs.

1.3 Makes clinical decisions consistent with their scope of practice, **client** needs, and priorities.

1.4 Responds to **clients** by organizing competing priorities into actions.

1.5 Formulates a **nursing diagnosis**.

1.6 Implements nursing interventions based on assessment findings, **client** preferences, and desired outcomes.

1.7 Demonstrates use of approved **digital health technologies** to deliver safe and effective **person-centred care**.

1.8 Identifies risk to **client** safety and intervenes promptly to reduce risk and prevent harm.

1.9 Evaluates the effectiveness of nursing interventions by comparing actual outcomes to expected outcomes and modifying the plan of care.

1.10 Reviews and revises the plan of care, communicating changes to the health care team to support safe, competent practice.

1.11 Demonstrates critical thinking, critical inquiry, and clinical judgment for decision-making.

1.12 Recognizes high-risk practices and integrates strategies that promote safety.

1.13 Applies de-escalation and **crisis management** strategies to prevent and manage disruptive, aggressive, or violent behaviour across diverse care settings.

1.14 Recognizes signs of **client** deterioration and initiates appropriate action to ensure timely intervention.

1.15 Demonstrates knowledge of nursing theory, pharmacology, health sciences, humanities, and ethics.

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1.16 Applies **trauma- and violence-informed** approaches in mental health care during patient interactions and decision-making.

1.17 Applies mental health promotion strategies to support holistic, **person-centred care** across diverse clinical settings.

1.18 Recognizes and responds to signs of mental health crisis, including suicide risk, and initiates appropriate interventions.

1.19 Demonstrates **harm reduction** practices and non-stigmatizing approaches to substance use.

1.20 Adheres to the duty to provide care.

1.21 Applies knowledge of pharmacology and principles of safe medication practice.

1.22 Obtains informed consent to support the **client's** informed decision-making.

1.23 Implements strategies to promote wellness, prevent illness, and minimize disease and injury in **clients**, self, and others.

1.24 Incorporates knowledge about ethical, legal, and regulatory implications of medical assistance in dying (MAiD) when providing nursing care.

2. Professional

LPNs are professionals who are committed to the health and well-being of people. LPNs adhere to the profession's practice standards and ethics and are accountable to the public and the profession.

2.1 Demonstrates accountability, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated scope of practice.

2.2 Practices autonomously within legislated scope of practice.

2.3 Demonstrates adherence to regulatory requirements of jurisdictional legislation.

2.4 Distinguishes between the mandate of regulatory bodies, professional associations, and unions.

2.5 Demonstrates **professionalism** and a **professional presence** in all interactions.

2.6 Demonstrates awareness of and maintains their own **fitness to practice** according to their regulatory requirements.

2.7 Demonstrates knowledge of current health system issues and trends and implications for nursing practice.

2.8 Adapts practice in **dynamic environments** to manage safety of self and others.

2.9 Identifies and responds to incidents of **professional misconduct**.

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2.10 Recognizes, responds to, and reports own and others' **near misses**, errors, and adverse events.

2.11 Establishes and maintains professional boundaries in all interactions.

2.12 Practices according to legislation, regulatory standards, ethics, and organizational requirements.

2.13 Applies mandatory reporting legislation related to **client** safety and public protection.[3]

2.14 Adheres to professional, regulatory, and organizational duty to report obligations to support public protection.[3]

2.15 Documents in accordance with legislation, ethical obligations, standards of practice, and organizational requirements.

2.16 Demonstrates professional and ethical conduct in use of **digital health technologies**, including social media, messaging, and **artificial intelligence (AI)**, to uphold boundaries, confidentiality, privacy, and employment standards.

2.17 Adheres to the self-regulatory requirements of jurisdictional legislation to protect the public by:

- a. Reflecting on and assessing own competence to identify learning needs.
- b. Creating, implementing, evaluating, and adjusting learning plans for ongoing growth.
- c. Seeking and applying new knowledge to maintain safe, competent practice.
- d. Recognizing limits, seeking guidance, and considering implications of decisions.

2.18 Recognizes and minimizes the impact of personal values and assumptions on own practice.

2.19 Applies ethical frameworks and reasoning to identify and respond to situations involving moral and ethical conflict, dilemma, or distress.

