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Adapted from

Mapping Competencies: LPN; RN; RPN
on behalf of:
Calgary Health Region
As part of their:
Systematic Approach to Maximizing Nursing Scopes of Practice Research Project, April, 2005

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1.0 Project Aim

Using competency and practice frameworks provided to the consultant, determine areas of commonalities and uniqueness in the practice of Licensed Practice Nurses (LPN) Registered Nurses (RN), and Registered Psychiatric Nurses (RPN).

2.0 Objectives

- Review literature provided by the Project Manager and determine whether an objective assessment can be made of commonalities and differences in identified knowledge and competencies for each professional nursing group (RN, RPN & LPN).
- Synthesize information to establish any commonalities and unique features pertaining to the three professional groups.
- Write a report that establishes the similarities using the mapping process and offer a discussion section with recommendations.
3.0 Methodology

Process

- Read and synthesized information relating to competence from documents provided by the Project Manager.
- Rational choices made to categorize defined competencies under the following headings: *Professional Practice; Clinical Practice; Management; Facilitation of Learning, Teaching; Communication*
- Developed a table of common competencies and a separate table to illustrate the scope of professional nursing practice.
- Attempted to identify unique competencies for LPNs, RNs, and RPNs.

4.0 Mapped Competencies for LPNs, RPNs and RNs

- Each competence determined by the professional regulatory bodies for LPNs, RNs and RPNs has been recorded using tables that provide frameworks to assist in the mapping process. In addition, given that each regulatory body has adopted different approaches, use of language and interpretation, competence information was categorized into broad thematic headings (e.g. professionalism, clinical practice, management of care, facilitation of learning and research, while still adhering to the integrity of the competence as written by each regulatory body (Table 1).
  - Some competence statements relate to more than one heading; therefore statements may appear under different thematic headings so as to capture the competence relationships among all three professional groups.
  - Upon completion of the task, it became clear that the LPN (CLPNA, 2003) and RPN (RPNAS, 2003) competency frameworks were significantly more detailed than those of AARN (2003). However, it was noted that the Canadian Registered Nurses Examination (CRNE, 2005) listed 194 competencies that can be examined as part of the process to ensure that the RN is ‘fit to practice.” Therefore, a second table was compiled that compares these competencies with the other two professional groups (Table 2). In addition, two standards of practice tables were compiled, one including the standards of the AARN (2003) in Table 3 and the other
replacing the AARN standards (2003) for those of the SRNA (1999) in Table 4.

- One all avenues to assist in the mapping process were exhausted, an attempt was made to objectively identify commonalities and unique properties evidenced within the various competency statements. The following tables result from this process of analysis.
### Table 1. Main Commonalities & Uniqueness

|--------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| **Professional Practice** | • W-5 Accountability  
• W-2 Scope of practice  
• W-3 Standards of practice  
• W-9 Continuing competence and professional development | • 1.1 Accountability  
• 1.2 Scope of practice  
• 1.2 Nursing Practice Standards  
• 1.4 Continuing competence  
➤ 4.3 Exercises accountability for decisions which are delegated to others | • R-2 Professional issues  
• R-3 Standards of practice  
➤ R-1 Knowledge and application of deliberate self-care |
| **Ethical/Legal Practice** | • W-4-1 Code of Ethics  
• W-4-2 Own values, beliefs, assumptions  
• W-7 Professional boundaries  
• W-6 Confidentiality  
• W-4-5 Advocacy | • 1.2 Code of Ethics  
• 3.1 Own values, beliefs, assumptions  
• 3.6 Professional boundaries  
• 3.3 Confidentiality  
• 3.4 Advocacy | • Q. Principles of consent  
• Q. Confidentiality  
• R-4 Professional ethics  
• K-4 Advocacy |
| **Cultural Awareness** | ➤ Not explicitly stated | • 3.2 Demonstrate sensitivity to client diversity in nursing practice | • S. Cultural Awareness and Cultural Safety in Psychiatric Nursing |
| **Communication** | • D-1 Appropriate communication techniques  
➤ D-6 Accept, transcribe, and initiate orders  
➤ D-2 Establish effective therapeutic nurse-client relationship | • 4.2 Communication with clients & team members | • A-1 Interpersonal communication skills  
➤ A-2 Self in the therapeutic process, characteristics of the therapeutic relationship |
| **Team work/ Collaboration/ Interdisciplinary** | • D-3 Function as an effective team member | • 4.1 Collaborates as a member of an interdiscipli... | • O-1 Models and functions of teams  
• O-2 Contribute to positive team functioning |
| **Documentation** | • D-5 Legal protocols, Documenting, and Reporting | • 2.9 Maintains clear, concise, accurate, and timely records of client’s care | • D-4 Documentation and Recording |

