Canadian Council of CCRNr Registered Nurse Regulators

Entry-Level Competencies

2026

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

BCCN&M British Columbia College of Nurses & Midwives

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

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FOREWORD

Registered nurses (RNs) are essential to the delivery of safe, competent, equitable, compassionate, ethical, and evidence-informed care in Canada. RNs complete an approved baccalaureate degree in nursing and provide nursing care throughout the lifespan and 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 RN is one at the point of initial registration or licensure. Entry-level RNs 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 of Registered Nurse Regulators (CCRNR) is the federation of provincial and territorial regulatory bodies that regulate the practice of RNs in Canada. CCRNR member regulators share the same mandate: protect the public by regulating Registered Nurses and Nurse Practitioners in accordance with government legislation.

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

Although the competencies are written for entry level, they are foundational to RNs 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 RNs, educators, employers, regulators, Indigenous partners, equity-deserving communities, and members of the public, and a national validation survey.

The CCRNR 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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OVERARCHING PRINCIPLES

The following principles apply to the ELCs and the practice of RNs. The entry-level RN:

1. Is a novice practitioner.
2. Practices within the RN scope of practice and seeks guidance when encountering situations beyond their current skills and ability.
3. Holds the requisite skills and abilities to attain and demonstrate the competencies in this document.
4. Is prepared as a generalist to practise 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,
    d. across diverse practice settings throughout Canada,
    e. using evidence-informed practice.
5. Has a strong foundation in nursing theory, concepts, and knowledge; health, social, and behavioural sciences; humanities; research; and ethics from their approved baccalaureate nursing education program.
6. Practises autonomously in accordance with legislation, standards, ethics, and scope of practice in their jurisdiction.
7. Applies critical thinking, clinical reasoning, and reflective practice throughout all aspects of nursing care.
8. Holds competencies that are transferable across all areas of professional responsibility.
9. Is an active participant in health promotion, illness prevention, and harm reduction.
10. Practises in ways that affirm cultural humility, cultural safety, anti-racism, equity, diversity, and inclusion, and applies the principles of trauma- and violence-informed care across all client interactions.

ELCs are used for multiple purposes, including:

- Approval and recognition of baccalaureate nursing education programs
- Assessment of internationally educated applicants
- Assessment of applicants seeking re-entry to practice
- Input into the content and scope of entry-to-practice examination items
- Practice advice and guidance for RNs and employers
- Regulatory reference
- Public awareness of the practice expectations of RNs at entry level.

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ROLE-BASED FRAMEWORK

The ELCs are organized into nine roles using a role-based framework that represents the multiple roles RNs assume when providing care in any practice setting. These roles are:[1]



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

The order the roles are presented 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.

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

ENTRY-LEVEL COMPETENCIES FOR RNs

1. Clinician

RNs are clinicians who provide safe, competent, compassionate, ethical, and **evidence-informed** care throughout the lifespan and in diverse practice settings, in response to **client** needs. They integrate knowledge, skill, judgment, and professional and ethical values from nursing and other sources into their practice.

1.1 Provides safe, ethical, competent, compassionate, **person-centred**, and **evidence-informed** nursing care throughout the lifespan in response to **client** needs.

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

1.3 Integrates principles of **trauma- and violence-informed** care which places priority on trauma survivors' safety, choice, and control.

1.4 Analyzes and interprets clinical data and assessments to make **evidence-informed** decisions that address **client** health needs.

1.5 Develops plans of care using critical thinking that incorporates professional judgment and reasoned decision-making.

1.6 Evaluates effectiveness of plan of care and modifies accordingly based on **client** needs, preferences, and outcomes.

1.7 Anticipates health risks and unintended outcomes and applies mitigation strategies to support safe care.

1.8 Identifies when **client** safety is compromised and intervenes promptly to prevent harm.

1.9 Recognizes signs of **client** deterioration and initiates appropriate escalation to ensure timely intervention.

1.10 Prepares **clients** for and performs procedures, treatments, and follow-up care.

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

1.12 Implements **evidence-informed** practices of pain prevention, manages **clients'** pain, and provides comfort through pharmacological and non-pharmacological interventions.