2.20 Describes ethical considerations of **precision health** in practice.

2.21 Analyzes and addresses how personal values, beliefs, **positional power**, **colonialism**, and **systemic inequities** influence interactions with **clients** and the health care team.

2.22 Identifies and addresses **bias**, discrimination, **racism**, and oppression in care and collaboration.

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3 Mandatory reporting and duty to report obligations are established in legislation and vary by province and territory. Registrants are to consult the legislation and/or the regulatory body in their jurisdiction for the requirements that apply to their practice.

3. Communicator

LPNs build therapeutic relationships through respectful, clear, and culturally responsive communication. They share relevant information with **clients** and the health care team to support safe, coordinated care.

3.1 Introduces self to **clients** and health care team members by name and professional designation (protected title).

3.2 Initiates, maintains, and terminates the therapeutic nurse-**client** relationship.

3.3 Demonstrates respectful, non-judgmental, and **inclusive communication** that honours **client** values, preferences, and lived experiences.

3.4 Communicates in a manner that upholds **client** dignity and self-determination.

3.5 Protects **clients'** rights by maintaining confidentiality and privacy in all personal and professional contexts.

3.6 Responds to the **clients'** right to health care information in accordance with privacy legislation.

3.7 Demonstrates effective interpersonal communication strategies to build and maintain professional and therapeutic relationships.

3.8 Uses conflict resolution strategies to promote healthy relationships and optimal **client** outcomes.

3.9 Uses information and **digital health technologies** ethically to support clear, accurate, and secure communication with **clients** and the health care team.

3.10 Provides **culturally safe** and non-judgmental care that respects **client** autonomy and acknowledges diverse **worldviews**.

3.11 Documents and shares information clearly and accurately, including using secure **digital health technologies** and other communication tools, while protecting **client** privacy and maintaining professional standards.

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4. Collaborator

LPNs are collaborators who practice effectively within **intraprofessional** and **interprofessional** health care teams to support safe, competent, ethical, and compassionate care.

- 4.1 Demonstrates collaborative professional relationships that support effective communication, **shared decision-making**, and quality nursing practice.
- 4.2 Articulates own scope of practice and role and respects the role and scope of practice of others to support health care team collaboration.
- 4.3 Applies knowledge of the roles of regulated and unregulated care providers, to strengthen **inter-** and **intraprofessional** collaboration.
- 4.4 Collaborates in the analysis, development, implementation, and evaluation of practice and policy.
- 4.5 Collaborates to develop a plan of care through shared reasoning and decision-making.
- 4.6 Applies decision-making frameworks to assess **client** information, share clinical reasoning, and support collaborative care planning.
- 4.7 Engages collaboratively with the health care team to support safe **care transitions** and continuity of care.

5. Coordinator

LPNs organize and prioritize care activities at the **point-of-care**. They support safe transitions, continuity of care, and effective use of available resources.

- 5.1 Participates in **disaster/emergency preparedness** and applies **disaster management** knowledge to ensure **client** safety and continuity of care in critical situations.
- 5.2 Organizes workload, assigns and coordinates nursing care, sets priorities, and demonstrates effective time management skills.
- 5.3 Engages in **quality improvement** and risk management to promote quality practice environments.
- 5.4 Supports **clients** to navigate health care systems and other service sectors to optimize health and well-being.
- 5.5 Prepares **clients** and coordinates safe **care transitions**, including the clear **transfer of care responsibility** and accountability between providers or settings.
- 5.6 Consults with the health care team to make ongoing adjustments required by changes in the availability of services or **client** health status.

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6. Leader

LPNs demonstrate **leadership** in everyday practice by promoting safe environments, identifying concerns, supporting team functioning, and contributing to practice improvements.

6.1 Questions unclear or questionable orders, decisions, actions, or treatment and seeks clarification and resolution.

6.2 Promotes a psychologically safe and inclusive practice environment by recognizing the impact of power, **privilege**, and **systemic inequities** on both **team dynamics** and **client** care.