- Commonalities
- Uniqueness
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Nursing Knowledge</td>
<td>• A. Nursing Knowledge A-1 anatomy and physiology A-2 microbiology A-3 pathophysiology A-4 medical terminology A-5 growth &amp; development A-6 nutrition A-7 pharmacology A-8 nursing science A-9 communication</td>
<td>➢ Not explicitly stated</td>
<td>• B. Knowledge of Biological Systems B-1 anatomy &amp; physiology B-2 microbiology B-3 pathophysiology B-4 nutrition ➢ C. Knowledge of Human Growth and Development C-1 Prenatal and genetic influences on development C-2 Developmental theories ➢ E. Knowledge of Disorders of Mental Health and Development ➢ F. Knowledge of Social and Family Systems</td>
</tr>
<tr>
<td>Nursing Process: Assessment</td>
<td>• B-1-3 &amp; B-1-4 Data collection • B-1-5 Physical assessment • B-1-6 Vital signs and other assessments ➢ B-2-1 Demonstrate ability to apply critical thinking and critical judgment in the health assessment (Noted throughout the nursing process)</td>
<td>• 2.1 Data collection ➢ 2.3 Anticipates Possible health problems or issues and their resultant consequences for clients ➢ 2.4 Provides rationale for proposed client care ➢ 2.8 Uses information and other technology to support nursing practice</td>
<td>• G-5 Physical assessment ➢ G-3 Psychiatric nursing assessment skills ➢ G-4 Mental status examination ➢ G-6 Psychiatric nursing diagnosis</td>
</tr>
<tr>
<td>Nursing Process: Planning</td>
<td>• B-2 Demonstrate planning skills</td>
<td>• 2.2 Collaborates with client and other health team members to develop a plan of care</td>
<td>• H. Psychiatric Nursing Planning H-1 Knowledge and ability to complete the planning phase of the nursing process</td>
</tr>
<tr>
<td>Nursing Process: Implementation</td>
<td>➢ General: B-3 Demonstrate implementing skills E. Nursing Practice E-2 Clinical judgment &amp; decision making E-3 CPR and code procedure</td>
<td>➢ General statements: 2.3 Applies critical thinking skills in all practice activities 2.6 Selects and implements nursing interventions (see ICNP ®) that</td>
<td>➢ General &amp; Psychiatric focus: D. Knowledge of Fundamental Skills of Psychiatric Nursing Practice D-2 General Procedures D-2-1 Knowledge of activities of daily living</td>
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<tr>
<td>E-5</td>
<td>Nursing diagnosis</td>
<td>support the plan of care mutually established with the client and other health team members</td>
<td>D-2-2 monitoring of vital signs</td>
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<tr>
<td>E-7</td>
<td>provide activities of daily living</td>
<td></td>
<td>D-2-3 positioning and mobility</td>
</tr>
<tr>
<td>E-8</td>
<td>assist with client mobility needs</td>
<td></td>
<td>D-2-4 sterile techniques</td>
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<tr>
<td>E-9</td>
<td>manage client nutrition/hydration</td>
<td></td>
<td>D-2-5 perform treatments and procedures</td>
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<td>E-10</td>
<td>assess and manage client elimination</td>
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<td>E-11</td>
<td>medical/surgical asepsis</td>
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<td>E-12</td>
<td>Peritoneal dialysis</td>
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<td>E-13</td>
<td>Foot care</td>
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<td>E-14</td>
<td>Wound care</td>
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<td>E-15</td>
<td>perform specimen collection and testing</td>
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<td>E-16</td>
<td>resource utilization</td>
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<td>E-17</td>
<td>perform post mortem care</td>
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<tr>
<td>F</td>
<td>Respiratory Care</td>
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<td>G</td>
<td>Surgical Nursing</td>
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<td>H</td>
<td>Orthopedic Nursing</td>
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<td>I</td>
<td>Neurological/neurovascular Nursing</td>
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<td>J</td>
<td>Cardiovascular Nursing</td>
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<td>K</td>
<td>Maternal/Newborn Care</td>
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<td>L</td>
<td>Pediatrics</td>
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<td>M</td>
<td>Mental Health Nursing</td>
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<td>N</td>
<td>Emergency Nursing</td>
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<td>O</td>
<td>Gerontology Nursing</td>
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<td>P</td>
<td>Palliative Care</td>
<td></td>