1.13 Implements therapeutic nursing interventions that contribute to the care and needs of the **client**.

1.14 Provides nursing care to meet palliative and end-of-life care needs.

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

1.16 Incorporates principles of **harm reduction** with respect to substance use into plans of care.

1.17 Incorporates knowledge of epidemiological principles into plans of care.

1.18 Provides recovery-oriented nursing care in partnership with **clients** who experience mental health and/or substance use challenges.

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

1.20 Applies clinical reasoning and crisis intervention strategies to recognize and respond to suicide risk, crisis situations, and mental health emergencies.

1.21 Incorporates knowledge from the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, **genetics**, immunology, and nutrition.

1.22 Incorporates knowledge from nursing science, social sciences, humanities, and health-related research, including **genetic research** and **genomics**, to provide **evidence-informed** care and support **precision health**.

1.23 Examines the impact of **evidence-informed** nursing practice on **client** health outcomes.

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

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

1.26 Implements **evidence-informed** infection prevention and control practices.

1.27 Applies **evidence-informed** strategies in the planning and delivery of person-centred **virtual care**.

1.28 Demonstrates an understanding of the principles of prescribing and supporting **clients** in informed decision-making about pharmacological and non-pharmacological interventions, including applicable authorization requirements, legislation, regulations, standards of practice, and organizational policies where RN prescribing is permitted.

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2. Professional

RNs are professionals who are committed to the health and well-being of **clients**. RNs adhere to the profession's standards of practice, uphold ethical obligations, 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 Demonstrates **professionalism** and a **professional presence** in all interactions.

2.3 Applies professional judgment when following organizational policies and procedures.

2.4 Recognizes, advocates, and seeks support when organizational policies or procedures are absent, unclear, or inconsistent with legislation, standards of practice, or **client** needs.

2.5 Maintains **client** privacy, confidentiality, and security by complying with legislation, practice standards, ethics, and organizational policies.

2.6 Identifies the influence of personal values, beliefs, and **positional power** on **clients** and the health care team to promote **equity**.

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

2.8 Identifies and addresses **bias**, discrimination, **racism**, and oppression in care and collaboration to promote **equity**.

2.9 Establishes and maintains professional boundaries in all interactions.

2.10 Identifies and addresses ethical and moral issues, including those related to **precision health**, data privacy, and informed consent, using ethical reasoning and seeking support when needed.

2.11 Demonstrates professional judgment to ensure social media and **digital health technologies** are used in a way that maintains public trust in the profession.

2.12 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.

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

2.14 Recognizes, acts on, and reports harmful incidences, **near misses**, and no-harm incidences.

2.15 Adheres to professional, regulatory, and organizational duty to report obligations to support public protection.[2]

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

2.17 Applies mandatory reporting legislation related to **client** safety and public protection.[2]

2.18 Implements strategies to mitigate physical, emotional, and psychological safety risks in the workplace, including reporting in accordance with organizational policies, professional standards, and legislative requirements to protect self and others.

3. Communicator

RNs are communicators who use a variety of strategies and relevant technologies to create and maintain professional relationships, share information, and influence therapeutic environments.

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

3.2 Engages in active listening to understand and respond to the **client's** experience, preferences, and health goals.

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

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

3.5 Applies **relational practice** skills to adapt communication in order to establish and sustain therapeutic relationships and continuity of care.

3.6 Demonstrates ethical and appropriate use of **digital health technologies** to support communication, professional and therapeutic relationships, and **person-centred care**.

3.7 Demonstrates effective communication in complex, rapidly changing situations to enhance clarity, collaboration, and safe **client** care.

3.8 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.

2 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.

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4. Collaborator

RNs are collaborators who play an integral role in the health care team partnership.

- 4.1 Demonstrates collaborative professional relationships that support effective communication, **shared decision-making**, and quality nursing practice.
- 4.2 Initiates collaboration to support care planning and safe, continuous transitions across settings.
- 4.3 Articulates own scope of practice and role and respects the role and scope of practice of others to support health care team collaboration.
- 4.4 Applies knowledge of the roles of regulated and unregulated care providers to strengthen **inter-** and **intraprofessional** collaboration.
- 4.5 Contributes to health care team functioning by applying group communication theory, principles, and group process skills to support high-performing **team dynamics**.
- 4.6 Collaborates in the analysis, development, implementation, and evaluation of practice and policy.