6.3 Demonstrates open communication by encouraging questioning and the exchange of information.

6.4 Engages in **mentoring relationships** that support self-awareness, **emotional resilience**, and professional growth in self and others.

6.5 Demonstrates **formal** and **informal leadership** to contribute to team practices and support optimal health outcomes.

6.6 Demonstrates accountability, initiative, and adaptability to contribute to positive team practices recognizing **leadership** as a shared responsibility regardless of formal authority.

6.7 Demonstrates self-awareness through reflective practice and solicitation of feedback.

6.8 Demonstrates **leadership**, direction, and supervision to regulated and unregulated health workers.

6.9 Integrates continuous **quality improvement** strategies into nursing practice.

7. Advocate

LPNs support **clients'** rights, dignity, and informed decision-making. They address barriers to care and promote **equitable**, **culturally safe**, and person-centred practice.

7.1 Advocates for the respectful integration of **Indigenous knowledge** and partnerships with **Elders (Indigenous)**, healers, **knowledge keepers (Indigenous)**, and family/**kinship** to improve health outcomes and engage in reconciliation.

7.2 Adapts practice to reflect **clients'** cultural identities, beliefs, and practices.

7.3 Engages in self-reflection to build and maintain an environment of **cultural humility** and **cultural safety**.

7.4 Supports **clients** in making informed decisions about their health and respects their decisions.

7.5 Applies knowledge of the Truth and Reconciliation Commission's Calls to Action to support **culturally safe**, **trauma- and violence-informed**, and collaborative care with Indigenous persons.

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7.6 Advocates for **equitable** access, treatment, and resource allocation to address **systemic barriers**, **racism**, and oppression affecting diverse populations.

7.7 Advocates for **equitable** access, treatment, and resource allocation by considering social, environmental, and public health factors affecting diverse populations.

7.8 Advocates for **clients'** rights and autonomy, especially when they face personal barriers or **systemic inequities**.

7.9 Advocates for the right of persons to provide informed consent guided by regulatory and legislative requirements.

7.10 Assesses **clients'** understanding of informed consent and implements actions when the **client** is unable to provide informed consent.

7.11 Demonstrates knowledge of the substitute decision maker's role in providing informed consent and decision-making for **client** care.

7.12 Identifies how **environmental factors**, **sustainable practices**, and **planetary health** influence person-centred health and nursing care.

7.13 Applies knowledge of **climate-related** health risks.

8. Educator

LPNs provide practical, relevant health education to **clients** and families. They support understanding, skill development, and participation in care.

8.1 Assesses **clients'** health literacy, knowledge, and readiness to learn.

8.2 Identifies learning needs and guides educational strategies.

8.3 Assesses, plans, implements, and evaluates person-centred teaching to support **client** self-care and desired health outcomes.

8.4 Provides information and access to **evidence-informed** resources to facilitate health education.

8.5 Evaluates the effectiveness of health education and adapts teaching strategies based on **client** needs.

8.6 Engages **clients** in identifying their health needs, strengths, capacities, and goals.

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9. Scholar

LPNs engage in continuous learning and apply evidence and emerging knowledge to strengthen safe, effective nursing practice.

9.1 Integrates **evidence-informed** practice using current, credible resources and collaborates with others to support clinical decision-making.

9.2 Identifies **clinical data** and **data-driven information** to inform decisions and recognize potential **bias** or error.

9.3 Applies knowledge of current health system trends and issues to support improvements in service delivery.

9.4 Engages in activities to strengthen knowledge of **digital literacy** and health informatics.

9.5 Engages in lifelong learning through professional development, feedback, and reflection to maintain competence and support **evidence-informed** practice.

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GLOSSARY

The definitions provided in this glossary reflect general terminology used in practice. Where applicable, readers are advised to verify definitions against the standards and requirements of the regulatory body in their jurisdiction, as terminology and scope may vary.

Artificial intelligence (AI)

Back to text

Computer systems designed to perform tasks that would traditionally require human intelligence. These systems can enable computers to analyze data, recognize patterns, learn from experience, and make recommendations by recognizing patterns identified in data *(NSCN, 2025b)*.