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<td>Q</td>
<td>Rehabilitation Nursing</td>
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<td>R</td>
<td>Community Health</td>
<td></td>
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<tr>
<td>S</td>
<td>Clinic Based Nursing</td>
<td></td>
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<tr>
<td>V</td>
<td>Infusion Therapy</td>
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<tr>
<td>Advanced Specialties: Orthopedic, Perioperative, Dialysis, Neonatal Resuscitation, Foot care, Phlebotomy Techniques, Ophthalmology, Immunization Specialty</td>
<td></td>
<td>L. Clinical Focus</td>
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<tr>
<td></td>
<td>I-2. Safety/Emergency Interventions</td>
<td>(respond to emergencies; aggressive behavior, abuse, therapeutic use of restraints respond to psychiatric emergencies)</td>
<td>(Psychiatric nursing in addictions, acute, rehab, children/adolescents, community, elderly, emergency/crisis, forensic, independent practice, brain injuries, developmental disabilities)</td>
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<td></td>
<td>I-4. Fundamental Skill Implementation</td>
<td></td>
<td>M. Mental Health Promotions</td>
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<td></td>
<td>I-5 Treatment Modalities (ECT, etc.)</td>
<td></td>
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<tr>
<td>Nursing Process:</td>
<td>• B-4 Demonstrate evaluation skills</td>
<td>• 2.7 After evaluation, modifies plan of</td>
<td>• J. Psychiatric Nursing Evaluation</td>
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- **Commonalities**
- **Uniqueness**
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<tr>
<td>Evaluation</td>
<td>care in collaboration with client and other health team members</td>
<td>Not explicitly stated</td>
<td>Not explicitly stated</td>
</tr>
<tr>
<td>Admission/Discharge</td>
<td>• E-4 &amp; E-6 Admission, transfer, discharge, referral</td>
<td>• I-3-1 &amp; I-1-4 Admission/discharge</td>
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</tbody>
</table>
| Teaching Clients | • D-4 Demonstrate ability to teach the client and family  
➢ R-7 Health Teaching (Community)  
➢ S-5 Support and Teaching (Clinic-based) | • A-4 Knowledge and application of teaching skills | |
| Medication Administration | • U. Medication Administration | Not explicitly stated | • D-1 Medication Administration |
| Safety | • C-6 Standard precautions  
• C-13 Safe work practices  
• C-7 Infection control, etc.  
➢ Occupational Health & Safety | • 3.7 Recognizes and reports situations which are Possibly unsafe for clients or health team members | • D-3-1 Standard precautions  
• D-3-2 Safe work practices  
• D-3-3 Infection control, etc. |
| MANAGING CARE | |
| Administration | • D-7 Conflict management  
• X-3 Understand organizational structure  
• X-4 Risk management | • 4.5 Understand organizational structure  
• 1.6 risk management  
➢ 2.11 Provides direction and delegates to LPNs and UCPs, and evaluates clients’ responses to care provided by LPNs and UCPs | Psychiatric Nursing Management and Administration  
➢ Much more detailed: change process, performance reviews, lead meetings, disciplinary actions, etc.  
➢ O-12 Labor legislation, standards, and union contracts  
➢ O-17 Manage fiscal resources effectively  
➢ O-18 Understanding of HR management |
| LEADERSHIP | X. LPN Leadership Role | 2.11 Provides direction and delegates to LPNs and UCPs, and evaluates clients’ responses to care provided by LPNs and UCPs | • K-5 Knowledge and application of effective leadership practices |
| FACILITATION OF LEARNING | |
| • Commonalities | ➢ Uniqueness | |
|------------------|----------------------------------------|--------------------------------------------------|--------------------------------------------------|
| **Educator Role** | • EE. Licensed Practice Nurse Educator Role | ➢ Not explicitly stated | N. Psychiatric Nursing Education ➢ Detailed and “wordy” |
| **Mentoring**    | X-7 Demonstrate mentoring skills
   • X-7-1 Professional obligation to share knowledge, skills, and expertise with junior colleagues & colleagues
   • X-7-3 Teach and mentor fellow LPNs, students, and others
   ➢ X-7-4 Serve as preceptor and provide mentorship to students
   ➢ X-7-5 Professional responsibility when supervising students | ➢ 2.11 Provides direction and delegates to LPNs and UCPs, and evaluates clients’ responses to care provided by LPNs and UCPs | • O-3 Demonstrate knowledge and ability to mentor actively
• O-4 Demonstrate knowledge and ability to establish a mentoring plan |
| **RESEARCH**     | • W-11 Nursing and clinical research | ➢ “assumed role” (stated in practice standards) | • P. Psychiatric Nursing Research ➢ Also very detailed and “wordy” |