5. Coordinator

RNs are coordinators who organize **point-of-care** health service delivery with **clients**, the **interprofessional** team, and partners across settings to ensure continuous and safe care.

- 5.1 Consults with **clients** and health care team members to make ongoing adjustments required by changes in the availability of services or **client** health status.
- 5.2 Monitors **client** care to help ensure needed services happen at the right time and in the correct sequence.
- 5.3 Organizes workload, assigns and coordinates nursing care, sets priorities, and demonstrates effective time management skills.
- 5.4 Demonstrates knowledge of the **delegation** and **assignment of care** process.
- 5.5 Participates in decision-making to manage **client** transfers within health care facilities.
- 5.6 Partners with **clients** and others to navigate health and **social systems**, adapting support to individual needs and contexts.
- 5.7 Coordinates **client** transitions and discharge to support continuity of care and **client** well-being.
- 5.8 Participates in coordinating **disaster/emergency preparedness** and **disaster management** activities to support **client** safety and continuity of care.
- 5.9 Applies knowledge of health risks of **climate-related events and disasters** in care planning to promote continuity of care, safety, and well-being.

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6. Leader

RNs are leaders who influence and inspire others to achieve optimal health outcomes for all.

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

6.2 Applies knowledge of **Indigenous health systems**, healing practices, and evolving reconciliation, **equity**, and Indigenous rights frameworks to support **culturally safe** and collaborative quality nursing practice.

6.3 Integrates continuous **quality improvement** principles and activities, and risk management into nursing practice.

6.4 Applies **person-centred care** models to support quality care and **client** outcomes.

6.5 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.

6.6 Recognizes the impact of organizational culture and acts to enhance the quality of a professional and safe practice environment.

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

6.8 Implements **culturally safe**, anti-racist, and **trauma- and violence-informed** practices that support **person-centred care**.

6.9 Uses and allocates resources responsibly to deliver safe care and support long-term health system sustainability.

6.10 Provides constructive feedback to promote professional growth of other members of the health care team.

6.11 Demonstrates knowledge of the health care system and its impact on **client** care and professional practice.

6.12 Adapts practice to meet **client** care needs within a continually changing health care system.

6.13 Applies **change management strategies** to support system-level improvements.

6.14 Demonstrates accountability, initiative, and adaptability to contribute to positive team practices recognizing **leadership (in nursing)** as a shared responsibility regardless of formal authority.

6.15 Implements **harm reduction** strategies and contributes to team or system-based efforts that promote mental health and reduce stigma.

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

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

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7. Advocate

RNs are advocates who support persons to voice their needs in achieving optimal health outcomes and represent the needs of those unable to advocate for themselves.

7.1 Identifies situations where safety is compromised or at risk and takes appropriate action.

7.2 Recognizes the limits of one's own competence and capacity, and manages stress reactions that may affect clinical judgment, performance, or **client** care.

7.3 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.

7.4 Advocates for health **equity** for all persons, with particular attention to those experiencing health or social inequities.

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

7.6 Promotes persons' rights and equitable access to safe, competent, compassionate, ethical, and **evidence-informed** care, aligned with legislation and regulatory requirements and professional obligations.

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

7.8 Supports policy and health system-level changes that promote **social justice**, health **equity**, and the well-being of **equity-deserving** and **structurally disadvantaged** populations.

7.9 Facilitates person-centred collaboration with **clients**, families, or caregivers, including when **clients** cannot actively participate in their own care.

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

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

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

7.13 Applies knowledge of population health, **determinants of health**, and primary health care, including **precision health**, to promote health **equity** and **personalized health care**.

7.14 Uses knowledge of health disparities and inequities to optimize health outcomes for all persons.

7.15 Advocates for equitable access to mental health resources and inclusive quality nursing practice environments.

7.16 Demonstrates understanding of how healthy public policy, **sustainability principles**, and **planetary health** approaches contribute to **social justice** and population health.

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8. Educator

RNs are educators who identify learning needs with **clients** and apply a broad range of educational strategies towards achieving optimal health outcomes.