Assignment of care

The allocation of specific staff to specific patients or specific patient care needs for a period of time, usually a shift. It is a division of labour based on an assessment of care needs, care plans, goals of treatment or care, scopes of practice, and the skill mix of staff. Unlike delegation, assignment occurs between regulated health professionals whose scope of practice already authorizes them to perform the care being assigned *(CNPS, 2026)*.

Bias

Back to 2.22 9.2

A subjective opinion, preference, prejudice, or inclination, often formed without reasonable justification, which influences the ability of an individual or group to evaluate a particular situation objectively or accurately. Biases (particularly implicit or unconscious biases) are built into and perpetuated by societal systems and structures through socialization. These biases might be against others' race, gender, weight, disability, sexuality, skin-tone, age, culture, or religion *(Government of Canada, 2023)*.

Care transitions

Back to 4.7 5.5

The coordinated processes that support persons and their support networks as they move between care providers, settings, or phases of care, ensuring continuity, communication, and safety *(adapted from RNAO, 2023)*.

Client

Back to
1. Clinician 2. Professional
3. Communicator 4. Collaborator
5. Coordinator 6. Leader
7. Advocate 8. Educator

Anyone who receives or accesses nursing care including individuals (or their designated representatives), families, groups, communities and populations *(adapted from RPNRC, 2025; Yardstick Assessment Strategies, 2022; CNA, 2025)*.

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Climate-related (events and disasters)

Back to text

Events driven or intensified by climate change, such as wildfires, floods, heatwaves, and disease outbreaks, as well as other natural, technological, or human-induced hazards that disrupt the functioning of communities, exceed local coping capacities, and result in widespread harm to human health, infrastructure, and the environment. These events disproportionately affect vulnerable populations and demand that nurses possess core competencies in disaster risk reduction, emergency preparedness, response, and recovery to protect health, uphold human rights, and strengthen community resilience *(adapted from ICN, 2023*).

Clinical data

Back to 1.2 9.2

All assessment and diagnostic results that apply to a client's health status. This includes data collected in a variety of ways to provide client information *(adapted from Yardstick Assessment Strategies, 2022)*.

Colonialism

Back to text

A system of domination in which one group exercises power over others through political, economic, and social structures that perpetuate systemic inequities, racism, and oppression, including within health care *(Kimani, 2023)*. In Canada, this includes the ongoing legacy of policies imposed upon Indigenous peoples that continue to shape health inequities and inform the need for culturally safe, anti-racist nursing practice *(Truth and Reconciliation Commission of Canada, 2015; Turpel-Lafond, 2020)*.

Competency

The integrated and demonstrated application of knowledge, skills, judgment, attitudes, and values required to perform professional roles safely, effectively, ethically, and consistently within a defined scope of practice and context *(adapted from CCRNR, 2019)*.

Crisis management

Back to text

The ability to recognize, respond to, and stabilize a person experiencing a sudden, critical change in health or safety by applying clinical judgment, prioritizing interventions, and mobilizing resources to prevent harm and restore stability *(adapted from Paul, 2024)*.

Cultural humility

Back to text

A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. It emphasizes lifelong learning, accountability, and the recognition of power differentials in health care. Nurses practicing cultural humility commit to listening, learning, and co-creating care with individuals and communities *(CASN & CINA, 2024)*.

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Culturally safe (Cultural safety)

Back to 3.10 Advocate intro 7.3 7.5

An outcome of respectful engagement that recognizes and seeks to address power imbalances inherent in health care systems. It requires that care be experienced as safe by the recipient and involves ongoing critical reflection by nurses on their own assumptions, values, and practices. Cultural safety supports equity, inclusion, and anti-oppressive care, particularly for Indigenous and equity-deserving populations *(CASN & CINA, 2024)*.

Data-driven information

Back to text

Rooted in data science, which focuses on generating and using large and complex data sets to evaluate and predict patient and population health across the lifespan *(Douthit et al., 2021, as cited in CNA & CNIA, 2024)*, data-driven information is derived from the analysis of health data, including big data analytics and patient monitoring details, used by nurses to inform care, critically evaluate findings, and contribute to quality improvement initiatives.