- Commonalities
- Uniqueness
### Table 2. “Possible Uniqueness” for LPNs

- Competencies organized into “Basic”, “Additional”, and “Specialty”

- General nursing practice:

<table>
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<tr>
<th>F. Nursing Practice</th>
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<tbody>
<tr>
<td>E-2 Clinical judgment &amp; decision making</td>
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<tr>
<td>E-3 CPR and code procedure</td>
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<tr>
<td>E-5 Nursing diagnosis</td>
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<tr>
<td>E-7 provide activities of daily living</td>
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<tr>
<td>E-8 assist with client mobility needs</td>
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<td>E-9 manage client nutrition/hydration</td>
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<td>E-16 resource utilization</td>
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<tr>
<td>E-17 perform post mortem care</td>
</tr>
</tbody>
</table>

- Competencies described under each practice areas: Respiratory, Surgical, Orthopedic, Neurological/neurovascular, Cardiovascular, Maternal/Newborn Care, Pediatrics, Mental Health, Emergency, Gerontology, Palliative, Rehabilitation, Community Health, Clinic Based Nursing

### V. Infusion Therapy

- Advanced Specialties: Orthopedic, Perioperative, Dialysis, Neonatal Resuscitation, Foot care, Phlebotomy Techniques, Ophthalmology, Immunization Specialty
Table 3. “Possible Uniqueness” for RNs (CRNE)

- “Evidence-based practice” mentioned more explicitly in CRNE.