8.1 Develops an education plan with the **client** and team to address **client** learning needs.

8.2 Implements strategies to strengthen **client** health literacy for informed decisions and outcomes.

8.3 Selects, develops, and uses relevant teaching and learning strategies to address diverse **client** needs and contexts.

8.4 Evaluates **client** understanding and the effectiveness of health education and revises the plan to support **client** learning needs and outcomes.

8.5 Supports **clients** in finding and recognizing trustworthy sources, and in understanding and using health information through **digital tools**.

9. Scholar

RNs demonstrate a lifelong commitment to excellence in practice through critical inquiry, continuous learning, application of evidence to practice, and support of research activities.

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

9.2 Integrates knowledge from **evidence-informed** sources into safe, effective nursing practice.

9.3 Engages in self-reflection and continuous learning, and seeks feedback to maintain competence, practice with **cultural humility**, and contribute to a **culturally safe** environment.

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

9.5 Analyzes emerging technologies and evidence, such as **artificial intelligence** and **data-driven tools** to improve health care delivery and decision-making.

9.6 Uses knowledge of digital innovation, **data-informed approaches**, and global health to adapt practice, improve outcomes, and promote equitable, future-ready practice.

9.7 Supports research activities and develops research skills to contribute to **evidence-informed** nursing practice.

9.8 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, 2025, Glossary)*.

Assignment of care

Back to text

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 text

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)*.

Change management strategies

Back to text

Planned or emergent approaches to guide individuals and teams through transitions, using models that address both the technical and human aspects of change *(Beavis & Woodend, 2022)*.

Client

Back to
1. Clinician 2. Professional
3. Communicator 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)*.

NOT YET IN EFFECT

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)*.

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)*.

Culturally Safe (cultural safety)

Back to 6.2 6.8 9.3

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)*.

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Data-driven tools
Back to text

Technologies and systems that use health data analytics, artificial intelligence (AI), and clinical decision support to inform care decisions, improve outcomes, and optimize health care delivery. These tools help nurses interpret patient data, identify trends, and personalize care in real time, supporting evidence-informed practice across diverse settings *(adapted from RNAO, 2024)*.

Data-informed approaches
Back to text

The use of reliable health data to inform clinical decisions, care planning, and system improvement *(CIHI, n.d.)*.

Delegation
Back to text

The transfer of responsibility for a nursing task from a licensed nurse to a competent delegate while the nurse retains accountability for the outcome *(NCSBN, 2016; NCSBN & ANA, 2019)*.

Determinants of health
Back to text

The range of personal, social, economic, and environmental factors that influence an individual's health status, including income, education, genetics, access to care, and living conditions *(adapted from WHO, 2024)*.

Digital health technologies
Back to 2.11 3.6 3.8

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.; Canadian Nurses Association [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)*.

Digital tools
Back to text

Software platforms, applications, and technologies that support health care delivery, documentation, communication, and clinical decision-making. These include electronic health records (EHRs), virtual care systems, mobile health apps, and clinical decision support tools. Digital tools enhance access to health information, improve care coordination, and support evidence-informed practice in digitally enabled environments *(adapted from CNA, CNIA & Canada Health Infoway, 2020)*.

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)*.

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Disaster/emergency preparedness
Back to text

An 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.

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, 2025, Glossary)*.

Equity
Back to 2.6 2.8 6.2 7.4 7.8 7.13

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.)*.

Equity-deserving
Back to text

Group of people who, due to systematic discrimination, face barriers that prevent them from having the same access to resources and opportunities available to other members of society *(York University, n.d.)*.

Evidence-informed
Back to 1. Clinician 7.6 9. Scholar

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 in clinical, educational, research, administrative, or policy roles, through an inclusive, interactive decision-making process that accounts for culture, history, and local context *(adapted from 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, 2025)*; consult the regulatory body in your jurisdiction for applicable standards and requirements.

NOT YET IN EFFECT

Genetic research
Back to text

Studies individual genes, their inheritance, and their role in disease phenotypes *(Limoges et al., 2025)*. Active inquiry and knowledge generation related to genetics, which nurses are expected to apply, use, and translate to improve practice and stay current with emerging gene discoveries and guidelines.