Digital health technologies

Back to 1.7 2.16 3.9 3.11

Information and communication tools, systems, and services used to collect, store, exchange, and analyze health information to support the delivery, coordination, and evaluation of care. In nursing practice, their use is guided by professional and ethical obligations to protect privacy, maintain confidentiality, ensure informed consent, and uphold safe, competent, and compassionate care *(Canada Health Infoway, n.d.; CNA, 2025)*.

Digital literacy

Back to text

The ability to maintain, advance, and strengthen professional practice in the context of a digital health environment *(RNAO, 2024; Nicolaidou, 2025)*.

Disaster management

Back to text

The coordinated application of clinical, ethical, and leadership competencies across the phases of disaster preparedness, response, and recovery. It includes risk assessment, triage, communication, psychosocial support, and interprofessional collaboration to protect public health and ensure continuity of care during emergencies *(adapted from Siemon, 2019; Santos et al., 2024)*.

Disaster/emergency preparedness

Back to text

A specialized area of nursing focused on preparedness, response, and recovery in the context of disasters and emergencies *(ICN, 2019)*. The essential knowledge, skills, and awareness required by nurses to anticipate and respond to climate-related events, crises, and disasters. This includes understanding local protocols, executing evacuation plans, applying basic clinical skills like first aid and triage under supervision, and recognizing role boundaries to ensure safe and effective patient care during emergencies.

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Dynamic (practice) environments

Back to text

Practice settings characterized by evolving conditions, complexity, and potential safety risks that require nurses to assess situations continuously and take appropriate action to protect clients, themselves, and others *(adapted from CNA, 2025)*.

Elders (Indigenous)

Back to text

Indigenous individuals highly respected for their spiritual and cultural wisdom, serving as leaders, teachers, mentors, and healers within their communities *(BCCNM, 2024)*.

Emotional resilience

Back to text

The capacity to adapt, recover, and maintain well-being when facing stress, adversity, or challenging situations by using coping strategies, self-awareness, and support systems *(adapted from Casali, 2025; Lenssen et al., 2025)*.

Environmental factors

Back to text

Available policies, resources and mentors, and mechanisms for effective communication and consultation. Geographical proximity to resources and services are also environmental factors that can affect client care *(NSCN, 2025b)*.

Equitable (equity)

Back to Advocate intro 7.6 7.7

The fair and just allocation of resources, opportunities, and care by recognizing and addressing individual differences and systemic barriers to achieve optimal health outcomes for all *(adapted from WHO, n.d.-a)*.

Evidence-informed

Back to Clinician intro 8.4 9.1 9.5

A nursing practice approach that builds on evidence-based practice by incorporating expert opinion, clinical expertise, patient preference, and other resources alongside research evidence. It applies to all nurses; clinical, educational, research, administrative, or policy roles, through an inclusive, interactive decision-making process that accounts for culture, history, and local context *(adapted from CNA, 2010; LoBiondo-Wood et al., 2022)*.

Fitness to practice

Back to text

Having the necessary physical, psychological, and emotional health to provide safe, compassionate, competent, and ethical nursing care. It emphasizes the nurse's accountability for monitoring and maintaining their own fitness to practice *(NSCN, 2025a)*; consult the regulatory body in your jurisdiction for applicable standards and requirements.

Harm reduction

Back to text

An approach to public health which focuses on reducing the harm associated with risky behaviours. The approach can be applied to substance use, gambling, high-risk sexual activity, and other behaviours that present risk. It recognizes that some people may not be ready, willing, or able to stop the behaviour completely and, therefore, in some cases, finding ways to reduce the harmful effects of the risk on the person, their family, and the community is a more realistic approach *(adopted from RPNRC, 2025, which adapted the definition from the Centre for Addiction and Mental Health, 2024)*.

NOT YET IN EFFECT

Inclusive communication

Back to text

Communication that reflects respect, inclusion, and recognition of the dignity and worth of every person *(adapted from CNA, 2025)*.

Indigenous knowledge (Indigenous ways of knowing)

Back to text

The complex and diverse ways in which Indigenous peoples learn and teach. Learning and teaching is not limited to human interactions; it encompasses all elements that can teach individuals, from flora and fauna to objects in the environment that many consider inanimate *(Office of Indigenous Initiatives, n.d.)*.