- **Professional Practice**
  PP-14 Exercises professional judgment in the absence of agency procedures, protocols, or position statements

- **Nurse-Person Relationship: Element of empowerment, trust, collaboratively identified health goals.**
  NPR-11 Promotes the person's positive self-concept
  NPR-12 Respects the person's choice to use alternative or complementary therapies
  NPR-13 Explores with the person ways that health practices can be accommodated or modified
  NPR-14 Explores with the person the existing resources throughout the process of care and assists with accessing needed resources
  NPR-15 Collaborates with the person in planning and evaluating care
  NPR-16 Facilitates the person's participation in all aspects of care
  NPR-18 Supports the informed choice of the person in making decisions about care
  NPR-19 Selects interventions that are consistent with the person's identified concerns and priorities

- **Nursing Practice: Health & Wellness: Health promotion, illness & injury prevention, implementation of community & societal approaches.** (HW 1-46) For example,
  HW-7 Assists the person in understanding the link between health promotion strategies & health outcomes
  HW-10 Collaborates with the person to promote a healthy environment
  HW-12 Employs culturally appropriate approaches to foster building of community capacity
  HW-14 Collaborates with the person to prioritize needs and develop risk prevention strategies
  HW-17 Utilizes principles of primary health care to provide care
  HW-19 Supports the person to seek out appropriate groups for mutual aid, support, and community action
  HW-36 Assists the person to identify healthy coping strategies to deal with life events

- **Nursing Practice: Alterations in Health: care across the lifespan in a range of institutional and community settings; acute, chronic, rehabilitative, or palliative care; manage health issues, promote maximal independence, maintain optimal quality of life.** (AH 1-83) For example,
  AH-16 Supports the person through health transitions
  AH-18 In collaboration with the person, facilitates the involvement of family and significant others during the care process when appropriate
  AH-20 Facilitates the person's participation in the implementation of plan of care
  AH-21 Supports the person's use of personal strengths and resources in meeting self-care needs
  AH-22 Uses evidence-based information to assist the person to understand interventions and their relationship to expected outcomes
  AH-65 – AH-73 Intervenes in a rapidly changing health problem or situation: myocardial infarction, acute neurological event, shock, acute respiratory event, cardiopulmonary arrest, perinatal, diabetes crisis, mental health crisis, trauma
  AH-76 Supports the person in accessing community resources
  AH-77 Arranges for adaptations in the environment to facilitate the person's development of independence in activities of daily living
TABLE 4. “POSSIBLE UNIQUENESS” FOR RPNs

- Nursing Knowledge:
  - C. Knowledge of Human Growth and Development
  - E. Knowledge of Disorders of Mental Health and Development
  - F. Knowledge of Social and Family Systems

- Psychiatric Nursing Management and Administration
  Much more detailed: change process, performance reviews, leading meetings, disciplinary actions, labour legislation, standards, and union contracts, managing fiscal resources, understanding of HR management

- Practice specified as “General” or “Psychiatric”:
  D-2 General Procedures
  Knowledge of activities of daily living, vital signs, positioning and mobility, sterile techniques, perform treatments and procedures

I. Implementation of Psychiatric Nursing
  I-2. Safety/Emergency Interventions (respond to emergencies; aggressive behavior, abuse, therapeutic use of restraints respond to psychiatric emergencies)
  I-4. Fundamental Skill Implementation
  I-4-1 assess/ manage nutrition & hydration
  I-4-2 assess/manage elimination needs
  I-4-3 perform dressing changes
  I-4-4 perform specimen collection and testing
  I-4-5 provide post mortem care
  I-5 Treatment Modalities (ECT, etc.)

L. Clinical Focus
(Psychiatric nursing in addictions, acute, rehab, children/adolescents, community, elderly, emergency/crisis, forensic, independent practice, brain injuries, developmental disabilities)

M. Mental Health Promotions

- Immunization
  LPN – separate heading: GG. Immunization specialty
  RN – HW-24 Implements immunization strategies to prevents communicable diseases

- Elimination
  LPN – E-10 Ability to assess and manage client elimination
  RN – AH-42 & AH-43 Promotes and manages adequate urinary / bowel elimination in the person with a compromised system

- Therapeutic nurse-client relationship is mentioned under the heading of “communication for both LPNs & RPNs; for RNs, it belongs in the context of nursing practice in a separate category called NPR (nurse-person relationship).
5.0 Discussion