Genetics
Back to text

The branch of biology concerned with the study of inheritance, including the interplay of genes, DNA variation, and their interactions with environmental factors *(NHGRI, 2025)*.

Genomics
Back to text

The structure, function, mapping, and study of an organism's entire set of genes (genome) and their interactions, including how they influence health, disease, and treatment responses *(adapted from WHO, n.d.)*.
In nursing practice, it means using knowledge of genetics and gene-environment interactions to support personalized care, screening, risk assessment, and treatment decisions (e.g., medication selection and lifestyle interventions) *(adapted from Calzone et al., 2025)*.

Harm reduction
Back to 1.16 6.15

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)*.

Indigenous health systems
Back to text

Community-led approaches to wellness rooted in Indigenous knowledge, cultural practices, and holistic care, guided by Elders and Knowledge Keepers, and emphasizing balance across physical, emotional, mental, and spiritual health *(adapted from NCCIH, 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)*.

NOT YET IN EFFECT

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." 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)*.

Mentoring relationships
Back to text

A formal or informal, developmental relationship between a more experienced individual and a less experienced colleague, that provides professional and psychosocial support. Mentoring relationships contribute to the mentee's confidence, competence, and professional development, while also supporting resilience and well-being for both mentor and mentee *(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.)*.

NOT YET IN EFFECT

Person-centred care
Back to 1.1 1.19 3.6 6.4 6.8

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)*.

Personalized health care
Back to text

An approach to nursing that is responsive to the specific needs, preferences, and values of individuals and their communities. Personalized care affirms the importance of relational practice and shared decision-making, ensuring that care is respectful, culturally safe, and evidence-informed. It reflects a commitment to person-centred and equity-oriented care, as emphasized in Canadian nursing scholarship and practice guidelines *(adapted from RNAO, 2025 & Schmalz et al., 2022)*.

Planetary health
Back to 7.5 7.16

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

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 1.22 2.10 7.13

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.)*.

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)*.

NOT YET IN EFFECT

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 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 text

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 text

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)*.

Relational practice

Back to text

A way of practicing that focuses on understanding persons, situations, and contexts as relationally constituted, and engaging with others through thoughtful, reflexive, and responsive action grounded in mutual respect and ethical responsibility *(adapted from Doane & Varcoe, 2015)*.

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.

Social justice

Back to 7.8 7.16

The ethical responsibility to promote fairness, equity, and inclusion in health care and society. Nurses apply knowledge of the social determinants of health to recognize and address systemic inequities, advocate for the rights of all individuals, and support culturally safe, anti-oppressive care environments *(CNA Code of Ethics, 2025)*.

Social systems

Back to text

Complex adaptive systems made up of interdependent components, such as organizations, policies, and structures (e.g., legal, economic, housing, health care), that shape individual and population health outcomes. Nurses require systems thinking to understand and navigate these structures effectively *(adapted from McCoy & Allotey, 2021)*.

NOT YET IN EFFECT

Structurally disadvantaged (populations)

Back to text

Groups facing systemic barriers from social structures, resulting in poorer health outcomes and reduced access to care *(adapted from Canadian Public Health Association, n.d.)*.

Sustainability principles

Back to text

Guiding values in nursing and health care that emphasize the interconnection between human health, environmental systems, and social equity. In Canada, these principles align with national nursing frameworks and global health goals, encouraging nurses to integrate environmental stewardship, climate action, and health equity into practice, education, and policy. They reflect commitments to the UN Sustainable Development Goals and the Truth and Reconciliation Commission's Calls to Action *(adapted from TRC, 2015; Calls to Action 22-24; UN Sustainable Development Goals, n.d.; CNA, 2025)*.

Sustainable practices

Back to text

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 inequities

Back to 2.7 6.5

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 4.5 6.5

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)*.

Trauma- and violence-informed

Back to 1.3 6.8

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.)*.

Virtual care

Back to text

The delivery of health services remotely using digital technologies, such as video conferencing, secure messaging, and mobile apps, to connect patients and providers for assessment, diagnosis, treatment, and follow-up without requiring in-person visits *(adapted from CNO, 2025)*.

NOT YET IN EFFECT

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