Interprofessional (collaboration)

Back to text

The process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/families, and communities to enable optimal health outcomes *(CIHC, 2010)*.

Intraprofessional (collaboration)

Back to text

A relational and respectful process among nursing colleagues, across all nursing designations, that draws on the distinct knowledge, skills, and talents of each to achieve optimal outcomes for clients and the health system *(CNA, 2020)*. In contexts involving unregulated care providers, intraprofessional collaboration extends to understanding how regulated nursing roles interface with and provide direction to unregulated members of the nursing team.

Kinship

Back to text

In Indigenous contexts reflects "*all my relations*" which is a concept that captures the broad way that family and kinship is defined within many Indigenous communities. It recognizes all the generations within a family; Elders, parents, aunties and uncles, children and grandchildren, and the unique roles they each play in supporting well-being. It also recognizes "kin relationships" with all living things and the natural world *(adapted from Raising the Village & Well Living House, 2020)*.

Knowledge keepers (Indigenous)

Back to text

Indigenous individuals, sometimes Elders, who carry and share traditional knowledge and expertise in cultural and spiritual practices *(BCCNM, 2024)*.

Leadership (in nursing)

Back to text

"The art and science of influence, empowerment, and governance to advance a culture of clinical and operational excellence through collaboration, innovation, advocacy, and engagement" *(American Nurses Association, 2024)*. It involves guiding individuals and teams toward shared goals and values in health care settings.

> **Formal leadership** occurs in designated roles with authority (e.g., nurse managers, directors) and accountability for organizational outcomes.
>
> **Informal leadership** is demonstrated by individuals without official titles who influence peers through expertise, trust, and interpersonal skills to improve care and teamwork *(adapted from American Nurses Association, 2024)*.

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Mentoring relationships
Back to text

A voluntary, mutually beneficial relationship in which an experienced nurse (mentor) and a less experienced nurse (mentee) engage in shared reflection, guidance, and support to foster self-awareness, emotional resilience, and professional growth in both individuals *(adapted from Giltenane et al., 2025)*.

Near misses
Back to text

A patient safety incident that did not reach the patient, and therefore no harm resulted *(Healthcare Excellence Canada, n.d.)*.

Nursing diagnosis
Back to text

A clinical judgment, derived from a comprehensive nursing assessment, about a client's actual or potential responses to health conditions or life processes, which provides the basis for selecting nursing interventions and outcomes for which the nurse is accountable *(NANDA International, 2024)*.

Person-centred care
Back to 1.7 1.17

An approach to nursing and health care in which the individual's values, preferences, needs, and life context are respected and responded to, engaging them as an active partner in planning, decision-making, and delivery of holistic, safe, and compassionate care *(adapted from RNAO, 2025)*.

Planetary health
Back to text

A modern, holistic approach to health that expands upon the concept of environmental health by recognizing the deep interdependence between human well-being and the integrity of Earth's natural systems. In nursing, it calls for collaborative, cross-disciplinary action to repair environmental harm, integrate Indigenous knowledge systems, and address global stressors, such as climate change, biodiversity loss, and pollution, to safeguard the health of humans, animals, and ecosystems alike *(adapted from CNA & CANE, 2024)*.

Point-of-care (health service delivery)
Back to text

Refers to nursing/health services delivered directly to clients at the time and location of care, where clinical assessment, decision-making, and interventions occur in real time *(adapted from CASN, 2022; CNO, 2023)*.

Positional power
Back to text

The therapeutic nurse-client relationship is one of unequal power. This results from the clients' dependence on the services provided by nurses due to the nurse's unique knowledge and authority within the health care system, their access to confidential information about clients, and their ability to influence decisions. This power imbalance places clients in a position of vulnerability. Nurses are responsible to recognize the imbalance of power and to be aware of the potential for clients to feel intimidated or dependent *(NSCN, 2019, p. 2)*.

Precision health
Back to text

An approach to health care using individual data, such as genetics, environment, lifestyle, and social factors, to predict, prevent, and personalize interventions for optimal health outcomes *(adapted from CDC, n.d.)*.