Mapping Competencies: A problematic process

- The process of mapping the competencies of LPNs, RNs and RPNs using the various documents provided has been confounded due to the different approaches, language and styles used when addressing the issue of professional nursing competence. For example, Therapeutic nurse relationship is mentioned under the heading of “communication” for both the RPNs and LPNs, while for RNs, the concept is addressed in the context of nursing practice in a separate category called the NPR (nurse-patient relationship). Further, the AARN (2003b) has adopted a more liberal approach using a thematic perspective, while the LPNs and RPNs have used a reductionistic model which identifies criteria in a more definitive manner. For example, the AARN (2000) states that the RN will “demonstrate sensitivity to client diversity in nursing practice” (3.2) while the RPNAS (2001) focuses on the need for the RPN to be competent in “cultural awareness and cultural safety in Psychiatric Nursing.” The RN statement is broad in scope, while the RPN is a little more specific and, in essence, more measurable. However, the concept of measurability is still in question given that cultural safety and cultural awareness are two elements of a whole, in that one could demonstrate competence that they are culturally aware, but not necessarily be competent to provide patient safety to those who are from a particular cultural background. By contrast, in the LPN competence statements, some are more measurable from a definitive standpoint (e.g.) “document and report client care following agency channels of communication” (D-5-5). However, there are many other statements that are less measurable, such as “demonstrate knowledge and ability to perform vital signs and other assessments” (B-1-6). While the first part of the sentence can be measured with respect to competence, the second part is problematic. Such idiosyncrasies in the statements across the groups do not assist anyone in accounting for differences in professional responsibility.
The mapping process is complicated further due to the lack of leveling, or taxonomy that clearly sets out boundaries for responsibilities and accountabilities among and within each professional nursing group. This is not to suggest that the competencies of foundational nursing care are different for each nursing profession, but that there is a recognized difference of accountability and responsibility that is related to differences in educational preparation.

Drawing upon objective evidence of common competencies between the three groups does not necessarily mean that LPN, RN and RPN have the same level of competence to practice with the associated accountability. For example, in an LPN competence statement it articulates that the LPN is competent in the field of “immunization specialty” (GG), while the RN competence statement identifies that an RN will be able to “implement immunization strategies to prevent communicable diseases” (HW-24). The latter point provides more information, nonetheless, we are left wondering what is meant by “immunization specialty?” Does this mean the same as the Registered Nurse or is the scope narrower, or broader? Similarly, another competence statement for LPNs suggests that an LPN has the “ability to assess and manage client elimination (E-10), while the RN “promotes and manages adequate urinary/bowel elimination in the person with a compromised system” (AH-42 & AH-43). Whilst these competence statements may use different language, is there any difference regarding accountability and responsibility between the two groups of regulated nurses?

It is important that competence statements be clarified under the guise of Professional Standards and Scope of Practice or that there be some other distinguishing features that clearly articulate the various nuances and distinguishing features inherent within a leveled perspective. Not to do so, creates a climate of confusion within the discipline of nursing per se and is not helpful to employers, government officials or the public.
Summary

It is a legal requirement to demonstrate professional competence, not only at the point of professional practice, but throughout one’s working life. It signifies to the public, professional bodies, employees and government agents that one is safe and fit for contemporary practice. The scope of this study was to map the competencies determined in specified documents for each professional nursing group, to ascertain the commonalities and uniqueness between the three groups. This was not an easy task, due in part to the various ways in which the competencies had been constructed and represented within the published documents. On examination of the competency documents, it was abundantly clear that there was a lack of coordination among the three regulatory bodies in development of the frameworks. This has served to create confusion with regards to the scope and range of competencies for each group. In addition, the competence statements themselves are often wordy and, therefore, lack the ability to be effectively measured.

Recommendations

- That the definitive Curricula of each Professional Nursing group be examined to elicit the level of knowledge, skill and understanding and application to a particular field of practice that relates to the various competency statements.

- That there be developed a leveling and/or taxonomy that demonstrates the differences between the professional groups with regards to accountability and responsibility. This laddering taxonomy may suggest different entry points in the educational process for nurses.
References