NOT YET IN EFFECT

Privilege
Back to text

Unearned power, benefits, advantages, access, and/or opportunities based on membership or perceived membership in a dominant group *(Government of Canada, 2023)*.

Professionalism
Back to text

A commitment to the health and well-being of clients demonstrated through upholding the profession's practice standards and ethics, accountability to the public and the profession, individual leadership, and a dedication to continuing competence, continuing education, and safe, ethical practice in all interactions (adapted from CCPNR, 2019; CCRNR, 2019).

Professional misconduct
Back to text

Conduct by a nurse that fails to meet the standards of practice, code of ethics, or professional integrity expected by the nurse's regulatory body, and that may result in investigation and disciplinary action. Examples include medication errors, breach of client confidentiality, practicing without a licence, and inappropriate communication or social media conduct *(adapted from CNPS, 2023)*.

Professional presence
Back to text

A demonstration of respect, confidence, integrity, optimism, compassion, and empathy in accordance with professional standards, guidelines, and codes of ethics. It includes a registrant's verbal and non-verbal communication and the ability to articulate a positive and professional image, including the use of their name and professional designation *(NSCN, 2024)*.

Quality improvement
Back to 5.3 6.9

A systematic, data-guided approach to improving processes and outcomes in health care by identifying gaps, testing changes, and implementing evidence-based strategies to enhance safety, effectiveness, and patient experience *(Institute for Healthcare Improvement, 2024)*.

Racism
Back to 2.22 7.6

A systemic and ideological construct that assigns social and biological meaning to race, reinforcing hierarchical differences and justifying unequal treatment. In nursing, racism manifests through the continued use of race in clinical decision-making, the normalization of biased assumptions, and the profession's reluctance to confront its historical and structural role in perpetuating health inequities *(adapted from Kimani, 2023)*.

Shared decision-making
Back to text

A process in which health professionals and patients work together to make decisions, using the best available evidence and considering the patient's values and preferences *(Canada Research Chair in Shared Decision-Making and Knowledge Translation, n.d.)*. It emphasizes a collaborative process between patients and providers that honours patients' autonomy.

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Sustainable practices

Back to text

Sustainable practices are strategies and actions that minimize negative impacts on the environment, promote social responsibility, and ensure economic viability *(Sustainability Awards, 2025)*. Environmentally responsible nursing actions that reduce the environmental footprint of health care systems, such as proper waste management, resource conservation, and energy efficiency.

Systemic barriers

Back to text

A barrier embedded in the social or administrative structures of an organization, including the physical accessibility of an organization, organizational policies, practices, and decision-making processes, or the culture of an organization *(Government of Canada, 2023)*.

Systemic inequities

Back to 2.21 6.2 7.8

Unjust, avoidable, and remediable differences in health outcomes and access to care that arise from institutional policies, social structures, and power imbalances embedded within the health care system *(Velasco & Reed, 2023)*.

Team dynamics

Back to text

Team dynamics refer to the relational and behavioural processes, such as role clarity, mutual trust, communication, and collaboration, that influence how effectively team members work together to deliver safe, coordinated care *(adapted from CIHC, 2024)*.

Transfer of care responsibility

Back to text

Refers to the formal transfer of information, responsibility, and accountability from one provider or team to another during a care transition *(adapted from CLPNM, 2022)*.

Trauma- and violence-informed

Back to 1.16 7.5

An approach to care grounded in four principles (1) understanding trauma and violence, especially structural violence, its prevalence and its impacts on peoples' lives and behaviours; (2) creating emotionally, culturally, and physically safe environments for people who access and provide services; (3) fostering opportunities for choice, collaboration, and connection; and (4) providing strengths-based and capacity-building ways to support people who access services *(EQUIP Health Care, n.d.)*.

Worldviews

Back to text

Fundamental sets of beliefs, values, and assumptions that shape how individuals and communities perceive and interact with the world, including concepts of health, illness, and well-being. In nursing, respecting diverse worldviews is essential to providing culturally safe, equitable, and inclusive care. Nurses must recognize that health experiences and expectations are shaped by cultural, spiritual, historical, and social contexts *(adapted from CASN & CINA, 2024)*.

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